

**Brian Peddle**  
General

**Commissioner Brad Bailey**  
Territorial Commander

**Major Steven J. Merritt**  
Divisional Commander



**DOING THE  
MOST GOOD®**

**Wisconsin & Upper Michigan Division**

**11315 W. Watertown Plank Rd.**

**Wauwatosa, WI 53226**

**414-302-4300**

**Fax: 414-302-4314**

**Founded in 1865 by William and Catherine Booth**

January 14, 2021

RE: Prioritization of Salvation Army Essential Workers for the COVID19 Vaccine

Dear Wisconsin State Disaster Medical Advisory Committee,

As the COVID19 pandemic has hit our community in many damaging ways, I urge you to prioritize vaccine distribution to frontline Salvation Army essential workers at locations across the State of Wisconsin. The Salvation Army currently provides social services such as emergency shelter, supportive housing, food pantry, community meals and/or emergency assistance to members of our state in every county who are suffering the most from the economic and public health safety impacts of the pandemic. Daily, Salvation Army officers and staff are out in the community and providing care for people of all ages.

Over the past 10 months, The Salvation Army in Wisconsin has provided over 144,000 nights of shelter and distributed over 88,000 food pantry orders while instituting safe practices including no contact food distribution, shelter health screenings, social distancing, mandatory face coverings and increased cleaning procedures to reduce the spread of COVID-19 in Wisconsin.

To maintain safety and ensure the health of our frontline workers in this community we need vaccinations now for our officers and employees directly providing services to the community and help reduce transmission. We understand the scarcity of the vaccination, but we also understand that the essential services we provide are within the qualifications for priority rounds of vaccination as per the Department of Homeland Security, Cybersecurity, and Infrastructure Security Agency (CISA), in their document entitled Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response (Version 4.0, August 18, 2020).

As The Salvation Army continues to provide urgent, life-sustaining, and essential services, we urge you to consider our request so that we may continue Doing the Most Good.

*"Have you remembered The Salvation Army in your will?"*  
Donations by phone 1.800.SALARMY or internet [www.salvationarmy.org](http://www.salvationarmy.org)

Please contact me at [USCWUMLeadership@usc.salvationarmy.org](mailto:USCWUMLeadership@usc.salvationarmy.org) if you have any questions.

His Herald,



Steven J. Merritt, Major  
Divisional Commander  
The Salvation Army | Wisconsin & Upper Michigan Division  
11315 W. Watertown Plank Road | P.O. Box 26019  
Wauwatosa, WI 53226  
(414) 302-4300  
[www.salvationarmywi.org](http://www.salvationarmywi.org)



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*"Have you remembered The Salvation Army in your will?"*  
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**From:** [Tricia Schwalbach](#)  
**To:** [DHS SDMAC](#)  
**Cc:** [Sen. Wirch - LEGIS](#); [Rep. Ohnstad - LEGIS](#)  
**Subject:** Vaccine distribution for caregivers  
**Date:** Friday, January 15, 2021 11:47:10 AM

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**Caution: Message from external sender. Do not click on links or open attachments unless you recognize the sender.**

To: Members of the Vaccine Distribution Subcommittee

This message is to express support for prioritizing disabled individuals and their caregivers in the distribution of SARS-COV-2 vaccines in Wisconsin.

First, please explicitly include all caregivers of participants in the IRIS, Family Care, CLTS, and Katie Beckett programs alongside other essential health workers in Phase 1A. Please indicate that "caregivers" includes unpaid family members providing an institutional level of care to disabled individuals at home.

Second, please explicitly include all participants in the IRIS, Family Care, CLTS, and Katie Beckett programs, along with yet-unvaccinated caregivers, in Phase 1B.

Ethical distribution of the vaccine prioritizes these individuals for reasons including, but not limited to:

- Vulnerability to Exposure - Disabled individuals are vulnerable to exposure from unavoidable contact with caregivers
- Disproportionate Severity of Impact - Disabled individuals are more severely impacted by SARS-COV-2 and at greater risk of death from its complications
- Health Worker/Caregiver Shortages - Disabled individuals face a shortage of qualified, well-trained caregivers; SARS-COV-2 outbreaks among caregivers, including unpaid family members, exacerbate this already acute shortage
- Access to Critical Health Services - Disabled individuals with complex health needs disproportionately seek care and/or have been foregoing needed care in medical facilities and other settings where SARS-COV-2 is likely to circulate

Your careful consideration of this request is appreciated. Thank you,

Patricia Schwalbach [REDACTED]

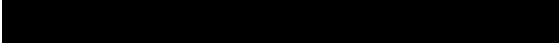


**From:** [Donald Kind](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Prisoners first  
**Date:** Friday, January 15, 2021 11:46:54 AM

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I would like to congratulate whoever decided that prisoners should get the vaccine in the group right after the health care workers. They should have been included with nursing home residents since they are confined in the same way. Prisoners have already gotten the virus and many have died because of their confinement . They have suffered enough from the virus. Let them be vaccinated next to stop this infection rate.

Thank you,  
Maureen Kind 

**From:** [Hoffman, Mary J](#)  
**To:** [DHS SDMAC](#)  
**Subject:** vaccine subcommittee Phase 1B  
**Date:** Friday, January 15, 2021 11:42:33 AM

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Dear Subcommittee,

I first want to say that while some of our 1A tier healthcare workers were being vaccinated today, there were also a group of Deerfield teachers being vaccinated. We have tier 1A healthcare workers not able to get in for another week, yet these teachers (1B) are getting vaccinated. Is not 1A a priority???????

I would hope that the decision of this committee is upheld by all, but apparently that is not the case.

In regards to tier 1B, I believe over 70 years old should be the priority, before other workers. If we can get these older people vaccinated, there will be less strain on the hospitals which is important for all of us.

Also, for childcare workers, there are many that work independently in homes to provide care so parents can work and provide for their families. Please allow these unaffiliated childcare workers access to the vaccine as individuals. Maybe with a W2 from their employer? If they do not work for a large corporate daycare such as KinderCare, they will be left behind and not able to provide care so parents can work.

Thank you.

Mary J Hoffman MS.Ed., RDH  
Co-Program Director, Dental Hygiene  
School of Health Sciences  
Madison Area Technical College  
1701 Wright St.  
Madison, WI 53704  
608-258-2314  
[mjhoffman@madisoncollege.edu](mailto:mjhoffman@madisoncollege.edu)

**From:** [M](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine subcommittee phase 1b  
**Date:** Friday, January 15, 2021 11:29:06 AM

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Any thoughts on adding poll workers before the Feb 16 primaries?  
Seems like an essential group of workers with close contact and exposure to the public.  
Thanks,  
Mike Goodstein

Sent from my iPad



**From:** [JENNIFER JONES](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine subcommittee Phase 1b  
**Date:** Friday, January 15, 2021 11:18:23 AM

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**Caution: Message from external sender. Do not click on links or open attachments unless you recognize the sender.**

Dear Panel Members,

Please see below argument for why federal defender organizations and CJA panel attorneys are essential frontline workers who are key to societal functioning, and should be prioritized in Phase 1b.

Sincerely,  
Jennifer Jones  
Racine, WI

#### VACCINE PRIORITIES FOR FEDERAL PUBLIC DEFENDER ORGANIZATIONS AND PANEL ATTORNEYS

Based on the accepted Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP) framework that was approved on December 20, 2020, there is a strong argument that employees of federal defender organizations (FDOs) and Criminal Justice Act (CJA) panel attorneys and their staff (in particular CJA investigators) meet the plain language definition of “frontline essential worker” and are included in Phase 1b of the ACIP COVID-19 Vaccination framework. In order to resume court functions, especially for criminal cases and criminal jury trials, federal defender staff and CJA panel attorneys should be included in Phase 1b of the COVID-19 vaccine distribution.

Federal defender organization (FDO) staff, including staff from both federal public defender organizations (FPDOs) and community defender organizations (CDOs), as well as CJA panel attorneys and their staff are “critical workers in high-risk settings” and are also “workers who are in industries essential to the functioning of society and substantially higher risk of exposure,” and therefore there is a strong argument that they meet the CDC ACIP definition of “frontline essential worker.” Additionally, the vast majority of FPDO, CDO, and CJA panel attorneys are “unable to work from home,” have a “high level of interaction with public or others in the workplace,” and “may be unable to control social distancing.”

Although the Judiciary has expanded the use of remote hearings and remote meeting capability at jails and detention centers during the pandemic, defender staff and panel attorneys must still meet with defendants in-person at the jails and detention centers where effective and consistent social distancing is difficult, if not impossible. Additionally, for courts that hold in-person criminal proceedings and jury trials, defenders and panel attorneys frequently must be within six feet of the defendant for prolonged periods of time in order to communicate effectively with the defendant during the hearing, and in preparation for the hearing. Defender office staff, such as investigators, are often unable to social distance when

they meet with witnesses and investigate cases. As was stated in past AO memoranda, “criminal proceedings continue to pose the highest risk to our court units and federal defender organizations.” State and federal jails and prisons have seen high COVID-19 infection rates. Recently, according to data collected by The Marshall Project and The Associated Press, “one in every five state and federal prisoners in the United States has tested positive for the coronavirus, a rate more than four times as high as the general population.” The CDC confirms that “staff and people incarcerated in correctional and detention facilities are at greater risk for some illnesses, such as COVID-19, because of the close living arrangements inside the facility.” For these reasons, federal defender organizations (including FPDOs and CDOs) and CJA panel attorneys are essential frontline workers who are key to societal functioning, and they should be prioritized in Phase 1b.

**From:** [Flyboydan MKE](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1B  
**Date:** Friday, January 15, 2021 11:12:42 AM

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Why would Mink Farmers be included this early the in vaccinations? We need to allow Airline Employees, like myself who are face to face and inside 6ft with hundreds of people a day for 5 days a week, to be vaccinated. The general public or employees aren't always wearing a mask when they are speaking to me and I can not distance myself to do my job. I have zero way to know who has covid-19 and who doesn't. On average I am personally dealing with 1000 people and the work force I am has easily surpassed the 25% mark of employees having had covid-19. I also have life long asthma. Vaccinating the 18-55 years old population quickly makes more sense because that is the age group who is going to bring back the economy and spend money in the public space more than the 65 and older crowd.

Dan Walloch

**From:** [MARIAN R FISHER](#)  
**To:** [DHS SDMAC](#)  
**Subject:** "vaccine subcommittee" "Phase 1b"  
**Date:** Friday, January 15, 2021 11:10:24 AM

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**Caution: Message from external sender. Do not click on links or open attachments unless you recognize the sender.**

I write in support of the Phase 1b draft including the incarcerated in congregate housing. I have read the ethical framework, listened to the vaccine subcommittee meetings, and listened to the CDC ACIP vaccine allocation meetings. I have considered the groups not included in Phase 1a and the proposal for Phase 1b and agree with the prioritization.

Marian Fisher

**From:** [Susan Schomburg](#)  
**To:** [DHS SDMAC](#)  
**Cc:** [Susan Schomburg](#)  
**Subject:** Phase 1B Vaccine subcommittee  
**Date:** Friday, January 15, 2021 11:09:18 AM

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1). Please consider adding family caregivers to high risk person eligible for 1b.

Ex: My husband is immunocompromised, effectiveness of vaccines are reduced when on immunosuppressants, and family care giver / household member immunized helps protect them further.

Ex: Bone marrow transplant patients told their care giver needs to be vaccinated also.

ALSO: Any consideration to further divide age groups such as: over 60, over 50 etc before all inclusive age 18-70. Age range of over 50 more apt to be at higher risk or exposed to those at higher risk.

Thank you

**From:** [Katie Bathie](#)  
**To:** [DHS SDMAC](#)  
**Subject:** COVID vaccine for caregivers in Phase 1A  
**Date:** Friday, January 15, 2021 11:08:15 AM

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Dear Members of the Vaccine Distribution Subcommittee:

This message is to request your immediate support for prioritizing disabled individuals and their caregivers in the distribution of SARS-COV-2 vaccines in Wisconsin.

Please explicitly include all caregivers of participants in the IRIS, Family Care, CLTS, and Katie Beckett programs alongside other essential health workers in Phase 1A. Please indicate that "caregivers" includes unpaid family members providing an institutional level of care to disabled individuals at home.

Please also explicitly include all participants in the IRIS, Family Care, CLTS, and Katie Beckett programs, along with yet-unvaccinated caregivers, in Phase 1B.

Ethical distribution of the vaccine prioritizes these individuals for reasons including, but not limited to:

- Vulnerability to Exposure - Disabled individuals are vulnerable to exposure from unavoidable contact with caregivers
- Disproportionate Severity of Impact - Disabled individuals are more severely impacted by SARS-COV-2 and at greater risk of death from its complications
- Health Worker/Caregiver Shortages - Disabled individuals face a shortage of qualified, well-trained caregivers; SARS-COV-2 outbreaks among caregivers, including unpaid family members, exacerbate this already acute shortage
- Access to Critical Health Services and Maintenance Therapy - Disabled individuals with complex health needs disproportionately seek care and/or have been foregoing needed care in medical facilities and other settings where SARS-COV-2 is likely to circulate
- In-home Infection - If we become ill there are no resources that can provide for the 24-hour complex care (feeding, drinking, toileting, etc.) our daughter requires. She has been determined by the functional screen to have an "institutional" level of need.

We thank you in advance for your consideration and support,

Kate and Jim Bathie

New Berlin (Waukesha County) residents

Parents of a 12 year-old with a medical diagnosis of rett syndrome

**From:** [Emily L](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine distribution - public comments  
**Date:** Friday, January 15, 2021 11:03:26 AM

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**I agree with you on this:**

If the supply of COVID-19 vaccine is limited, the panel recommends prioritizing the people in Phase 1B groups by age, focusing on those essential workers and people in congregate living facilities who are 65 or older; by demographics, focusing on Blacks, Latinx and Native Americans and people with socioeconomic vulnerability;



**From:** [Allison Binder](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Covid vaccine next phase opinion  
**Date:** Friday, January 15, 2021 10:49:53 AM

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Hello,

I feel that those 65 and older and teachers should be next in line. I think there would be lots of unhappy people that see inmates vaccinated ahead of seniors, teachers, etc. Thank you

Allison Richard RN  
Eau Claire, WI

[Sent from Yahoo Mail on Android](#)

**From:** [Jason Schuetz](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Subcommittee | Phase 1b | Public Comment Submission  
**Date:** Friday, January 15, 2021 10:45:10 AM

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To whom it may concern,

I am writing this email urging the State Disaster Medical Advisory Committee to reconsider Phase 1B and include some of the critical infrastructure organizations as determined by the CISA. It is imperative that, as deemed essential workers, we are able to quickly vaccinate our employees.

Thank you,

**Jason Schuetz**

Vice President – Global Operations and Advanced Manufacturing

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Office +1 (262) 953 6340

[www.husco.com](http://www.husco.com)

This e-mail and any attachments are confidential and protected by law, and any unauthorized use is strictly prohibited.

**From:** [Kathy Michaelis](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Subcommittee  
**Date:** Friday, January 15, 2021 10:42:12 AM

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I am writing to support the recommendations for Phase 1B

Sent from my iPad

**From:** [Roger Kimps](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1b COVID-19 vaccine public comment  
**Date:** Friday, January 15, 2021 10:33:09 AM

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I hope all can be determined soon like some of the states have done. Many are perplexed why the delay in announcing the plan. Feel the governor is not pro active enough on this item.

I support vaccinating as many older (70 and older or CDC new recommendations) as possible and as soon as possible. It is proven that more younger people can survive Covid while the older people have a higher incident of DYING from it. Feeling ill is one thing but DEATH !!!

Rog  
Roger R Kimps

Sent from i Pad

NOTE: ALL CDC RECOMMENDATIONS  
MUST BE ADHERED TO IN ALL PERSON TO PERSON CONTACT.

**From:** [Bonnie Gneiser](#)  
**To:** [DHS SDMAC](#)  
**Cc:** [Joan Ballweg](#); [Alex Dallman](#); [Rep.Petersen - LEGIS](#); [GOV Info](#); [Munsey, Kathy](#)  
**Subject:** Vaccine subcommittee Phase 1B  
**Date:** Friday, January 15, 2021 10:27:50 AM  
**Attachments:** SDMAC VDS Phase 1b Recommendations FOR PUBLIC COMMENT.pdf

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To the Wisconsin State Disaster Medical Advisory Committee Vaccine Distribution Subcommittee:

My apologies to whoever gets to read this, because I'm quite sure you are not the person to whom my extreme frustration is actually directed, which is any of the people who are responsible, and/or actually have the ability to fix this.

I did a web search for information on the DHS plan to distribute the vaccine and found nothing but very disturbing bureaucratic CRAP. Ran across a news release from last Monday saying that police and fire depts would begin receiving the vaccine NEXT MONDAY. But it doesn't take much additional searching to find multiple stories about police and fire workers already being vaccinated in multiple communities. Good for them. I found articles that the vaccines obtained by major health organizations like Theda, Ascension, etc. were being shared with other independent health care workers unaffiliated with them that NEVER RECEIVED ANY COMMUNICATION WHATSOEVER FROM THE STATE. Good for those organizations. Shame on you.

It was in the news this morning that, apparently, the major health care providers have so many vaccines that they have given them out to employees who NEVER HAVE ANY PATIENT CONTACT, much less "front line" contact with COVID positive patients. Good that SOMEONE is getting it!!!

But probably the worst is this SEVENTEEN PAGE DOCUMENT of government job justification idiocy. The idea that at this late date (OVER A MONTH!!!!) after the release of the vaccine, you moronic bureaucrats are actually thinking that you should be taking the time to wait (until Jan. 18!!!) for public input before beginning to make the decisions YOU ARE PAID TO MAKE. This work should have been done WELL in advance of the vaccine being released a month ago. You KNEW it was coming!!!

Incompetence. Total incompetence. There has been a basic plan already in existence, or there wouldn't exist the labels 1A, 1B, etc. JUST DO IT. This tripe about being worried about "the potential large size of the population" that may want the vaccine is maddening. I did hear on the news that at least one county has started a sign-up for people over, I think, 65, for whenever they do have vaccines available for them. Good. Why didn't YOU think of this??? While you are nit-picking and all worried about making sure everything is done in the exact right order, with the most bureaucratic nonsense possible, people are dying. Literally. As seen above, the "exact right order" has already been blown. And frankly, I could care less. If those people are vaccinated already then that is just fewer people remaining. I keep hearing and reading that the state is all hyper-concerned about not having enough vaccines while, at this moment, barely over half of the already-available in-state doses have been administered, with a second quantity equal to the first still to come. How about if you start worrying about how to more quickly get vaccinations done and stop worrying about running out? When you are out, you are out, and people will understand that means they have to wait. But when you have been SITTING ON literally hundreds of thousands of doses for, now A SOLID MONTH, it enrages us. Wisconsin is lagging way behind other states in the percentage of population that has been vaccinated. There are states with 24-hour vaccination programs while our numbers drop to zero on holidays and near zero on weekends! What the heck.

I sincerely doubt whether anybody will even read this far in this email. That's how much faith I have in our state administration at this point. But just in case: the first paragraph in the document (written

seemingly as an afterthought) asks some specific questions. Let me try to address those. (1) I am not a sector. I am a person. Specifically in the 65+ (but not 70 or 75+) age group who would just like to see as many people as would like to get vaccinated, to be able to do so as quickly as possible. I can wait my turn, and I don't even care if some others supposedly less qualified jump in front of me. The impact the pandemic has had on me personally is one of extreme mental stress, fatigue, frustration, depression, disruption (in many cases perceived to be totally unnecessary) to my normal life and routines, and isolation from friends and family. All I ask is that AT LEAST as much priority be placed on getting vaccines distributed as there has been on testing. The current testing capacity in the state is over 59,000 (recently expanded, even though the previous capacity never came closer than 83% to being filled), while the most vaccines done in one 24-hour period so far was 15,950, and that was a week ago. (2) I am self employed and my income has not been adversely affected in the past several months, but I have new business activity directly involving more other people which is one reason why I am interested in the time table of the vaccine. But the fact that so many other businesses are failing or temporarily closed or have in some way modified the way they do business has affected my quality of life on a daily basis. I hate to see continued deterioration of my community's economy as Madison sits on its hands. (3) Staffing statistics? I'm not sure what this even refers to. Is this committee's primary concern vaccine distribution, or something else? It is hard NOT to assume that the priority of this administration is control. The longer the pandemic lasts, the more reason there is for "the state" to be able to exert control over the population. The more quickly the vaccination is distributed, the more rapidly the number of cases, hospitalizations and deaths continue to decline, and the less control government has over our lives. It isn't and apparently never has been about the well-being of the people of the state.

The bottom line is the longer the pandemic drags on, the more long-term effects it is having on everyone. The most devastating being the virus death victims and their families. But also the many businesses who will never re-open, and who with their employees have had their lives upended. And the children not able to go back to school in person who are suffering academically and emotionally. The added deaths (suicides, drug overdoses, death by domestic violence or missed medical diagnoses, etc. etc. etc.) caused by decisions bureaucrats made about the "best" way to handle this pandemic are inexcusable. Why you are not doing everything humanly possible to get this vaccine distributed as quickly as possible, and instead are setting dates A MONTH AFTER the vaccine distribution began, to ask for public input is beyond me. Ridiculous. Do better.

Bonnie Gneiser  
Berlin, Wisconsin

**From:** [John Sobotik](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Subcommittee - Phase 1B  
**Date:** Thursday, January 14, 2021 10:49:24 PM

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Department of Health Services:

I am writing in general support of your draft vaccine prioritization schedule. First priority, before persons who are able to socially isolate, should be police and teachers who are being forced to work and who cannot self isolate. Police may encounter exposure from unmasked individuals and teachers may be subject to prolonged exposure in classrooms. I would suggest that immediate family members of these two groups and the Mink Husbandry group living in the same household also be prioritized. Even if vaccinated, the workers can be infected and bring the virus into their home; thus the need to protect the household (or at least older household members). Bringing the whole household for vaccination at once would be efficient; they could all be treated without social distance concerns with respect to one-another because they already live together. They could all travel in one group to be vaccinated.

After those two groups, I would suggest persons working as staff in grocery stores be considered for priority treatment. Like teachers, they are subject to prolonged exposure in their places of work. Unlike education, the task they perform cannot be accomplished remotely. Perhaps this group could be divided so that grocery clerks aged over age 60 be treated with phase 1b, and younger clerks in phase 1c.

Non-frontline health care personnel should be prioritized after grocery workers, unless they can be forced into front line medical care as part of their employment. I would disagree that persons cleaning in health care areas be categorized as non-frontline. Those persons constantly clean surfaces that are likely to be contaminated with virus. Any failure of protective gear or error in procedure can result in accidental exposure for them. They also are in rooms where virus may linger in the air. They should be treated at the same priority as other front-line workers.

Older adults like myself, who are capable of socially isolating, should follow those priority groups.

Vaccination programs should not be accomplished on a first-come first-served basis if that will result in lines of people waiting for vaccinations in a manner that increases the likelihood of transmission. News reports of people sitting in lines in Florida waiting to be vaccinated provide a picture of poor management of social distancing. Vaccinations by drive-up or socially distances means make more sense. To that end, lotteries and specified appointment times may prove a better system for distribution.

Thank you for considering my comments. Would you please add me to Department mailing lists for emergency or permanent rules related to Covid-19 vaccinations.

Very truly yours,

John Sobotik

[REDACTED]  
[REDACTED]  
[REDACTED]



**From:** [Oliver Shrubbs](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Section 1B  
**Date:** Thursday, January 14, 2021 10:32:22 PM

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My suggestion should include family who are in direct contact of a 1A group member that had been vaccinated. It puts them at a danger of being exposed to an a symptomatic carrier. They are the highest risk of getting covid anyways being from 1A therefore it puts there family at a higher risk now than before as they may have shown symptoms now there could be nothing.

Keep up the good work!!

Ollie S

Sent from my iPhone

**From:** [Amy Swette](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1b  
**Date:** Thursday, January 14, 2021 10:21:52 PM

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It looks like you have included those that need to be included for Phase 1b.

My only additional comment would be to include the caregiver if one is needed for those over 70. My mother is 85 and does not drive and lives alone. She is so excited to be able to receive the COVID vaccine. It would be helpful if her primary support person could be vaccinated as well, as family members have been staying away to protect her. I would assume this would be the case for many other seniors living alone in their homes.

Gosh, if everyone would follow your guidelines we would be so much better off. Thank you for all of the work you are doing to inform and protect us all.

Amy Wilquet Swette

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*"Our lives begin to end the day we become silent about things that matter." -Dr. Martin Luther King, Jr.*

**From:** [Corey Hensiak](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Comment for 1B  
**Date:** Thursday, January 14, 2021 10:18:45 PM

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Hello, my company does COVID disinfection and I would like to request our industry being added to 1B. We are in close contact with sarscov2 on a daily basis.

Thank you for your time

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**From:** [Magdalena Murray](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Prioritization  
**Date:** Thursday, January 14, 2021 10:16:36 PM

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To whom it may concern,

I would like to advocate on behalf of those who are incarcerated in Wisconsin:

1) People employed and incarcerated in correctional facilities should be considered medium-risk, because group housing facilitates the quick spread of COVID-19, as has occurred in several correctional facilities. For example, at the Gus Harrison Correctional Facility in Michigan, more than 1,000 inmates have tested positive for COVID-19.

2) I hope it goes without saying that incarcerated individuals who are considered high-risk, such as those with relevant pre-existing conditions, should be vaccinated concurrently with other high-risk individuals who are not incarcerated.

Though I myself know no one in a correctional facility, I feel strongly that there should be no biases against people charged and/or convicted with a crime when it comes to the COVID-19 vaccine. These populations are objectively vulnerable to becoming infected with COVID-19 and it is our duty to prioritize them for the COVID-19 vaccine.

Thank you,  
Magdalena Murray

**From:** [Amanda A](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine priority  
**Date:** Thursday, January 14, 2021 10:16:11 PM

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It should be considered in this group 1b, any family members who have someone in group 1a, they are in daily contact with. If the vaccine is not guaranteed to prevent asymptomatic illness, you have now increased the risk substantially for those living in households with people in category 1a.

Kind regards  
Amanda Almquist Shrubbs

**From:** [Sarah Ross](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1B Public Comments  
**Date:** Thursday, January 14, 2021 9:52:31 PM

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Hello,

Here are my comments on the SDMAC VDS document. Thank you for your time and consideration:

**Age over 70.**

I fully support vaccinating these individuals.

**Congregate Living**

I support this and feel it is crucial especially in cases where the individuals have no other choice, such as incarcerated individuals and individuals who are in transitional housing, shelters, or housing serving disabled or aging populations.

I would like to add that in the case of incarcerated individuals, the state has a duty to protect and care for these people, as the care of these people is in this case entrusted to the state.

**Public Facing Essential Workers**

Non-EMS First Responders

*Coroners* - yes, absolutely, this is an essential service that has a high risk of encountering COVID

*Firefighters* - yes, absolutely, see above

*LEOs* - No. Law enforcement officers in Wisconsin currently have an ongoing issue needlessly escalating situations with individuals. Arrests will only add to the incarcerated population which then increases the need for vaccines. Law enforcement officers should make an effort to make decisions in which they do not need to initiate physical contact. In the vast majority of policing situations there is minimal physical contact, such as what you would experience going to a grocery store and receiving a receipt from a cashier. I cannot in good conscience support the use of vaccines for law enforcement officers in this phase.

Education and Childcare

In an ideal world this would not be an issue but unfortunately schools are under immense pressure to resume and in some cases already have gone back to in-person learning. I fully support vaccinating those working in education and childcare. Public schools should be prioritized over private schools.

Non-frontline health care personnel

I was on the fence but am convinced by the epidemiologic data given. I support vaccinating these individuals.

Mink husbandry

There are only 300 people in this category, if those who study this virus are concerned about mutations via mink, I fully support vaccinating these individuals.

## **Other comments**

This is covered in a later phase but I think it's crucial that those in public facing food distribution be prioritized to receive the vaccine. Those working in grocery stores and restaurants are carrying a lot of abuse and burden right now and often they do not have other employment options, so they are forced to choose between paying their bills and risking their lives. Considering the necessity of food to human survival and the lack of financial assistance from the federal government, I think it will reduce far more suffering to vaccinate grocery and restaurant workers, than it would to vaccinate law enforcement officers.

Thank you for your consideration and for all you do.

Sincerely,  
Sarah L Ross



**From:** [sherry](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Distribution  
**Date:** Thursday, January 14, 2021 8:58:29 PM

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People over 65; Ems personal; health care workers not in 1A distribution; teachers and day care workers; all veterans. These are the population that needs to receive the COVID-19 Vaccine next!

Sent from my iPhone



**From:** [KIM Acheson](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Covid 1b Group  
**Date:** Thursday, January 14, 2021 8:44:52 PM

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Please don't forget about taxi drivers who are essential employees that take the public to and from covid testing along with taking covid patents home from the hospital. They even take covid positive people around town when they don't disclose that they are positive.

These same drivers later take members of the general public around town, sick and elderly use taxis to go to doctor appointments and in some cities cabs are often used to run lab work from care facilities to hospital labs.

They do this while being confined to an extremely small area and because it's winter the windows are up, so little fresh air. Also, they don't get more PPE than a simple face mask which they still have nearly daily fights to get the public to use.

Cab drivers have been critical for the public for almost a year now. Please be there for them now

**From:** [Angela Pease](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1B  
**Date:** Thursday, January 14, 2021 8:41:23 PM

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Good evening,

I feel all frontline essential workers should be included in 1B. Such as postal workers, amazon employees, grocery store workers, etc.

I also think adults 65+ should be included.

I was able to get vaccinated as a part of 1A, however my husband likely won't be eligible until May or June. I may still be able to spread the virus to him even though I'm vaccinated. Has there been consideration for those living in the same household as 1A workers?

I'm a nurse practitioner and I'm deeply concerned about how slow vaccines are being distributed here in Wisconsin. What is taking so long? Lack of qualified personnel to administer the vaccine? Lack of information of those willing to get the vaccine?

It seems the effort to prioritize risk is slowing our state down.

The goal should be vaccinating as many people as possible as quickly as possible to achieve herd immunity.

If there are opportunities to help get people vaccinated sooner I would be interested in hearing about those opportunities.

Angela Pease, APNP

Sent from my iPhone

**From:** [Diana Schneider](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1B Recommendations  
**Date:** Thursday, January 14, 2021 8:25:37 PM

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Please, please make age 70+ a priority as is the age group for the majority of deaths.

Thank you,  
Diana Schneider RN, Retired from Dodge County Health Dept  
(currently volunteering to administer COVID vaccinations)

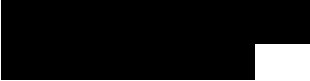
**From:** [Veronica wist](#)  
**To:** [DHS SDMAC](#)  
**Subject:** vaccine subcommittee Phase 1B  
**Date:** Thursday, January 14, 2021 8:18:49 PM

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Dear Committee Member,

Please make us take the vaccine. We need it. We deal with too many customers that don't wear their masks.

Sincerely,  
Veronica wist



**From:** [Samantha M](#)  
**To:** [DHS SDMAC](#)  
**Subject:** 1B recommendations  
**Date:** Thursday, January 14, 2021 8:12:35 PM

---

Hello.

My husband will be 39 in March and I just turned 36. He works for Mercury Marine— where the first individual who died in Fond du Lac was employed. Ben, I believe, is considered to be 1b as it stands right now. I agree with this.

I am a grant writer for a community action agency. I am also high risk due to diabetes and obesity. I may not work with students, but the building I work in is 100 years old, has pretty bad ventilation and the first floor is entirely composed of our Head Start program. Over the course of the pandemic, hearing what my coworkers have been continually engaging in despite this pandemic has set me into a mental health crisis. I began having panic attacks and exhibiting OCD behaviors I never had before. I had to wait until literally today until my provider had an appointment (mind you this started weeks ago) to finally get to speak to a therapist about these panic attacks.

I cannot take living like this. They finally let me work from home but keep telling me that there's not enough work and I need to be back in the office for full time work. I'm nearly 40 years old. I don't want to die for \$600 a week over a virus that can be avoided by washing your hands and keeping your distance. Not when there's a vaccine.

I urge you to expand the 1b to ensure someone like me who is both high risk for multiple reasons, technically an essential worker but that doesn't interface with clients... and still does work adjacent to (and technically for an) education program... I'm so close to this virus. I still have to meet with their staff if I am in office. We also have affordable housing and nutrition and volunteer programs and ... I know I'm just the grant writer but I STILL have to meet with directors who interact with all their staff and good god it defeats the purpose of me being safe for nearly a year once my FMLA is up if I go back in unvaccinated. I'm terrified. And if they have me come back in... and frankly I cannot afford to go part time.... I lose my health insurance which is the whole reason why I work.

Please. Please reconsider. All I want is to be able to work safely. There are so many people that deserve it more than me and I know it. I have no false illusions here. But I plead with you .... don't let me die either.

Thank you.

Best,  
Samantha

**From:** [Shannon Odland](#)  
**To:** [DHS SDMAC](#)  
**Subject:** For Public Comment - vaccine  
**Date:** Thursday, January 14, 2021 8:10:09 PM

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I believe anyone who wants the vaccine should get one.

HOWEVER, I do also feel that just because someone is over 70 they do not deserve to be prioritized if they aren't in a social living facility, as this population is generally retired and without obligations that would put them at risk.

Also, anyone who is unable to perform their work from home should be prioritized over any healthcare worker that is working from home. I work in a field that is designated as "essential" (food and beverage distribution) but being I'm support staff I have the same level of risk as anyone in healthcare not on the front lines, still having to report to the office, yet cannot get the vaccine.

Lastly, utilize the UW system like Tommy Thompson has offered!!! We cannot let the vaccine be held up due to a bureaucratic failure or a bottleneck in the distribution channel!!!

**From:** [Lisa Thompson](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine thoughts  
**Date:** Thursday, January 14, 2021 7:59:51 PM

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I love our older community and want them to be vaccinated. However the retirees who don't live in a nursing home setting should wait till all essential workers get shots first. Retirees can stay safe at home. Essential workers can't. They deserve the shots first to thank them for their service. In Janesville, WI the dental offices and chiropractors got 1st shot last week . Next would be grocery store employees, truck drivers, bank employees, title companies, realtors and construction workers (builders/electricians/plumbers/Hvac etc. school Teachers and all bus drivers. Then the retirees. I have elderly parents we worry about, but they worry about the essential workers more. They can stay at home safe.

Thanks for listening.

Lisa

**From:** [Craig Manthei](#)  
**To:** [DHS SDMAC](#)  
**Subject:** covid vaccine group 1b thoughts  
**Date:** Thursday, January 14, 2021 7:44:50 PM

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Hello

I just read the chart and saw some front line essential workers listed. I think some priority needs to be given to front line workers in the cellular stores. The typical transactions in those stores usually take between 1 to 2 hours with the same customer within 2 feet of the employee. Covid risks are highest based on the proximity of both parties and the time that people are that close. Based on the average long amount of time, I believe cellular store workers should be included.

Thank you  
Craig Manthei

Sent from my Galaxy



**From:** [Amanda Jackson](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Comments  
**Date:** Thursday, January 14, 2021 7:32:29 PM

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Hello,

I generally support the definition of 1B but would like the committee to consider government workers that are still working in buildings open to the public and are needed to keep important general government functions going. Ongoing quarantines and positive testing has made it very difficult to provide needed governmental services in municipalities across the State. While it is wonderful that fire and police have been/are being vaccinated, public works, clerks, courts, city finance departments etc. that are open to the public for needed services should be prioritized along with Teachers/Education Workers.

Thanks for allowing public comment.

Amanda Jackson

**From:** [Mary Bomkamp](#)  
**To:** [DHS SDMAC](#)  
**Subject:** vaccination schedule  
**Date:** Thursday, January 14, 2021 7:29:49 PM

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Ladies and Gentlemen:

I am president and CEO of Highland State Bank, a single location financial institution with 8 employees and no drive up facility. We have been working throughout the pandemic, and are face to face with customers who refuse to mask, question our authority when requesting they wear a mask and occasionally come to the bank after being exposed and/or testing positive during their quarantine. Many in our area dismiss the severity of the pandemic.

We have no remote work options and need vaccination in the next group. Most of our employees have underlying conditions that may make them more likely to have a serious infection. With no back up employees to bring in from other locations, we have tried our best to keep our employees safe and available to serve the financial needs of our customers.

Please consider front line workers such as bankers without drive ups in the next phase of vaccination. I will be out of the office until Tuesday, Jan. 19 if you would like to discuss this matter in more detail. I can be reached at 608-929-4515 or [mbomkamp@highlandbank.net](mailto:mbomkamp@highlandbank.net).

Thank you for your time and consideration.

Sincerely,

Mary A. Bomkamp  
President  
Highland State Bank  
541 Main St.  
Highland, WI 53543  
608-929-4515

**From:** [Pamila Brown](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Comments on COVID Vaccine 1B Plan  
**Date:** Thursday, January 14, 2021 7:24:52 PM

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While I agree with the 1B plan, I note that it does not address HOW and WHERE the vaccine will be distributed. This is also, obviously, a critical detail.

How will we avoid what I saw in the news in Florida — seniors waiting in line for hours, sometimes overnight, to receive vaccines.

And, what is the plan for communicating the roll-out in Wisconsin so people know when they can get a vaccine and where they can get a vaccine? Will this discussion come later?

Pamila Brown  


Sent from my iPad

**From:** [harvest1@tds.net](mailto:harvest1@tds.net)  
**To:** [DHS SDMAC](#)  
**Subject:** question  
**Date:** Thursday, January 14, 2021 7:17:43 PM

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Dear Ms McCamy,

I follow Covid vaccine developments via DHS communications. I have just reviewed the tier 1b draft guidelines that are currently open for review since I fall in that category myself.

Since my question does not directly relate to the 1b guidelines under review, I'm addressing it to you and asking you to forward to the appropriate person, if not you.

I wonder when persons confined in WI state prisons will receive the vaccine? I imagine that this is a decision between the DOC and DHS but am not sure where the locus of responsibility for that decision rests. My experience over the last year in corresponding with a person thus confined has been most worrisome, in that he has repeatedly reported being unable to distance from others, being co-located with other prisoners who had tested positive, being put in solitary as a means of isolation not for disciplinary reasons, guards not wearing masks and guards bullying those who do, etc.

As DHS considers the priority needs of all state residents and since prisoners live in congregate arrangements, I hope that the prison population will be top of mind as the prioritization for vaccine administration moves ahead.

I would appreciate any information you may have in this matter.

Thank you for all the good work you and others in DHS have been and continue to do – under great pressure, I am sure!

Susan Harvey  
Madison

**From:** [Jennifer Moline](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine group 1B opinion.  
**Date:** Thursday, January 14, 2021 7:12:58 PM

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Hi,

I've done a lot of looking in to other states plans, and I feel like from what I'm seeing, Wisconsin is behind. As we know, there is a high degree of refusal of the vaccine, and I believe in order to make any headway.. it needs to be opened to broader groups. At the current rate the state is going, it will be 4 years before everyone can be vaccinated. This is a selection of groups I believe should be included in the 1B phase.

- Age 65 and older
- People under 65 with pre-existing medical conditions including hypertension, diabetes, pregnancy, kidney disease, cancer, immunocompromised and others that the CDC labels as high risk
- Teachers/school personnel/youth sports coaches & instructors regardless of independent or with a school
- Postal workers
- Grocery store workers
- Transportation workers including busses, trains, ride share groups.

Thank you for taking the time to ask the public for their input.

Jen Moline  
Twin Lakes, WI  
Sent from my iPhone

**From:** [Mary Jo Zane](#)  
**To:** [DHS SDMAC](#)  
**Subject:** So many variables  
**Date:** Thursday, January 14, 2021 7:11:44 PM

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I'm a retired nurse living with my husband in rural vilas county. Most that visit do not wear masks. Most from Illinois. We have four children in Milwaukee area and have not seen since this has started. One is a Pulmonologist, another is a Nurse Practitioner and the third is a teacher. Not seeing them is killing us in our isolation. We both have health conditions that warrant our isolation. We follow all guidelines to the best of our ability. Please, don't further isolate just because we are in rural communities. Get this vaccination out statewide. We have a better chance of containing if inoculated statewide.

Sent from my iPhone

**From:** [Kay Golden](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1b  
**Date:** Thursday, January 14, 2021 7:09:32 PM

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Please vaccinate the elderly. My 89 year old mom was in assisted living until October, at that the time we moved her in with family, because the facility she was at was experiencing a high number of virus infection. She has severe asthma and would not survive this virus. She has been living in isolation for 10 months now, not being able to even see her own children. Again, please vaccinate the elderly, this group really needs to experience some sort of life again.

Thanks,  
Kay Golden  
Sent from my iPhone

**From:** [Kristoffer Martin](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Covid Vaccination schedule complaint.  
**Date:** Thursday, January 14, 2021 7:08:12 PM

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Dear Martha McCamy

I'm writing to you to assert an issue I've seen with the current vaccination scheduling. At each and every turn one group of frontline workers has been ignored; Hotel staff.

I have worked throughout this entire pandemic. I interact with hundreds of people and for a time the City of Eau Claire Health Dept housed covid-19 isolation cases at our hotel. Hotel workers are some of the highest risk workers outside of the medical field. Yet you're prioritizing mink handlers over the hundreds of hotel workers in Eau Claire. We're not included in any of the schedules at all, glossed over without any regard for those of us unable to stay home, unable to afford long term separation from our jobs.

Not only that, but virtually no hospitality workers in Wisconsin have health insurance. I don't, and I have asthma. I'm at higher risk for complications from covid if I catch it.

I want to know why the Wisconsin DHS has utterly ignored us throughout this entire vaccination schedule, and I want to know how people like me are supposed to get vaccinated when we don't have health insurance and there is no guarantee that it will be provided for free?

Sincerely  
Kristoffer J Martin  
Eau Claire Wi



**From:** [Zella VanOfferen](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Covid-19 Vaccine  
**Date:** Thursday, January 14, 2021 7:04:28 PM

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Please consider the elderly population living in independent living facilities. Many of this population have significant health care problems and are frail. The difference between this population and those living in assisted living is very small. Many people living in elderly independent living communities are only able to do so because someone comes in to help them. This in itself (someone coming in to help) opens the facility up to bringing in Covid. If Covid gets in the building it will spread like wildfire. These people are very vulnerable. Please take this seriously.

Thank you

Sent from my iPad

**From:** [Grissman Family](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1b COVID-19 vaccine public comment  
**Date:** Thursday, January 14, 2021 6:53:58 PM

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I would suggest all people over the age of 70 and educators for Phase 1b.

Sent from my iPhone

**From:** [Margaret Williams](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1B input  
**Date:** Thursday, January 14, 2021 6:45:28 PM

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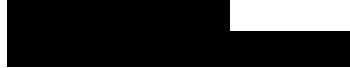
Dear Committee Members:

As senior citizens, ages 76 and 77, my husband and I are very anxious to be included in the phase 1B level of vaccine candidates. My husband is also immunocompromised, since he has lost one kidney and his spleen. His vulnerability increases the importance of my also getting vaccinated, so I don't put him at further risk. Since our age group is at highest risk of mortality, please don't postpone our eligibility any longer. We enjoy our ability to live independently, and have done our due diligence to maintain good health in this current environment.

Thank you for your consideration.

Sincerely,

Wynne and Margaret Williams



**From:** [Amy Bowe](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1B  
**Date:** Thursday, January 14, 2021 6:41:58 PM

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Please give to education workers and staff along with 65+ adults.

We need kids back to schools so they can get back to normal.

Thanks  
Amy

Sent from my Verizon, Samsung Galaxy smartphone  
Get [Outlook for Android](#)

**From:** [Russell Smestad](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Comment on next covid-19 vaccination priority grouping  
**Date:** Thursday, January 14, 2021 6:26:18 PM

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WI authorities are currently considering a phase 1b covid-19 vaccination priority group to include only those seniors over age 70 or 75.

Given that the federal recommendation is now to include anyone over age 65, failure to follow the federal guideline will only cause more confusion and frustration. Please follow the federal guidelines and align the tier with over age 65.

There is also consideration to give people with co-morbidities early priority irrespective of age. This is problematic for two reasons. One is the verifiability of this condition; the other is the large population size this encompasses. These two considerations together make it very difficult if not impossible to reasonably administer.

I believe it would be best to keep it as simple as possible to understand and administer: once healthcare workers and first responders are vaccinated, use a tiered eligibility system solely based solely on descending age in increments of 10 years. It's fair, simple and breaks the WI population into manageable tiers.

Thank you.

*Russ Smestad*

[REDACTED]

**From:** [Carol Oliver](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1b  
**Date:** Thursday, January 14, 2021 6:24:25 PM

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Why isn't our state following CDC guidelines for group 1b. This group is at higher risk so CDC guidelines in my opinion should be followed. Thank you.

**From:** [Mo Thao-Lee](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Distribution of vaccine for covid  
**Date:** Thursday, January 14, 2021 6:19:48 PM

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Hello,

I am writing to you as a register nurse and owner of a personal care agency regarding the distribution of COVID vaccination to only hospital and health care facilities. We the nursing staff as well as personal care workers are putting ourselves on the line each and every day providing care to our clients. When we go into the homes, we are not only exposing ourselves to the clients, but their family members and friends who come in and out all the times. We have as much exposure to the virus as any other health care providers. I am speaking on behave of my personal care workers who are risking their lives every day to provide care to their clients because their clients do not have anyone else. Their pay is not the best and that is because personal care agencies have the lowest reimbursement rate so we can't pay them what they deserve. This decision to focus on only the hospitals and facilities only is giving us especially the personal care workers a message that they are not "essential" and they are not important enough. I understand the vaccine is limited at this time; however, I firmly believe that without these essential personal care workers risking their lives every day, hospitals and nursing homes would be over capacitated and we would really have a health crisis. These essentials direct care workers are the ones that is having impact on the Wisconsin direct care workforce crisis that is on the rise.

As many law makers/decisions makers decide on who should receive the vaccine, I hope the decisions will be based with input from people who are directly affected by them and not people who are looking from the outside who have no idea what these people do. Many people overlook the important role personal care workers and community nurses, even personal care and home health care agencies play in the community. So I am asking that as you all decide who to receive the vaccine that you don't leave these people who are as essential as anyone else in the hospitals, health facilities, etc. Thank you.

Mo Thao-Lee, BSN, Administrator  
Universal Home Health Care, Inc  
933 Erie Ave, Suite 9  
Sheboygan, WI 53081  
920-452-3370

**From:** [Kelly Tourdot](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1B covid vaccine public comment  
**Date:** Thursday, January 14, 2021 6:14:27 PM

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Hi,

First of all, thanks for the chance to give some public comment about the rollout of the covid vaccine.

I work for UW-Madison and have been working on site a couple days a week since campus shut down in March. I'm glad that education workers who work with students are included in this wave. It will be a relief to have some more protection. Many of my colleagues who are working on site are very enthusiastic about getting their vaccine. We also are on our second round of non-voluntary furloughs, so getting the vaccine earlier would be a nice thank you for our financial sacrifice. I don't think that people on disability or social security, both of whom are also in the priority groups, have had to take a pay cut due to the pandemic.

My concern with some of the groups included in the 1b rollout is that it's missing too many working people. There are a lot of Wisconsites who can't work remotely and have to work with the public. They include grocery store workers, restaurant, coffee shop and fast food workers, people who work in retail, and others who interact with the public. They need the vaccine more than the non working elderly and prisoners. Many people in this group do not have much sick leave, if they do have any, so it's even more imperative that they get moved up. I'm sure some of the elderly can hold off wanting to hug their grandkids a couple of months longer if it means that someone who needs the vaccine to do their job. The more people that are working, the faster we can resume some semblance of normalcy.

Also, in my experience, the people most resistant to wearing masks are older, so why should they be rewarded for their refusal to follow state law with getting their vaccine earlier. More younger people were better about mask wearing from my experience. It's just another example of the Millenials and Gen Z getting screwed over by the Boomers and the elderly.

Also, people who live in communal and shared living spaces, including apartments and condos, should be moved up if people in group homes are in 1b. We have to share laundry facilities, mail rooms, and other spaces.

Thanks,

Kelly Tourdot



**From:** [Nate Fietzer](#)  
**To:** [GOV Info](#)  
**Cc:** [DHS SDMAC](#)  
**Subject:** Re: Vaccination in Wisconsin: A Message From Governor Tony Evers and Lieutenant Governor Mandela Barnes  
**Date:** Thursday, January 14, 2021 6:05:01 PM

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Every day I live paralyzed in fear because of this virus. I have been to the emergency room twice and was seeing a counselor weekly (now bi-weekly). As a full time children's minister, at large church that doesn't require face masks, every week I come in contact with two to three times more kids and parents than most teachers do yet the only way I will get a vaccine in the next six months, based upon your current plan, is if I get a part-time job at a grocery store. President Trump made us "essential" during the pandemic. We have been encouraging people, praying with people, helping those through this tough time and yet we can't get the vaccine with "teachers" or with "grocery workers"? Money was provided to schools for proper ppe and other classroom protections. Many schools aren't even open yet. Churches got nothing.

I am incredibly disappointed and frustrated! This is a bigger crisis than just getting the virus in itself. This is also a mental health crisis.

I hope that you will hear my heart and also my frustration. We need better. Clergy should be included in part 1b.

Thank you  
Nate Fietzer

On Tue, Jan 12, 2021, 11:08 AM Nate Fietzer <[NateF@pathwayschurch.us](mailto:NateF@pathwayschurch.us)> wrote:

Unfortunately your definition of 1b is not clear to me. Will 1b include clergy? I myself see more kids and families each week than most teachers in our area. Please advise

Thank you

Nate Fietzer

On Tue, Jan 12, 2021, 9:47 AM <[govinfo@wisconsin.gov](mailto:govinfo@wisconsin.gov)> wrote:

My Fellow Wisconsinites,

On behalf of the people of Wisconsin, Lieutenant Governor Barnes and I hope this email finds you safe and healthy. As you know, Wisconsin began its distribution of the first COVID-19 vaccinations in late December. Lieutenant Governor Barnes and I know that many Wisconsinites have questions and concerns about the vaccination process, and we would like to provide as much clarity and transparency as we possibly can.

Lieutenant Governor Barnes and I are fully committed to delivering safe and effective COVID-19 vaccines to Wisconsin residents as quickly and as safely as possible. This is why, on January 8, I wrote to the United States Department of Health and Human Services expressing my concern about the large amounts of the vaccine the federal government has yet to release for distribution. The federal government must begin distributing these reserved doses to states immediately so that Wisconsin, and many other states around the country, can ramp up our vaccination efforts.

To distribute the vaccines the federal government has delivered, our administration is following the [phase recommendations](#) of our federal partners and public health experts along with guidance put forward by the [State Disaster Medical Advisory Committee \(SDMAC\)](#). Currently, the state is in Phase 1a, which prioritizes the vaccination of healthcare workers, folks living in long-term care facilities, and those that provide care in long-term care facilities. More on Phase 1a is available [here](#), and more on how our administration is partnering with pharmacies to distribute the vaccine to staff and residents of long-term care facilities can be found [here](#).

It is difficult to predict when the general public will have access to the COVID-19 vaccine as the federal vaccine supply is still uncertain. With that in mind, following the phases of vaccine administration as guided by CDC and our state plan, our current best estimates are as follows:

- Phase 1A: Includes health care providers and staff and residents of long-term care, anticipated to run through February
- Phase 1B: Anticipated to include front-line essential workers and people older than age 70 and is anticipated to run February through April
- Phase 1C: Anticipated to include additional essential workers not captured in Phase 1b and people older than 60 with chronic conditions and is anticipated to run April through June
- Phase 2: General Public, anticipated to begin in June.

These timelines and other frequently asked questions regarding the COVID-19 vaccine will continue to be updated on the Department of Health Services (DHS) [website](#).

Lieutenant Governor Barnes and I have heard from many Wisconsin residents with suggestions and concerns about who will receive the vaccines and when. We invite you to virtually attend the [meetings](#) of the State Disaster Medical Advisory Committee (SDMAC), the body tasked with forming recommendations for vaccine allocation in Wisconsin. You can also submit public comments to this body via [DHSSDMAC@dhs.wisconsin.gov](mailto:DHSSDMAC@dhs.wisconsin.gov). Lastly, you can always attend DHS's [live-streamed media briefings](#) offered throughout the week to stay informed about the vaccination process.

With vaccine distribution and administration happening across the state, hope is on the horizon in the New Year. That said, in order for the vaccine to do its job, we need to continue working to stop the spread of COVID-19 today. Please continue to take every precaution to help protect your health by staying home as much as possible, washing your hands, and wearing a mask whenever you have to go out. Let's resolve in the New Year to continue to do everything we can to protect the health and safety of our friends, neighbors, and families. By sticking together and taking care of our neighbors, we know we will get through this together.

Sincerely,  
Tony Evers  
Governor

**GOVERNOR TONY EVERS**  
[evers.wi.gov](http://evers.wi.gov)  
[govinfo@wisconsin.gov](mailto:govinfo@wisconsin.gov)

Sincerely,  
Mandela Barnes  
Lieutenant Governor

**LIEUTENANT GOVERNOR MANDELA BARNES**

P.O. Box 7863  
Madison, WI 53707  
Phone: 608-266-1212  
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Phone: 608-266-3516  
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**From:** [david.jensen](#)  
**To:** [DHS SDMAC](#)  
**Subject:** vaccine sub-committe Phase 1B  
**Date:** Thursday, January 14, 2021 5:21:29 PM

---

I would like to comment on phase 1B vaccine program. I work for a communications company and I am in and out of various houses and apartments everyday..I am not saying workers in my line of work need high priority, but we should be vaccinated before the general public. Also, it seems to me the work force that is in direct contact with many people on a daily basis shout be vaccinated as soon as possible. These people would include retail, and grocery check out people.

**From:** [Pamela Minden](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Subcommittee--Phase 1B  
**Date:** Thursday, January 14, 2021 5:20:01 PM

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I write in support of including WI prison inmates in in the 1b priority group for COVID vaccination. In the words of Nelson Mandela, *"It is said that no one truly knows a nation until one has been inside its jails. A nation should not be judged by how it treats its highest citizens, but its lowest ones."*

Prioritizing older adults, like me, who have necessary protective resources over those who have been incarcerated is unethical and morally reprehensible.

With respect,  
Pamela Minden, PhD, RN

**From:** [Leanne](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Next step for people 70+ approval  
**Date:** Thursday, January 14, 2021 5:19:58 PM

---

Sent from [Mail](#) for Windows 10

I approve that people 70+ should be in the next grouping for vaccines along with teachers  
correctional workers .

Leanne M. Stokes

**From:** [Lynn Winston](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccination input  
**Date:** Thursday, January 14, 2021 5:19:08 PM

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Thanks for asking for input.on vaccine rollout.

My parents are over 80 with health issues...my.mom had double pneumonia 18 months ago. Yes...would like to get them vaccinated asap. My mom is.motivated to live another 10 years. I dont want covid to take her or my dad. But what about the caretakers of the elderly? I known You are covering the front line medical.community which is great. But what about those who care for the elderly at home? I have to be so careful taking them supplies, getting them to appointments etc. Where do these caretakers fall in the line?

Thanks for your help.

**From:** [LD](#)  
**To:** [DHS SDMAC](#)  
**Subject:** phase 1b law enforcement  
**Date:** Thursday, January 14, 2021 5:14:37 PM

---

Hello,

I work in a small police department. I am office staff (the only one). I have direct contact with all officers who have contact with the public. I also have contact with public who come to the police department. I want to be included in phase 1b with law enforcement but was told I was just office staff. I do not believe it is fair that the officers are included, but I am not. I can understand larger departments where the office staff can isolate, but I cannot. My office is the "hub" of the department and officers are in there all the time.

Please respond.

Thank you for your consideration.

Lisa Davis

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**From:** [Samuel Johnson](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Public Comment - Vaccination Distribution  
**Date:** Thursday, January 14, 2021 5:02:48 PM

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I was given this email address as a method to provide feedback for the priority of vaccine distribution and make comments to the SDMAC committee advising the DHS on vaccine distribution. As such, I have listed priorities and personal feedback below. Thank you for providing this resource and everyone's work in this effort.

**Priority:**

Anyone with first shot

Healthcare Workers

Over 70 Years Old

Everyone else

(Intentionally tried to consolidate list to fewer groups in order to simplify communication and distribution)

**Comments:**

I believe Wisconsin should be prioritizing, not restricting, who receives the doses of COVID-19 vaccination. As such, I believe the DHS should issue recommendations for populations to get the shot but not determine how to validate or prevent others from receiving it. I think our state department should be focused on a goal of getting mass vaccination instead of prioritized vaccination. As such, the two key metrics the Wisconsin DHS should focus on is the number of locations distributing vaccinations and the number of vaccine shots delivered.

If this meets you with discomfort, I understand. It is actually not comfortable for me to recommend it because of all the imperfections. Also, please also do not take this recommendation comment as a means to discredit or poor judgment against the great work the DHS and committee has done thus far. My view is the opposite. The Wisconsin DHS has done a phenomenal job with the situation they have been given. I firmly believe that our most at risk population should be prioritized before others. I have at risk family members, but am currently an individual who is not at risk. I would wait until others in my region had the vaccination before me. This is not personally motivated. It is solely a comment intended to act in the interest of operational improvement given the circumstances of achieving our end goal of herd immunity. I believe inserting any criteria by the state of receiving vaccinations is a constraint that limits our ability to move as quickly as needed for the following reasons:

- a.) Allow people to generally socialize again to improve our ability to empathize and connect with one another (we need this as a state and nation)
- b.) Create an economic impact for businesses depending on in-person interactions
- c.) Outpace the virus' ability to mutate against the vaccine.

I believe we as a state are not currently equipped to be as efficient and effective in vaccine distribution to achieve herd immunity in 2021 unless we remove constraints in our process.

I would propose to carry forward the above listed groups (or any other groups the committee and DHS decides) as "Priority Patients" defined by the State. I would encourage the state to *recommend* that all distribution points of the vaccine create and use two clearly marked and socially distanced lines for distribution. One for Priority Patients and one for everyone else.

Much like an airport, as long as someone is in the priority line, they are served. If no one is in that line when the next vaccination is available for distribution, it will be provided to someone from the other line. Families and those who came together would be able to all get a vaccination in groupings. I understand this suggestion in its many imperfections and risks. It has the potential to cause long waits and frustration. Much like the uncertainty, fear, and doubt which has been established in our journey thus far.

I hope it is a different way of looking at this problem if/when the time comes where our supplies outweigh our capabilities to deliver vaccinations. I do firmly believe the more vaccines we are able to deliver, the better it gets. Hence, the faster we can get there the better. It is all Wisconsin citizens who are impacted, and I believe it is our responsibility as citizens to be a part of solving this problem. Our DHS is unfairly presented with the problem which has caused undue responsibility on their shoulders. They are overworked and under resourced to deal with the challenges that we have had this past year. This proposal reserves their precious resource capacity to focus on, measure, and report the two most important metrics we need for success: The number of locations capable of administering vaccinations; total vaccinations delivered to our population.

Regardless of the path forward, I appreciate you and your work. Thank you for reading.

**From:** [Elle](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Subcommittee Phase 1B  
**Date:** Thursday, January 14, 2021 4:52:58 PM

---

Dear Assembly Health Committee Members,

Please make people who are incarcerated a priority for vaccine distribution. They are at a high risk of sickness and death due to the pandemic. Overcrowding makes social distancing extremely difficult, making incarcerated people five times more likely to get the coronavirus. Since they are more vulnerable to COVID-19 than most, they need to be one of the first to receive vaccines

Sincerely,  
Elle Ro

**From:** [William Moore](#)  
**To:** [DHS SDMAC](#)  
**Cc:** [Sandra Moore](#)  
**Subject:** 1B population  
**Date:** Thursday, January 14, 2021 4:47:12 PM

---

Dear committee members,

I wish to provide a comment regarding the composition of the 1B vaccine group. Please give serious consideration to the inclusion of those of us who are in the 70+ age group.

My wife and I are both 70+ and while in generally good health, we are more than ready to receive the vaccine.

Best regards,

William Moore MD

**From:** [Gchrismer@aol.com](mailto:Gchrismer@aol.com)  
**To:** [DHS SDMAC](#)  
**Subject:** Covid vaccine rollout  
**Date:** Thursday, January 14, 2021 4:42:45 PM

---

Just read brief article on 27 News that groups will include  
- people above age 70 -SUGGESTION - use a specific birthdate listing to define this more easily.  
- Example - I am 70, will be 71 in summer. Am I included or not? Hard to tell without a more definitive description. Makes it easier for both sides if there's a line drawn. Avoids confusion.

What is IRIS? Lists what initials stand for but not what those things mean.

Can you tell I was s nurse and think clear explanations are the way to go forward? :>)

Thanks!  
Wisconsin Citizen  
Virginia Cioffletti

[Sent from the all new Aol app for iOS](#)

**From:** [Jena Weiler](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Next phase vaccinations EC county  
**Date:** Thursday, January 14, 2021 4:41:29 PM

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Just questions as I'm reading through the most recent update.

Would it be beneficial to add public defenders, attorneys, and jail workers to this list?? Jails are such a vulnerable population / situation and many lawyers come in and out after attending court and hearings which are becoming more and more in person (vs. virtual).

Would it be beneficial to add daycare / child care providers to this list to minimize spread to children of essential workers??

--

---

*jkw*

Jena Kay Weiler

**From:** [MaryJo Stokes](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Access  
**Date:** Thursday, January 14, 2021 4:24:45 PM

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In response to the discussion regarding vaccine eligibility at age 70.

Would ask consideration for age allowance at 65 as is the Federal recommendation, and as MN, a border state, has adopted.

I'd also consider ages and inclusions with regard to "essential workers". A 21 yo grocery worker who is protected by plexiglass and a mask would seem less vulnerable than a tradesman age 65 who is responsible to construction sites and private homes in need of electrical or plumbing services. Both from the aspect of serious health outcomes as well as serious outcomes if services are not responded to.

The Public is also in need of easy access to eligibility and info as it is established. It seems if 3 different agencies are contacted, 3 different responses are provided. It provides little confidence when people already question vaccine safety and accountability. Who will provide the vaccine, are they qualified, can clinics be established in large arena's.

We need greater efficiency. We need increased access and hours of availability. This cannot be a M-F, 8-5, operation. It needs to be 24/7. Some occupations function 24/7, have vaccine sites accessible to them.

We have known this vaccine was coming, difficult to understand how systems and different strategy models were not prepared, developed and ready for different roll out scenarios.

Thank you for allowing public comment.

**From:** [stevewise@att.net](mailto:stevewise@att.net)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1b COVID-19 vaccine public comment  
**Date:** Thursday, January 14, 2021 3:43:38 PM  
**Attachments:** image001.png  
**Importance:** High

**Taxpaying** citizens of the United States have delivered to you, free of charge, many life-saving COVID19 Vaccines. More are one the way.

You have not yet distributed even half of them. SHAME ON YOU !

Your #1,2,3,4 tasks are to get these doses into the arms of WI citizens without delay.

Any time the vaccines spend in a cooler represents a loss of life. (>1/hr).

Don't even make me start with the vaccines lost.....

Ultimately, the entire state population needs to receive the vaccine, so, time lost debating "who is first" is tragically wasted time when it delays the end goal.

It is natural to focus on categorizing potential vaccine recipients: ("essential workers", "highly vulnerable to infection", "highly susceptible to grave consequences")

Look at the big picture:

1. This ordeal ends only when all have been vaccinated (or, at the least, after reaching herd immunity).
2. People under age 18 do not generally die, or even get sick, from this.
3. People over 60 account for the majority of hospitalizations.
4. People over 70 account for the majority of deaths.
5. One might argue that a 40-yr-old, whose chance of death is albeit 10% that of a 60-yr-old, but who has 10x the exposure rate while performing work that is 10x more vital to the American economy and 10x more valuable to curing the virus, might be more important to "save."  
**GRANTED: BUT READ ON !**
6. Find the people qualified under 5 above. A person dies every hour you spend doing it.
7. Work out the logistics of vaccinating 5 above. A person dies every hour you spend doing it.
8. If in the meantime people age 60+ have been vaccinated, you are ahead of the game.

	People Tested	Positive Cases		Hospitalized		Requiring Hospitalization		Dead	% positive cases dead
County Total	323,070	35,984		1070		%		218	
Under 60		31,467	87.4%	442	41.3%	1.4%	8	3.7%	0.03%
Age 60-69		2,430	6.8%	200	18.7%	8.2%	18	8.3%	0.7%
Age 70-79		1,147	3.2%	197	18.4%	17.2%	47	21.6%	4.1%
Age 80-89		628	1.7%	160	15.0%	25.5%	83	38.1%	13.2%
Age 90+		312	0.9%	71	6.6%	22.8%	62	28.4%	19.9%

Suggestion:

Focus on the logistics of distribution:

Realize that those over 60 are most likely to die.

If you want to put teachers (or whatever) on the list, tell them what day to show up at school (or



whatever) for the shot.

If you want to get people age 60, tell them what CVS or Walgreens to line up at.

If you want to have them register, set up a website.

Who is on the list is 1/100 as important as when the list will receive the goddamn vaccine.

GET THAT STRAIGHT!

Steve Wise



**From:** [Lisa Kilawee](#)  
**To:** [DHS SDMAC](#)  
**Cc:** [Richelle Andrae](#); [Sashikala Gregory](#); [Laura Waldvogel](#)  
**Subject:** SDMAC Phase 1b: Vaccine Distribution Comments  
**Date:** Thursday, January 14, 2021 3:39:26 PM  
**Attachments:** image003.png  
image004.png  
image005.png  
image006.png  
image007.png  
image008.png  
FHLCMSAWvaccinecomments.docx

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Greetings SDMAC- Vaccine Subcommittee Members,  
Attached please find comments on the proposed COVID vaccine prioritization on behalf of Family Health La Clinica.  
Best regards,  
Lisa Kilawee

***Migrant and Seasonal Ag Worker's Outreach and Mobile Unit Services: 920-787-9450***

<https://www.famhealth.com/wi-msaw-covid-19.html>

**Lisa Kilawee | Director of Strategic Community Engagement**

400 S Townline Rd | PO Box 1440 | Wautoma, WI 54982

Cell: 605-941-2945

920-787-9442

P: 920-787-5514 x251 | F: 920-787-4737

[lisa.kilawee@famhealth.com](mailto:lisa.kilawee@famhealth.com) | [www.famhealth.com](http://www.famhealth.com)



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January 14, 2021

Re: SDMAC Phase 1b: Recommendations for Public Comment

Dear SDMAC- Vaccine Subcommittee Members:

Family Health La Clinica (FHLC) is Wisconsin's only federally funded Migrant Health Center and has served Migrant and Seasonal Agricultural Workers (MSAW) for nearly fifty years. FHLC and its many partners within the Wisconsin Farmworkers Coalition led a successful COVID-19 Risk Mitigation project during the 2020 growing season. The project involved providing education, testing and support to over 3,000 MSAWs in 23 counties in 308 events. Each time a worker tested positive, employers were able to isolate the workers and prevent the spread of COVID-19. This work was made possible through a contract with the State of Wisconsin. The majority of workers and/or their employers had existing relationships with FHLC. In the case of many workers, our clinic has been serving them for many years.

**FHLC urges the SDMAC Vaccine Subcommittee to consider Migrant and Seasonal Agricultural Workers as Essential and prioritize them in Group 1b for COVID vaccinations, and urges them to consider the following:**

- Wisconsin's migrant and seasonal agricultural workers (MSAWs) are essential workers. They ensure that the nation's food supply chain is not interrupted.
- Over 1,000 employers, large and small, depend on these workers.
- Agriculture is Wisconsin's top economic driver, and this industry relies on a healthy and stable MSAW workforce.

**The MSAW population is extremely vulnerable to COVID-19 transmission due to both congregate living and working in close quarters. Their essential work puts their lives and, by extension, the communities they work in, at risk.**

- An employee outbreak of MSAW's late in the season in Oconto county resulted in seven verified deaths, as well as 3-4 deaths due to community spread. This includes a worker dying on a passenger bus after being sent home without proper risk mitigation. This outbreak was one of the deadliest in the nation. These agricultural workers were tested upon arrival in Wisconsin and are believed to have acquired the virus after arrival due to community spread.
- Migrant and Seasonal Agricultural Workers have high rates of chronic disease, including diabetes and heart disease, which puts them at a higher risk for serious outcomes or death due to contracting COVID-19.

**Migrant and Seasonal Agricultural Workers are primarily Hispanic or Latinx, a population disproportionately impacted by COVID.**

- The most recent WI data from DHS indicates that Hispanic or Latinx patients have 1.7 times greater case rates compared to White Wisconsin residents. Latinx patients also have the highest case rate at a little over 13,000 per 100,000 people.

We respectfully disagree with the comments in Appendix B regarding the low probability of addressing logistical challenges to vaccinate agricultural workers in employer-sponsored housing.



Migrant housing is regulated by Wisconsin's Department of Workforce Development, and the Department maintains lists of inspected and certified housing units, which are used by FHLC for outreach to this essential and vulnerable population. With continued support and funding from the state, not only is FHLC willing and able to take a lead role in the vaccination of these workers, we have been planning our vaccination strategy for months. This includes addressing logistical barriers that may arise. The CDC's Advisory Committee on Immunization Practices (ACIP) recommends prioritizing essential workers, including those working in rural areas, and developing and conducting mobile clinics in multiple locations. Additionally, we are partnering with the Migrant Health Clinicians Network (MHCN) to work toward the development of a nationwide strategy to track and document Migrant and Seasonal Agricultural Worker vaccinations to help address the potential issues with accurately/adequately/appropriately completing the immunization series while crossing state or even national borders. Our efforts from April 2020 to present have been and continue to be to ensure Migrant and Seasonal Farmworkers are provided culturally competent and linguistically appropriate education and testing to ensure risk mitigation during the pandemic. We know, understand, and have experience maneuvering these logistical challenges. We know from experience that Wisconsin can overcome these barriers through close collaboration with multi-sector partners. Further, the possibility of challenges should not prevent the state from prioritizing the MSAW population.

Failure to prioritize Migrant and Seasonal Agricultural Workers in Group 1b runs counter to the Vaccine Distribution Sub-Committee's stated goal of addressing health inequities and disparities, as well as running counter to what the ACIP and CDC have recommended. It is harmful to Wisconsin's economy. Wisconsin must join other states, including California, Colorado, Alabama, North Carolina, Virginia and others in prioritizing farmworkers to receive the COVID-19 vaccine.

I urge the sub-committee to include Migrant and Seasonal Agricultural Workers as the essential workers that they are, and strongly recommend including them as a priority in Group 1b, as other states have done. Any other direction demonstrates a grave injustice to this vulnerable population that is counted upon to ensure the stability of our state's and nation's food supply.

Sincerely,

A handwritten signature in black ink that reads "Laura Waldvogel".

Laura Waldvogel  
Chief Executive Officer  
Family Health La Clinica

**From:** [Heffernan, Jeanette M](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Covid vaccine distribution  
**Date:** Thursday, January 14, 2021 3:31:50 PM

---

Dear Ms. McCamy,

I am writing because I understand from the Department of Health website that public input is possible regarding vaccine distribution. My input is as follows: the simplest system is the most efficient one and, in trying to be the ultimate in fairness, the system in Wisconsin is failing to get the vaccine out to the public in an expedient manner. Of course, medical personnel and first responders must be first, but after that, a simple solution is needed that avoids unnecessary documentation requirements. There is a danger here of too much analysis. I have friends and relatives in several other states and their system is that after group 1A is complete, an age based solution has been put in place, starting with oldest citizens. These states have been more successful at distributing their allotted vaccine doses than Wisconsin has.

Best regards,

Jeanette Heffernan

**From:** [Tim Halbach - NWS Milwaukee](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Subcommittee Phase 1B  
**Date:** Thursday, January 14, 2021 3:31:08 PM

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Good afternoon SDMAC Vaccine Subcommittee. My name is Tim Halbach and I'm the Warning Coordination Meteorologist for the National Weather Service office at Milwaukee/Sullivan. We are part of the federal government under the Department of Commerce and the National Oceanic and Atmospheric Administration. We were unsure of if we would qualify for the 1B phase of the vaccination process as potential "Public-Essential Workers", so we just wanted to provide you with our information and let you decide if we should be considered or not. I'll add information to each question in the public comment draft.

1) There are 3 National Weather Service offices located within the state of Wisconsin (Milwaukee/Sullivan, Green Bay, La Crosse) with 2 more having forecast responsibility in the northwestern part of the state (Twin Cities, Duluth). Each office has 23-24 staff members and is operational 24 hours a day throughout the year. Warnings and forecasts that are issued by the office have to physically be sent at the office via workstations located at the facility. We have managed to get by with minimal staffing of 2 people per shift with other meteorologists/support staff helping out from home. Each office typically has 3 shifts per day (8am-4pm, 4pm-Midnight, Midnight to 8am) with two members at the office for a basic shift. In severe weather situations, we sometimes need as many as 7 staff members in our office operations at one time. In normal situations, we can typically maintain enough distance between each other, but in severe weather situations, the spacing becomes tighter and hard to stay 6 feet apart. Our main mission is the protection of life and property by issuing these warnings and forecasts to warn people of the inclement weather coming their way

2) To minimize the chance of spreading COVID at the office, we have most staff working from home on telework and only bring in extra staff to help out during winter storms and severe weather episodes. Storm damage surveys are only to be done if there is significant media attention or if the tornado appears to be over an EF-2 level to minimize the potential spread of COVID.

3) A number of NWS staff members have contracted COVID, but we have been lucky in that only one was positive in the office for a period of time. This led to the office being shut down for two days so that it could be cleaned. If an office goes down, another nearby office takes over responsibilities of warnings and forecasts, but that means that they need to bring in extra personnel into their office to cover them.

Tim Halbach  
National Weather Service Milwaukee  
Warning Coordination Meteorologist  
Web: [weather.gov/milwaukee](http://weather.gov/milwaukee)  
Twitter: @NWSMilwaukee @timhalbach  
Facebook: [facebook.com/NWSMilwaukee](https://www.facebook.com/NWSMilwaukee)

**From:** [Timothy Duquaine](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1b comments  
**Date:** Thursday, January 14, 2021 3:18:42 PM

---

After reading about the proposed groups to be included in phase 1b I have the following comments.

1. 90% of all covid 19 deaths are people over the age of 60. It makes no sense that a 25 or 30 year old teacher who has a very very slight chance of death from the covid 19 jumps ahead of seniors who are 60 or older.
2. Forget about all the subgroups and distribute based upon age and comorbidity. This would be easier to plan and has the greatest potential to reduce covid deaths. This would also have the greatest impact on hospitalizations and ICU care.
3. The fact that we are a month into distribution and only now you are trying to figure out who should be next is embarrassing. The state had months to prepare and we are still at this juncture.

Respectfully submitted,

Tim Duquaine  


**From:** [Brent Rapos](#)  
**To:** [DHS SDMAC](#)  
**Cc:** [John Sauer](#)  
**Subject:** vaccine subcommittee Phase 1b  
**Date:** Thursday, January 14, 2021 3:10:31 PM  
**Attachments:** Comments on SDMAC vaccine prioritization Phase 1b.pdf

---

SDMAC Vaccine Subcommittee,

Please accept the attached as comment for *Recommendations for the Wisconsin Department of Health Services for COVID-19 Vaccine Priority Group 1b*.

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](mailto:brapos@LeadingAgeWI.org)







January 14, 2021

*Electronically Submitted*

State Disaster Medical Advisory Committee (SDMAC) Vaccine Distribution Subcommittee

Subject: Public comment on *Recommendations for the Wisconsin Department of Health Services for COVID-19 Vaccine Priority Group 1b.*

Dear Subcommittee:

We would like to thank the SDMAC Vaccine Distribution Subcommittee for the opportunity to submit comments on behalf of our members for the *Recommendations for the Wisconsin Department of Health Services for COVID-19 Vaccine Priority Group 1b.*

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 550 nursing home, assisted living, senior housing, and other community-based providers who serve elderly persons and individuals with a disability throughout the State.

We respectfully request that Independent Living be added to the list of congregate living facilities that are listed in point 2 in Appendix C. Point 2 recommends that the definition of congregate living include *“housing serving those with age or disability”*. Independent Living facilities are apartment-like congregate living complexes, much like a residential care complex. The average age of individuals living in Independent Living settings is nearly 80 years old. These individuals often receive in-home services from care providers. Overlooking the specific listing of Independent Living in the congregate facility definition may result in confusion among vaccinators and the potential that this elderly population living in a congregate setting may not be vaccinated as soon as what was intended by the Subcommittee. The inclusion of congregate living in Phase 1b was a prudent decision that is very much appreciated by our membership and the individuals they serve.

Our membership supports the recognition of IRIS and Family Care Recipients as being included in Phase 1b. These individuals, by their inclusion in these programs, are some of the most economically disadvantaged, many with multiple comorbidities and living with an intellectual or developmental disability.

*Expanding the world of possibilities for aging.*

204 South Hamilton Street | Madison WI 53703  
P 608.255.7060 | F 608.255.7064 | [www.LeadingAgeWI.org](http://www.LeadingAgeWI.org)

If the vaccine supply is constrained, our membership is then supportive of the sub-prioritization recommendations that are outlined in the document. The demographic characteristics, as well as the medical conditions listed, demonstrate an evidence-based approach that identifies those individuals that would be put at higher risk for serious negative outcomes were they to be infected with COVID-19.

Again, we want to thank the Subcommittee for its important work on this historic task. LeadingAge Wisconsin members thank you for your consideration of our comments to the *Recommendations for the Wisconsin Department of Health Services for COVID-19 Vaccine Priority Group 1b* document.

Sincerely,

A handwritten signature in black ink, appearing to read "John Sauer". The signature is fluid and cursive, with a large initial "J" and "S".

**John Sauer**

President/CEO

**LeadingAge Wisconsin**

204 South Hamilton Street

Madison WI 53703

(608) 255-7060

[jsauer@leadingagewi.org](mailto:jsauer@leadingagewi.org)

**From:** [Anita Thompson](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Covid vaccines  
**Date:** Thursday, January 14, 2021 3:09:20 PM

---

Please explain mink husbandry and how this group is included for 1b vaccine.

Thank you,  
Anita Thompson

**From:** [soleynk@gmail.com](mailto:soleynk@gmail.com)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccinate over 70 group next  
**Date:** Thursday, January 14, 2021 3:07:04 PM

---

Sent from my iPhone

**From:** [tjp333@milwpc.com](mailto:tjp333@milwpc.com)  
**To:** [DHS SDMAC](#)  
**Subject:** Covid 19 Reponse  
**Date:** Thursday, January 14, 2021 2:59:46 PM

---

To: DHS

I am writing with grave concern over the state's Covid vaccine distribution and lack of speed with which it is being administered. How is it that incarcerated individuals will be vaccinated before law abiding citizens? How is it that physicians who are practicing telemedicine exclusively may be vaccinated before EMTs? How is it that there's a discrepancy between the tier cut-off - WI suggested age 70 while the federal government is using age 65 as a cut-off? We need to immunize quickly and efficiently with care workers, the elderly, and essential workers first followed by those 65 and over, etc. It seems that these original suggested CDC guidelines are getting very skewed. We need our governor and legislators to act NOW - before more loss of life and further damage to the economy. It appears this fact seems more straightforward to the citizenry than Governor Evers and DHS. Wisconsin citizens don't have time for the bickering. Time is of the essence for the health of our State. Governor Evers needs to show leadership by moving this forward immediately!!

Sincerely,  
Susan & TJ Patrick

**From:** [Kathleen Cairns](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Covid vaccinations for inmates  
**Date:** Thursday, January 14, 2021 2:49:25 PM

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I strongly support inclusion of inmates in WI prisons among the priority group 1b populations to receive vaccinations for the coronavirus. As a population they are literally a “captive” population and do not have the ability to avoid potential infection, many are old and have health conditions which put them at risk, and prisons have been the site of significant outbreaks of the virus. This is a small population relative to the numbers of people in other groups receiving priority vaccinations, which should facilitate the process of vaccination. As the sub committee's report notes, prisons have the existing infrastructure to deliver the vaccine efficiently. Making inmates wait until millions of older adults first receive the vaccine, many of whom like myself have the means and the ability to protect ourselves, truly constitutes cruel and unusual punishment. Please do the right thing and make sure those under the care of the State receive the vaccine quickly.

Kathleen Cairns

[REDACTED]

[REDACTED]

[REDACTED]

**From:** [Craig Miller](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine subcommittee Phase 1B  
**Date:** Thursday, January 14, 2021 2:42:18 PM

---

Sent from [Mail](#) for Windows 10

Nothing is stated on how the vaccines will be distributed, and buy whom, especially in rural areas. It states 71% of deaths or hospitalization are those ages 70 and above. Kind of makes sense those would get vaccines first, over none essential people. Most hospitals are not accepting patients due to covid, how many people 70 and above are readily admitted to a hospital? How many have not been admitted with health issues and sent home?

What will be procedure be to obtain the vaccine, internet sign up, phone in sign up, or just show up? How will residents be notified?

It appears it has been known months in advance that a vaccine would be needed, to stop this Covid 19, that a plan would have to be in place and guidelines be set up.

Nothing is said about what is to be done with extra vaccines, after essential person(s) have be give theirs.

Then we have people in nursing homes or assisted living, who have been quarantined for months, in some cases, eating meals in their rooms, especially after someone in the facility tested positive.

Seems like the rural communities have been forgotten about after reading your report.

e

**From:** [Sandra Jackson](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Virus rollout plan  
**Date:** Thursday, January 14, 2021 2:41:16 PM

---

80% of deaths occur in those over 70 years of age. The most humane thing to do is to prioritize those individuals. Let's not try to parse by job description, population center, or other factors which will complicate the rollout, be difficult to define and both slow the rollout and increase the mortality rate. Age is easy to determine and doesn't lend itself easily to manipulation by those controlling the process. We've already seen in the 1A group that hospitals have vaccinated administrative employees under a "broad interpretation" of the guidelines.

Sandra Jackson  




**From:** [wurkrb](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Who to vaccinate next  
**Date:** Thursday, January 14, 2021 2:37:26 PM

---

You need to get the vaccine out to the older folks now if you want to reduce the number of people having to be hospitalized.

Your vaccinating the health workers who are younger and healthier and the older folks are getting sick and having to go to the hospital.

Vaccinate the elderly now.

Thanks

Sent from my Sprint Samsung Galaxy S10.

**From:** [Sieg, Clarice M](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Comment re: 1B group  
**Date:** Thursday, January 14, 2021 2:10:43 PM  
**Attachments:** Outlook-jdxwa244.png

---

I'm wondering if Public-facing essential workers would include truck drivers?  
I believe it is important for them to be included to keep the supply chain going.  
Thank you for your consideration.

**Clarice Sieg** | RN; BSN  
207 W Lincoln Street; Augusta; WI 54722  
[Clarice.Sieg@prevea.com](mailto:Clarice.Sieg@prevea.com)  
P: 715-286-2270  
F: 715-286-5716



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**From:** [Martha Linville](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Fwd: Undeliverable: vaccine subcommittee-phase 1B  
**Date:** Thursday, January 14, 2021 1:54:28 PM

---

----- Forwarded message -----

**From:** <[mailer-daemon@wisconsin.gov](mailto:mailer-daemon@wisconsin.gov)>  
**Date:** Thu, Jan 14, 2021 at 1:49 PM  
**Subject:** Undeliverable: vaccine subcommittee-phase 1B  
**To:** <[milville816@gmail.com](mailto:milville816@gmail.com)>

### Delivery has failed to these recipients or groups:

[DSHSSD-MAC@dhs.wisconsin.gov](mailto:DSHSSD-MAC@dhs.wisconsin.gov)

The email address you entered couldn't be found. Please check the recipient's email address and try to resend the message. If the problem continues, please contact your helpdesk.

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[DSHSSD-MAC@dhs.wisconsin.gov](mailto:DSHSSD-MAC@dhs.wisconsin.gov)

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Thu, 14 Jan 2021 11:49:51 -0800 (PST)  
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To: <DSHSSD-MAC@dhs.wisconsin.gov>  
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Return-Path: mlinville816@gmail.com

----- Forwarded message -----

From: Martha Linville <[mlinville816@gmail.com](mailto:mlinville816@gmail.com)>

To: <[DSHSSD-MAC@dhs.wisconsin.gov](mailto:DSHSSD-MAC@dhs.wisconsin.gov)>

Cc:

Bcc:

Date: Thu, 14 Jan 2021 13:49:28 -0600

Subject: vaccine subcommittee-phase 1B

My comment is that this sounds great. People who are age 70 and older are among the most vulnerable group and are eager to receive the vaccine. I would like to know more about how this is going to be handled, and if there are lists to be on to be notified when the vaccine is available for us.

Martha Linville

La Crosse, Wisconsin

**From:** [LAURYN CAMPAGNOLI](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Covid 19 Distribution Concerns  
**Date:** Thursday, January 14, 2021 1:42:24 PM

---

Hello—

I am writing to voice my concerns about how Wisconsin is handling the vaccine roll out. Hopefully this is the correct place for me to do so. My first concern stems from the lack of clear communication from DHS and limited accessibility for the public. I personally have family in Indiana and they have one central website ([ourshot.in.gov](http://ourshot.in.gov)) for all information regarding their COVID-19 distribution plan. Folks can go on and check their eligibility, schedule appointments, and find any other resources/FAQ's they may need. This helps people feel more in-the-know and like they have more control over their vaccinations. My second concern is regarding how strategic planning seems to be halting necessary distribution. As someone who works in medically-adjacent fields, I understand wanting to prioritize certain groups of people. I can also understand wanting to limit a backlog of appointments. But more importantly, Wisconsinites need these vaccines in their arms as soon as possible. To use Indiana as an example again, they have already opened up to people over 70 in addition to healthcare workers. Appointments are being scheduled more than a week in advance, but nonetheless, vaccines are being distributed. In some cases, people are able to call hospitals to make last minute appointments if any doses are left unused at the end of the day. I appreciate wanting to be careful in our approach, but now that the vaccine is here, we simply need shots in arms. I urge you to please not sacrifice getting these vaccines to people for strategic planning. There is room to figure it out as we go, because we cannot afford slowed distribution. I'd imagine that these issues are larger than meets the eye, but I hope that they can be resolved. While I may have been writing to help promote changes, I also want to thank you for your dedication in helping to end this pandemic. We surely could not be getting any closer to putting this all behind us without the work of you and your colleagues, and for that I am very grateful. Thank you for your time.

Sincerely,

**Lauryn Campagnoli (Fogo)** *(she, her, hers)*

Stem Cell & Regenerative Medicine Fellow

Ashton Lab, Neuroscience Training Program

University of Wisconsin Madison

[campagnoli@wisc.edu](mailto:campagnoli@wisc.edu) 574.612.4129

*Communication, Achiever, Includer, Context & Relator*

**From:** [Linda Piefer](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Re: Covid Vaccine  
**Date:** Thursday, January 14, 2021 1:36:34 PM

---

PS I live in Madison.

On Thu, Jan 14, 2021 at 1:35 PM Linda Piefer <[lspiefer@gmail.com](mailto:lspiefer@gmail.com)> wrote:

Dear Sir, I am a 75-year-old retired woman with some high-risk heart and lung problems. If I caught Covid, it would be terrible.

I pray that you please open up the vaccine appointments for 75-year-olds in 1B at this time! I desperately need that Covid vaccine. Dr. Malik told me I am high risk.

I have been staying in and self-quarantining for the past year. Please come to the rescue of us seniors and start this vaccination for us now. My doctors are at UW Health. Please tell us how we would go about getting an appointment.

Thank you!!

Linda Piefer  


**From:** [Linda Piefer](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Covid Vaccine  
**Date:** Thursday, January 14, 2021 1:35:55 PM

---

Dear Sir, I am a 75-year-old retired woman with some high-risk heart and lung problems. If I caught Covid, it would be terrible.

I pray that you please open up the vaccine appointments for 75-year-olds in 1B at this time! I desperately need that Covid vaccine. Dr. Malik told me I am high risk.

I have been staying in and self-quarantining for the past year. Please come to the rescue of us seniors and start this vaccination for us now. My doctors are at UW Health. Please tell us how we would go about getting an appointment.

Thank you!!

Linda Piefer  
[REDACTED]



**From:** [Julie Melton](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccinations for prisoners and guards in correction facilities  
**Date:** Thursday, January 14, 2021 1:12:00 PM

---

To All Concerned:

Please prioritize incarcerated persons and staff in corrections facilities for the COVID vaccine.

The COVID epidemic in our state will continue to cause more deaths and suffering for all of us until vaccine use is widespread. Vaccinating incarcerated persons serves at least two purposes. One, it saves the lives of people who are serving time for their offenses. Our system of justice calls for punishment, not death. The harm done by the spread of the virus in confined jail spaces can be a death sentence. Secondly, prison staff and the communities where they live are also in danger when incarcerated persons are not vaccinated.

We are all connected. It makes no sense to leave anyone out. Incarcerated persons confined to small spaces and the people who are charged with providing for them are no less in harm's way than nursing home residents and staff.

Respectfully,  
Julie Melton  
Madison, WI

**From:** [Mark and Jill Anderson](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Family care/IRIS  
**Date:** Thursday, January 14, 2021 12:51:54 PM

---

I am a care provider for my brother who has Developmental disabilities. I feel that all members of my household should be included in the next phase of vaccinations for Covid-19. My brother does live with me and my husband.

Thank you,

Jill Anderson

**From:** [Melissa Filtz](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine distribution  
**Date:** Thursday, January 14, 2021 12:51:33 PM

---

I believe anyone who wants it should be after first responders/health care workers & those above the age of 70 get it first. I also think none should be wasted, and remaining doses in the vial should be first come first serve, otherwise people who want it should put their names on a waiting list and they should be given accordingly.

**From:** [Matt Block](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine recommendation  
**Date:** Thursday, January 14, 2021 12:41:48 PM

---

I think that agriculture workers should be part of group 1b

Thanks

Sent from my iPhone

**From:** [Cates, Lisa A - DHS](#)  
**To:** [DHS SDMAC](#)  
**Subject:** FW: Letter from Dairy Farmers of America re: COVID-19 vaccination plans - WI  
**Date:** Thursday, January 14, 2021 12:39:36 PM  
**Attachments:** DFA COVID Letter to WI FINAL.pdf  
image006.png  
image007.png  
image008.png  
image009.png  
image010.png

---

**From:** Anne Divjak <[anne.divjak@dfamilk.com](mailto:anne.divjak@dfamilk.com)>  
**Sent:** Thursday, January 14, 2021 12:37 PM  
**To:** Palm, Andrea J - DHS <[andrea.palm@dhs.wisconsin.gov](mailto:andrea.palm@dhs.wisconsin.gov)>  
**Cc:** Anne Divjak <[anne.divjak@dfamilk.com](mailto:anne.divjak@dfamilk.com)>  
**Subject:** Letter from Dairy Farmers of America re: COVID-19 vaccination plans - WI

Attached please find a letter from Dairy Farmers of America (DFA) asking that you consider our vital workforce in your vaccination plans and urge consideration of us as a partner to local public health authorities to distribute vaccinations to employees at our facilities.

We are committed to working with local and state governments to reinforce the importance and safety of vaccinations and look forward to learning more about Wisconsin's vaccine distribution plans.

Kind regards,

**Anne Divjak**  
Vice President, Government & Industry Relations

**Dairy Farmers of America**  
C: 202.320.4455  
[anne.divjak@dfamilk.com](mailto:anne.divjak@dfamilk.com)  
[dfamilk.com](http://dfamilk.com)



a farmer-owned dairy cooperative.

[anne.divjak@dfamilk.com](mailto:anne.divjak@dfamilk.com)

*Jacqueline Klippenstein*

**From:** [Neyhart, Eugene](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Subcommittee-PHASE 1B  
**Date:** Thursday, January 14, 2021 12:36:32 PM

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Good afternoon,

I am calling to make a recommendation to include all police employees. Particularly for our clerical staff and our IT staff assigned to work in and around our officers. For example when a squad has a technical issue the IT person often times is in the back seat where prisoners may have been as well as where our officers are seated and exposed to much of the same conditions the officers are. Our office staff while less likely are in contact due to paperwork that is required to be run, entering of stolen items that requires the officer to be present and it cannot always be done electronically, by phone or remotely. Our agency has 14 civilian employees that would fall under these conditions. Thank you for your time and attention in this matter.

Regards,

**Gene Neyhart**  
**Captain of Police**  
**Menomonee Falls Police Department**  
[eneyhart@menomonee-falls.org](mailto:eneyhart@menomonee-falls.org)  
Direct (262)532-8703  
General (262)532-8700  
[www.menomonee-falls.org](http://www.menomonee-falls.org)

**From:** [Brill, John](#)  
**To:** [DHS SDMAC](#)  
**Subject:** representation  
**Date:** Thursday, January 14, 2021 12:24:02 PM  
**Attachments:** image001.png

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Hello,

I would be interested in representing the state's largest health care delivery system if positions open on this group. Glad to provide a CV or other info.

Thank you.

**John Brill MD, MPH**

*VP Population Health, WI, Enterprise Population Health*

Working Remotely M: 414.852.1643

Admin Assistant: [Mary.natoli@aah.org](mailto:Mary.natoli@aah.org)





**From:** [Courtney Olson](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Prioritization of Domestic Violence Advocates and Survivors  
**Date:** Thursday, January 14, 2021 12:18:17 PM

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Good afternoon, Members of the WI State Disaster Medical Advisory Committee,

Please let me express my gratitude for the difficult decisions you have before you in terms of prioritizing limited vaccines in a way that is just and equitable. Thank you for taking the time to hear the concerns of our communities. As the Executive Director of a Domestic Violence shelter serving some of the hardest hit counties in Wisconsin, I implore you to consider the needs of our direct service providers, Advocates of Domestic Violence. Throughout this pandemic, our staff have been on the front lines of serving the most vulnerable. As you know, domestic violence has soared in the isolation that this pandemic has brought on. I personally host the Domestic Violence Homicide website for our state, and have been tracking the skyrocketing escalation of domestic violence homicides this year.

Children are no longer in schools where a teacher might notice a bruised cheek. Family and friends no longer see the physical impact on a victim who's trapped at home with an abusive partner. There is no escape, and in this environment, violence thrives. As such, it is incredibly important and necessary that the Phase 1B recommendation for the COVID-19 vaccine include domestic violence shelters for both staff and residents. More than a third of my agency's staff are in a high-risk group because of their age or underlying health conditions. Half of my day staff have contracted COVID, making it incredibly difficult for our agency to provide the life-saving daily work of violence prevention. We need your help!

Please consider: if an abuser is incarcerated for committing domestic violence, should that individual be a higher priority for vaccination than the victim who is, through no fault of their own, also confined to a communal living arrangement?

Prioritization for this critical survivor population is imperative for the following reasons

<https://www.jsonline.com/story/news/crime/2020/09/16/wisconsin-domestic-violence-statistics-52-killed-2019-homicides/5819004002/>

<https://www.jsonline.com/story/news/crime/2020/05/18/milwaukee-homicides-nearly-half-linked-domestic-family-violence/3121220001/>

"Advocates fear the trend will only continue this year during the coronavirus pandemic, and early data shows they may be right. In Milwaukee, [authorities said this summer](#) that domestic and family violence was behind as many as a third of the city's homicides.

Statewide, more than 50 people have been memorialized so far this year on the [The HOPE Domestic Violence Homicide Help website](#), a project of Rainbow House Domestic Abuse Services in Marinette. Since 2016, the organization has independently tracked deaths in the

state related to domestic violence, including perpetrator suicides, related officer-involved shootings and child deaths.

The coronavirus pandemic has isolated people within their home and contributed to rising unemployment, a risk factor linked to domestic violence, experts say."

Our Advocates are the critical intervention these survivors need to prevent domestic violence homicide. Victims need all the protection we can offer them in providing essential, direct advocacy work in our courts, shelters, and hospitals. Please help us to protect these most vulnerable populations, and the brave Advocates who serve them. We are on the front-lines of this virus.

Thank you for your work in rolling out the vaccine and advocating for all Wisconsinites.

Sincerely,

Courtney Olson  
Executive Director  
Rainbow House Domestic Abuse Services, Inc.  
P.O. Box 1172  
Marinette, WI 54143  
262-442-6748  
[Courtney@therainbowhouse.us](mailto:Courtney@therainbowhouse.us)

**From:** [Matthew Hauser](#)  
**To:** [DHS SDMAC](#)  
**Subject:** vaccine subcommittee Phase 1B  
**Date:** Thursday, January 14, 2021 12:17:13 PM  
**Attachments:** VaccinesforEmployeesofFrontlineEssentialBusinesses.pdf

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On December 20th, the CDC Advisory Committee on Immunization Practices (ACIP) voted to recommend that frontline essential workers – including convenience stores – be prioritized in the Phase 1-B of vaccine distribution. Please see the attached letter requesting the frontline essential workers in our industry receive the vaccine as part of the priority Phase 1-B. We appreciate your consideration of our comments and thank you for the hard work you have done to protect the health of our state.

Sincerely,

Matthew Hauser, CAE  
President & CEO  
WI Petroleum Marketers & Convenience Store Assn.  
Phone: 608-256-7555  
Email: [hauser@wpmca.org](mailto:hauser@wpmca.org)



January 5, 2021

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

Re: Distribution of the COVID-19 Vaccine to Employees of Frontline 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 issued guidance, informed by the Advisory Committee on Immunization Practices' (ACIP's) recommendations, to assist state and local public health programs as they plan vaccination responses to the pandemic.<sup>1</sup> Consistent with the CDC's recommendations, we believe that an effective scheme for vaccine distribution requires appropriately prioritizing employees of frontline essential businesses, including those in the convenience industry. The guidance advises that frontline 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 those healthcare personnel and long-term care facility residents who are grouped into Phase 1-A.

The frontline essential 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

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<sup>1</sup> See Dooling K, Marin M, Wallace M, et al. The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine — United States, December 2020, *available at* <http://dx.doi.org/10.15585/mmwr.mm695152e2>.

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 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's guidance designates frontline essential workers as "workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure" to COVID-19. This designation includes first responders and workers that are in the education, food and agriculture, manufacturing, correction facility, U.S. Postal service; public transit; and grocery industries.

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 the convenience industry.

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,

A handwritten signature in black ink that reads "Matthew Hauser". The signature is written in a cursive style with a large initial "M".

Matthew C. Hauser  
President & CEO

cc: DHS Secretary Andrea Palm

**From:** [Krista Hanamann](#)  
**To:** [DHS SDMAC](#)  
**Subject:** COVID-19 Vaccine Distribution - Illing Company  
**Date:** Thursday, January 14, 2021 12:02:15 PM  
**Attachments:** image001.png  
Vaccination Essential Worker Designation Letter.pdf

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Hello,

My name is Krista Hanamann and I am writing to advocate for Phase 1b status for Illing Company employees. Please see the attached certified letter from our President. As the subcommittee requested the following topics to be addressed, please see our responses below.

1. The impact the pandemic has had on the sector
  - a. Our sector has seen a surge in business throughout the pandemic. We are packaging distributors for major industries – food, pharmaceutical, cleaning supplies, etc. This has meant that we need all staff to be working and have implemented safety precautions in order to keep people onsite. Our top priority has been to keep employees safe and healthy.
2. The specific impact the pandemic has had on businesses or personnel; and
  - a. Illing Company has seen an uptick in business throughout the pandemic. We have had personnel shortages due to the pandemic. Many people have fallen ill with COVID-19 due to activities outside of work, or have been in close exposure to a family member who tested positive and then need to isolate. Because of the personnel shortages, our company has had to make alterations to business practices and lead times for our customers.
3. Any other staffing statistics related to the pandemic.
  - a. Our production employees must work within close proximity of one another at their machine stations. We have implemented safety protocols to prevent the spread of COVID-19, but a vaccination will help prevent it further.
  - b. Our warehouse employees must work directly with truck drivers and other personnel from our suppliers and customers.
  - c. Since March 2020, we have had about 60 COVID-19 related staffing disruptions (either due to illness or isolation). Since we are a smaller company, these disruptions can have a large effect.
  - d. Illing Company is strongly encouraging our employees to be vaccinated. We are providing up-to-date information and guidance for our employees on how and when they can be vaccinated. We are hoping that they can be vaccinated as soon as possible.

Thank you for your consideration.

Krista

Krista Hanamann | Human Resources Generalist and Safety Administrator  
W204 N13125 Goldendale Road | Richfield, WI 53076

Direct: 262-345-1452 | Office: 262-250-7566

[www.illingcompany.com](http://www.illingcompany.com) | [khanamann@illingcompany.com](mailto:khanamann@illingcompany.com)

For career opportunities at Illing Company, visit <https://illingcompany.com/careers/>.



**Packaging Advice Disclaimer:**

*The packaging advice above is intended for evaluation by the customer and does not relieve the customer of the ultimate responsibility for the determination of the appropriate container or closure. It is the customer's responsibility to select the appropriate packaging based upon all information at their disposal including the specific application, regulatory compliance, product compatibility and shipping requirements. Foam liners are not a hermetic seal and could leak. It will be the liability of the customer should they choose to package in this fashion. Any foam lined cap sold by Illing will not be warranted over leak proof complaints.*

Date: January 13, 2020

From: Illing Company President

To: All Illing Company, Inc. Employees

Subj: COVID-19 Vaccination Designation

Since the beginning of the COVID-19 outbreak in the United States, Illing has remained open and operational as an “essential business” as designated by the Cybersecurity and Infrastructure Security Agency (CISA) of the U.S. Department of Homeland Security. In the early months of 2020, when many states and municipalities implemented various “Stay at Home” orders and guidelines, I designated all Illing employees as “essential employees” due to Illing’s role in providing necessary packaging and labeling services to food suppliers and other critical industries relied upon by the general public. Illing has remained in steady operation since that time.

With COVID-19 vaccinations beginning to be implemented, I am hereby designating and certifying the individual in possession of this letter is an Essential Employee for Illing. Such individual has continued to work throughout the public health pandemic despite potentially higher exposure to the virus through his/her work in connection with the food supplier and other critical industries. Such individual may have been required to perform work duties on site and in close proximity to the public and other coworkers during that time. As such, I believe Illing workers should be considered “Frontline Essential Workers” for purposes of vaccination implementation and distribution.

Please accept this letter as certification that the individual possessing it has been deemed an essential employee by his/her employer, Illing, an essential business relied upon by many critical industries, particularly the food supply industry, and whose continued operations has helped preserve the proper functioning of society during these unprecedented times.

If you have any questions, please contact the undersigned immediately.

Sincerely,

A handwritten signature in black ink, appearing to read "Jay Alber". The signature is written in a cursive style with a large initial "J" and "A".

Jay Alber  
President  
Illing Company, Inc.  
262-253-4239



**From:** [Roberta Felker](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Subcommittee Phase IB  
**Date:** Thursday, January 14, 2021 11:56:55 AM

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**TO:** DHS SDMAC

**WHAT: Prioritize vaccines for currently incarcerated individuals and prison staff**

**WHY:**

- More than 10,000 Wisconsin inmates and 2,000 staff members have tested positive for and suffered from COVID -19; mortality data are alarming.
- Since the pandemic's start, jails and prisons have served as petri dishes for the virus: The Covid-19 case rate reported in state and federal prisons was more than four times the rate of cases in the general population (*Report to the National Commission on Covid-19 and Criminal Justice*, September 2020); the death rate was double the rate of the general population (Statement from the National Commission on Covid-19 and Criminal Justice, December 2020).
- Jails and prisons are, by design, unable to provide proper isolation protocols, adequate personal protective equipment, and there is uneven testing and contact tracing. "Quarantine" is too often between two and four individuals confined to a cell for 24 hours per day.
- Access to medical care for people who are incarcerated often involves significant wait time between report of symptoms and medical attention; underlying health conditions on the part of many incarcerated individuals and staff underscore the urgency of making these people a priority.
- More than 480 health experts signed an open letter in December, urging the CDC advisory group and state leaders to prioritize incarcerated populations and corrections staff; a report from the Johns Hopkins Center for Health Security also called for their prioritization, recommending that prisons be placed in a tier equal to other high-risk congregate settings such as nursing homes.
- The ripple effects that jails and prisons can have on surrounding communities have been documented for months; outbreaks in jails and prisons invariably seep into the towns and cities in the area, increasing community risk and Covid-19 spread.
- Vaccinations for incarcerated people and corrections staff are not only a moral responsibility but also a move that will help prevent spread and support Covid-19 recovery in the local communities surrounding the prisons.

Individuals in prisons and jails, whether they live or work there, are "super-vectors" for Covid-19. They are among the highest-risk groups and should be a priority for Wisconsin's vaccines.

Respectfully,  
Roberta M. Felker, Ph.D.

"Be joyful though you have considered all the facts."  
~ Wendell Berry

**From:** [JChildress@foley.com](mailto:JChildress@foley.com)  
**To:** [alewandowski@rwhc.com](mailto:alewandowski@rwhc.com); [Olson, Lisa A - DHS](#); [DHS SDMAC](#); [AZITA HAMEDANI](#)  
**Subject:** Vaccine prioritization request  
**Date:** Thursday, January 14, 2021 11:54:48 AM  
**Attachments:** SDMAC Letter\_001.pdf

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I'm so sorry to bug you all as I know how incredibly busy you are. But client Sub Zero asked me to pass along the enclosed letter highlighting that they are workforce has been identified in federal guidelines as being a vaccine priority and asking that you consider them as you work on phase 1C.

In addition to the applicability of the federal guidelines, they specifically wanted to point out that:

- 1) They are working closely with their union and have an on-site medical clinic and believe they could get deep and quick penetration within their workforce once vaccine is available.
- 2) They have freezers capable of the temperatures needed to store vaccines, and once their workforce is vaccinated are happy to lend those out to other areas of need.

Thanks for your consideration.

Jason Childress  
608-217-6109

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SUB-ZERO GROUP, INC.

January 14, 2021

4717 Hammersley Road, Madison, WI 53711  
P: 800.532.7820 | P: 608.271.2233

Azita G. Hamedani, MD, MPH, MBA  
State Disaster Medical Advisory Committee  
Wisconsin Department of Health Services  
1 West Wilson Street  
Madison, WI 53703

Dear Dr. Hamedani:

As the Madison-based manufacturer of Sub-Zero® refrigerators, Wolf® cooking appliances and Cove® dishwashers, Sub-Zero Group, Inc. employs a diverse population of over 2,000 individuals, including more than 1,200 union members. With strong union support, we are developing a vaccination plan that aims to ensure the vaccination of a large percentage of our employees in the shortest possible time frame. We respectfully request your consideration for high priority among the essential workers to be vaccinated in Phase 1C.

- **Sub-Zero employees are essential critical infrastructure workers.** As described in the attached document, Sub-Zero employees are considered “essential critical infrastructure workers” by the federal government.
- **Sub-Zero is committed to vaccinating a high percentage of its workforce quickly and efficiently.** Sub-Zero is strongly committed to employee wellness. We have taken the recommended steps to promote worker safety during the Covid pandemic, including mask wearing, temperature checks, hand washing, increased sanitation, cubicle wall panels and social distancing. We have an onsite clinic and licensed pharmacy. We have been in touch with UW Health and other vaccinators about a collaborative approach to vaccinating Sub-Zero employees. We have purchased 3 freezers that can store up to 40,000 doses each of Covid-19 vaccine at -85 C. to facilitate this effort. Once the vaccinations are completed, we would gladly lend out the freezers to facilitate vaccinations elsewhere. The local union that represents the Sub-Zero bargaining unit (SMART #565) welcomes Sub-Zero’s commitment to providing 1,200 union members in Fitchburg the opportunity to be vaccinated in an efficient and effective manner. By working closely with the union and a local vaccinator on this initiative, we will ensure strong participation across our workforce.
- **Sub-Zero is in the process of hiring approximately 300 employees in Wisconsin, but Covid is slowing that process and making it more difficult.** Sub-Zero currently has the largest order backlog in our company’s history. We are in the process of hiring approximately 300 additional permanent employees (250 will be members of the bargaining unit) to meet that demand, but we are hampered in that effort by the ongoing pandemic. Vaccination of the Sub-Zero workforce will speed up and facilitate the hiring process, which will allow us to support the home renovation industry, meet consumer demand, and create hundreds of good-paying jobs in Dane County.

We recognize that the list of prioritized individuals (such as health care workers, teachers and first responders) will exceed the amount of vaccine available for some time. We do not qualify for vaccination in Phase 1A/B. However, Sub-Zero employees should receive strong consideration for high priority among the essential workers to be vaccinated in Phase 1C. On behalf of all of us at Sub-Zero, thank you for your leadership and dedication to the health of the citizens and residents of Wisconsin. We stand ready to use our internal capacities, as well as collaboration with Local #565 and others, to combat this pandemic with an aggressive vaccination campaign targeting our essential workers. Thank you for your consideration.

Sincerely,

Fredrick J. Neuman  
Vice President – Human Resources



The Cybersecurity and Infrastructure Security Agency (CISA) Advisory Memorandum on Ensuring Essential Critical Infrastructure Workers' Ability to Work During the Covid-19 Response dated December 16, 2020 referenced and reiterated the Essential Critical Infrastructure Workforce Guidance Version 4.0. It identifies workers whose operations are essential to continued critical infrastructure viability. Sub-Zero employees are described under several categories of essential critical infrastructure workers in that Memorandum, specifically:

#### **Commercial Facilities**

- Workers who support the supply chain of building materials from production through application and installation, including ... refrigeration, appliances ... and workers who provide services that enable repair materials and equipment for essential functions.
- Workers distributing, servicing, repairing, installing residential and commercial ... refrigeration and ventilation equipment.

#### **Hygiene Products and Services**

- Workers providing personal and household goods, repair, and maintenance.
- 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 ....
- Workers supporting the production of home cleaning and pest control products.

**From:** [Rachel Janke](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine subcommittee Phase 1B  
**Date:** Thursday, January 14, 2021 11:52:37 AM

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Members of the Vaccine Distribution Subcommittee:

I am writing to say thank you for including prioritization for pregnancy among the medical conditions that have been identified as placing individuals at higher risk of severe illness from COVID-19 infection. As was recently reported in November 2020, pregnant individuals with COVID-19 are at a higher risk of admission to an intensive care unit and are also at a higher risk of death. I am not currently pregnant, but I recall how important it was when I was pregnant to do everything I could to best protect and prepare for the birth of my child.

Please keep pregnancy on the list of medical conditions that place individuals at higher risk of severe illness from COVID-19.

Thank you for your consideration.

Rachel Janke  
Madison, WI



**From:** [Sara Hoffer](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Covid-19 Vaccine Advocacy  
**Date:** Thursday, January 14, 2021 11:39:29 AM

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Good Morning,

I have been unable to get an answer to my question online or over the phone, so I figured I would pose it in an email.

Are homeschool teachers who are registered with the State of Wisconsin as educators eligible for the 1b vaccine group? I know that, from what I have been able to ascertain, there is some question as to whether or not homeschool teachers, aides, tutors or daycare workers will be given priority as “essential workers”. I would like to advocate for all of us, but specifically I am writing to advocate for homeschool teachers.

We homeschool teachers during COVID have been and are solely responsible academically for the children we teach. On one hand, many of us teach our own children; This also means that we have kept our children out of circulation, preventing them from spreading COVID to others. If we get sick, there is no substitute teacher to take over. There is no “sick pay”. There is no reimbursement of the thousands of dollars spent in school materials(homeschooling is not cheap). If I get sick, my children will be shuffled back to their local public school or, alternatively, my husband(who works in close proximity to COVID patients at the Zablocki VA Hospital in Milwaukee) would have to quit his job to take over for me. He is scheduled to have his second dose of the COVID vaccine tomorrow.

When all is said and done, I believe that homeschool parents will be some of the unsung heroes of this pandemic. We are doing our part to not spread this pandemic, and if homeschool moms or dads or teachers are not considered “essential”, I invite you to see a day in our life. We are unpaid, but we provide an essential service in this time that is irreplaceable. I would like to assert my opinion that we, as well as all other teachers, be given special consideration to be included in group 1B for the COVID vaccine.

Thank you for your consideration.

Sara Hoffer  
Homeschool Teacher



Sent from my iPhone

**From:** [Sarah Beach](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Subcommittee Phase 1B  
**Date:** Thursday, January 14, 2021 11:32:32 AM

---

Hello,

My name is Sarah Beach and I live in Madison District 1. I am writing because I would like you to prioritize corrections staff and people who are incarcerated in the next vaccine phase.

As America's response to COVID-19 has shown, we cannot make this a political decision; that risks the lives of everyone in Wisconsin and the nation. We have a chance to help stop the extreme spread of COVID-19 in Wisconsin prisons, and prevent it from moving outside the prison system.

We are in charge of these people and cannot in good conscience leave them to die. They have little to no access to PPE, social distancing, or any of the other preventatives the rest of us can take.

Thank you for your time and service to Wisconsin,

Sarah Beach

**From:** [Jahnke, Jennifer](#)  
**To:** [DHS SDMAC](#)  
**Subject:** "vaccine subcommittee" and "Phase 1B" comment  
**Date:** Thursday, January 14, 2021 11:19:43 AM

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Thank you for your efforts.

Regarding congregate populations, I feel that vaccinating college/university dormitory student populations is very important. I understand that it is very large, but the school systems are very motivated and organized in creating plans to carry out such a process. But more importantly is that these students, although they themselves are largely not high risk, are dramatically spreading the virus to others in the community, including high risk groups. Incarcerated individuals are not going anywhere. The kids are going all over the place.

Regarding the recommendation on how vaccinators are to carry out the phase 1b distribution, I am concerned about the laxity leaving so much up to the individual vaccinators, ie lottery or first come/first serve. We already are not getting all the vaccines we have on hand into arms fast enough. I feel that the state government should issue more mandate on vaccination/distribution plans to make as uniform and as efficient as possible where able, including increasing the number of injectors. We need more staff giving injections. Can we follow the leads of other states whose distribution/vaccination rate far exceeds ours and follow suit? Can we open county-run public vaccination clinics in addition to the individual health systems distributions?

Thank you for your time,

**Jennifer Jahnke, FNP-C | Geriatrics**

SSM Dean Medical Group-Baraboo  
1700 Tuttle Street  
Baraboo, Wisconsin 53913  
Cell: 608-495-1052  
[Jennifer.Jahnke@ssmhealth.com](mailto:Jennifer.Jahnke@ssmhealth.com)

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**From:** [Danae Steele](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine priority  
**Date:** Thursday, January 14, 2021 11:04:51 AM

---

Hello. I would like to add my voice to request that prisoners be included in the 1b group for vaccination. These people are living in very close quarters and have a very high risk of contracting COVID-19. Many of them have other high risk conditions as well.

Sincerely,

Danae Steele, MD  
Fox Valley Perinatology  
Neenah, WI

--

C. Danae Steele, MD  
Fox Valley Perinatology  
Maternal Fetal Medicine  
(she, her, hers)

**From:** [Ryan Greco](#)  
**To:** [DHS SDMAC](#)  
**Subject:** 1B comments  
**Date:** Thursday, January 14, 2021 11:01:26 AM

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To whom it may concern,

I am writing you today to offer my viewpoints and vaccination roll out for phase 1B. I've been a healthcare professional for the last 22 years and over these years have seen many things, nothing like what we are in now. There are certain times where citizens of Wisconsin and the US need to be given direction, there are other times where input should be taken from the citizens. I feel that this is not the time for public to weigh in on who should be in vaccination phases. For the general public they have no idea the magnitude of this virus and who should get a vaccine and when. I am in full support for phase 1B to include individuals over the age of 65 with or without pre-existing conditions continue to vaccinate Frontline workers such as grocery store employees etc.

Even as we discuss how to roll out phase 1B there are cities, communities and counties that are taking it upon their own to vaccinate who they feel would be fitting the description. I have seen it firsthand where EMS are getting vaccinated in the 1A phase. If we went strictly by what was laid out they don't fall until phase 1B. Now I support those individuals being in group 1A. However you decide to move forward I would highly encourage you to get the vaccines into the hands and into the arms of the people that are clearly in the higher risk groups as I stated above. All that really matters right now is getting the vaccine into people to help put an end to this virus.

I would be more than willing to discuss this if you had any other further questions.

Regards,

Ryan  


**From:** [Cate](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine subcommittee Phase 1b  
**Date:** Thursday, January 14, 2021 10:30:26 AM

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I recognize that there are many demands and considerations as you finalize the phases. A major overriding consideration is and must be protecting and maintaining services essential to the structure and function of society and our government.

In that context the lack of functional analysis in your draft causes me some concerns. Your definition and application of non-EMS first responders is so broad, for example, that it includes members of any ski patrol if they are certified. While they may respond to provide medical assistance that is certainly valuable, they do so to address injury that occurs in a nonessential, recreational event. This ignores the role others who are far more crucial and important to society. Certainly the services provided by public defenders and probation officers are far more crucial and central to the preservation of the structure of our society. They also are frontline and deal with populations presenting the risks you are also considering in thinking about jails and prisons.

Core functions of our government and society include the law. You have partially addressed this by recognizing the importance of protecting law enforcement personnel who are in frontline contact with the public. You ignore, however, the fundamental and crucial role played by the courts and personnel of the courts. Failure to place all members of the courts - judges, bailiffs, court reporters, courtroom deputies - impedes the ability of the government to administer and deliver timely justice to our citizens. Many other states (such as Arizona) have recognized the negative impact of the failure to include all judges and court personnel (state and federal) in phase 1b.

I urge you to consider the importance of the third branch of government and include the courts and their personnel in phase 1b.

Cate - Sent from my iPhone

**From:** [Shel Gross](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Public Comment: Vaccine Subcommittee/ Phase 1b  
**Date:** Thursday, January 14, 2021 10:20:09 AM

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I strongly support inclusion of inmates in WI prisons among the priority group 1b populations to receive vaccinations for the coronavirus. As a population, inmates share much in common with those people in nursing homes who are currently receiving the vaccine: they are literally a “captive” population and do not have the ability to avoid potential infection; many are old and have health conditions which put them at risk; and, prisons have been the site of significant outbreaks of the virus. Additionally, this is a small population relative to the numbers of people over 70—22,000 or so—who are located in discrete facilities, which should facilitate the process of vaccination. As the subcommittee’s report notes, prisons have the existing infrastructure to deliver the vaccine efficiently. Making inmates wait until millions of older adults first receive the vaccine, many of whom like myself and my wife have the means and the ability to protect ourselves, truly constitutes cruel and unusual punishment. Please do the right thing and make sure those under the care of the State receive the vaccine quickly.

Sheldon Gross

[REDACTED]  
[REDACTED]

**From:** [Tessmann, Shawn](#)  
**To:** [DHS SDMAC](#)  
**Cc:** [Springer, Carrie](#); [Tessmann, Shawn](#)  
**Subject:** Vaccine Subcommittee-Phase 1B  
**Date:** Thursday, January 14, 2021 9:35:14 AM

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Thank you for the opportunity to comment.

For all the right reasons, the committee is recommending that law enforcement responders be prioritized for vaccination. However, the definition of law enforcement does not appear to include other emergency responders who are functioning in a law enforcement capacity for child abuse and neglect and youth justice outside of a congregate setting.

These staff are **public safety** focused staff responding to allegations of abuse and neglect and in situations where youth commit offenses in the community. They are considered at very high risk of infection because their jobs are critical and require them to be in regular contact with other people in the Dane County community to ensure public safety in tense and sometimes dangerous situations. This includes required and mandated assessments and documentation, face to face and family interactions.

Please consider clarifying that law enforcement ***includes co-responding social workers employed by human services agencies*** who are responding to community emergencies related to child welfare and youth justice.

Thank you for your consideration.

~Shawn Tessmann  
Director  
Dane County Department of Human Services  
(she/her/hers)  
[tessmann.shawn@countyofdane.com](mailto:tessmann.shawn@countyofdane.com)

***DCDHS Vision: Empowered people thriving in safe, just, and caring communities.***



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**Proofpoint**



**From:** [Nicole Berg](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccinate underlying health conditions  
**Date:** Thursday, January 14, 2021 9:18:26 AM

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Non frontline healthcare and mink husbandry (seriously?) shouldn't be vaccinated before people with underlying health conditions. Come on here let's use some common sense.

Most people survive. It's people who are elderly or have underlying health conditions who are most at risk. So your bypassing the vulnerable to vaccinate the healthcare worker who transcribes at home? Does that really make sense? Like seriously DOES. THAT. MAKE. SENSE

Vaccinate elderly and people with underlying conditions. Get the death rate down. Stop overwhelming the hospitals. Do that right.

Elderly. People with underlying conditions

THOSE ARE THE ONES AT RISK OF DEATH OR LONG TERM HEALTH CONSEQUENCES

Nikki

**From:** [Brittany Reinhart](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccination  
**Date:** Thursday, January 14, 2021 8:37:45 AM

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Good Morning,

I believe the COVID-19 vaccination should be opened to anyone who is wanting to receive a vaccination. There have been more than 29 million doses made available in the United States, however, only 10.3 million of those have been used. This means that there are approximately 18.5 million doses in the United States that are currently available. In the state of Wisconsin there have been 373,100 doses shipped here with just over 50% administered, but we were allocated 607,650, meaning that approximately 1/5 of the allocated have been given.

Why not just allow those that want it to get it? It is apparent that not the whole population of allocation to specific groups are being utilized.

Brittany Reinhart



**From:** [Corey DeGuelle](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1B rollout  
**Date:** Thursday, January 14, 2021 7:59:52 AM

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I would like to express that essential workers should be placed at the top of the list for vaccination in phase 1B. Police, fire fighters, teachers, and other workers in constant contact with the public have no control over the actions of the multitudes of people they interact with on a daily basis. They are at significant risk of catching and spreading covid in our communities as a result. Since these groups interact with many people from different bubbles in the community, vaccinating these small groups may have a significant impact on the spread of Covid in our communities.

Data from my county (Brown) indicates that the spread of covid-19 is 3-6 times higher in the community when schools are teaching face to face compared to when instruction is virtual. Many schools faced shut down in fall due to staff cases or quarantines. If open schools are an important part of returning to normalcy, then teacher vaccines must be prioritized along with other essential workers. If a teacher does get covid, they are the most dangerous person in the room for spreading covid. Needing to speak for long periods of time, and loudly enough that students can hear, means that teachers emit significantly more disease spreading aerosols than if a student in the room had covid. Teachers, especially at upper levels, can see 150+ students a day. It is no surprise that schools seem to be contributing to increased covid spread in my community.

Corey DeGuelle

**From:** [Johnson, Serina M](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Public recommendation  
**Date:** Thursday, January 14, 2021 7:36:59 AM

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I think it would be good that significant others who live in the same household as a health care provider be prioritized. I have received my vaccine as an RN, but my significant other has to wait. He is high risk but 42. Since the vaccine does not stop me from spreading it, it would be beneficial to offer it to these people. Not everyone will take this opportunity, but allowing hospitals and other health care facilities to recommend their employees significant others be vaccinated will help. Our organization is waiting for guidance on this so that they can refer family members as well.

Thank you for your consideration.

Serina

Serina Johnson, MSN, PHN, RN

Nurse Researcher

Nursing Research/Evidence-Based Practice

1900 South Avenue, Mailstop CO3-0068

La Crosse, WI 54601

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Fax: (608)775-1565

Pager: 3288

[smjohnso@gundersenhealth.org](mailto:smjohnso@gundersenhealth.org)

Speak in such a way that others love to listen to you.

Listen in such a way that others love to speak to you.

~ Anonymous

**From:** [Lindsay Lamb](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine question  
**Date:** Thursday, January 14, 2021 7:12:44 AM

---

Good morning!

I know you're busier than ever and I appreciate your efforts! I want to just ask a quick question about vaccine roll-out.

I'm not sure if my job has even been considered, but I'm a newborn and family photographer. It may sound like that is non-essential, but we have been given the go ahead to keep working! We have been so careful keeping our clients safe, but we have also had so many clients cancel on us. Leaving us out hundreds and hundreds of dollars every month.

I'm curious where we would stand in the vaccine lineup since most of us are self-employed and don't have an employer to help guide us.

Also, my husband is a service plumber (in and out of homes all day every day). Will he be getting information from his employer? Does his employer need to reach out to you? He works for a very large company but something tells me they haven't been preparing...

Thank you and know that you are appreciated.

Lindsay Lamb  
Pink Door Photography

**From:** [Pennoyer, Kara - GOV](#)  
**To:** [DHS SDMAC](#)  
**Subject:** FW: Covid Vaccine Distribution Priority  
**Date:** Thursday, January 14, 2021 5:46:45 AM

---

Hello,

Please see the below email our office received.

Kara

Kara Pennoyer  
Deputy Chief of Staff  
Office of Governor Tony Evers  
Email: [kara.pennoyer1@wisconsin.gov](mailto:kara.pennoyer1@wisconsin.gov)  
Phone: 608-279-0737  
[Like Governor Tony Evers on Facebook](#) | [Follow Governor Tony Evers on Twitter](#)

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**From:** Tom Bressner <tom@wiagribusiness.org>  
**Sent:** Tuesday, January 12, 2021 3:41 PM  
**To:** Pennoyer, Kara - GOV <kara.pennoyer1@wisconsin.gov>; Roberts, Noah - GOV <noah.roberts@wisconsin.gov>; Shawn Pfaff <Shawn@pfaffpublicaffairs.com>  
**Subject:** Covid Vaccine Distribution Priority

Good afternoon Kara and Noah

Because of the great working relationship we have with your office, the Wisconsin Agri-Business Association will not publicly oppose the proposed Covid Vaccine Distribution Priority Plan. However, I have to let you know that I have many industry members that are really upset that essential agribusiness companies have not been designated as 1B in the vaccine distribution priority list. Agribusiness companies have worked diligently this entire year to make their operations safe, while being able to supply all the inputs and services needed by Wisconsin's number one industry - agricultural production. Our members and their employees have put their own health on the line in order to serve farmers and to keep the production process operating as smoothly as possible.

We are very disappointed that the agribusiness industry has been overlooked, and dropped to the 1C classification. Again, we will not publicly oppose the list as distributed. However, I want you to understand that the industry is really upset that their importance has been overlooked.

Sincerely,

Tom Bressner  
Executive Director  
Wisconsin Agri-Business Association

**From:** [Williams, TR - GOV](#)  
**To:** [rquintero@healthsperien.com](mailto:rquintero@healthsperien.com); [bfeorene@aahcm.org](mailto:bfeorene@aahcm.org)  
**Cc:** [Gau, Maggie M - GOV](#); [Kuhn, Jamie S - GOV](#); [DHS SDMAC](#)  
**Subject:** RE: AAHCM Request - Prioritize Vaccine Distribution for Home Care Providers  
**Date:** Thursday, January 14, 2021 1:07:54 AM

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Greetings Ray,

I hope this message finds you and your family safe, healthy and well.

My name is T.R. Williams and I serve as the Deputy Director of External Affairs in the Office of Governor Evers.

I am emailing to confirm that our office successfully received your email and letter from President Soriano, M.D. on behalf of the American Academy of Home Care Medicine. I have copied your email and letter below, for reference.

We understand the request for the prioritization of home care medicine (HCM) providers in the COVID-19 vaccine distribution.

Your concerns are important. I have shared your message and the information included in your message with the appropriate people on our team, including directly with the State Disaster Medical Advisory Committee (SDMAC).

The Wisconsin Department of Health Services (DHS) is still receiving guidance and recommendations on matters of vaccine prioritization. DHS will be relying on guidance from the Advisory Committee of Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC).

In addition, the [State Disaster Medical Advisory Committee \(SDMAC\)](#) is actively working on [recommendations](#) to the DHS Secretary and the Governor on vaccine allocation for Wisconsin. All of the meetings of the SDMAC are open to the public, and posted on the [public meetings website](#) as well as on the [DHS website](#).

The SDMAC Vaccine Distribution Subcommittee has advanced their recommendations for COVID-19 Vaccine Priority Group 1b. You can review the document [here](#), and submit comment to [DHSSDMAC@dhs.wisconsin.gov](mailto:DHSSDMAC@dhs.wisconsin.gov).

The **public comment period will remain open until 4:00PM on Monday, January 18**. The subcommittee will meet again on Wednesday, January 20<sup>th</sup> to review & address public comment, and ultimately advance the recommendation to the full SDMAC on Thursday, January 21<sup>st</sup>.

The [Wisconsin Department of Health Services COVID-19: Vaccine](#) website has additional information and updates regarding the vaccine and additional [information for vaccinators](#) (including details of the enrollment process). Additional resources include:

- DHS [COVID-19 vaccination plan](#)
- DHS' [executive summary of the vaccination plan](#)

Thank you for reaching out to our office, for your service, leadership and advocacy on behalf of Wisconsinites.

We truly believe that we will get through this together.

Best,

~ T.R.Williams, J.D ~

Deputy Director of External Affairs

Office of Governor Tony Evers

[tr.williams@wisconsin.gov](mailto:tr.williams@wisconsin.gov) | w: 608-266-7861 | c: 608-279-0541

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**From:** Ray Quintero <[rquintero@healthsperien.com](mailto:rquintero@healthsperien.com)>

**Sent:** Friday, January 8, 2021 3:23 PM

**To:** Gau, Maggie M - GOV <[maggie.gau@wisconsin.gov](mailto:maggie.gau@wisconsin.gov)>

**Subject:** AAHCM Request - Prioritize Vaccine Distribution for Home Care Providers

Dear Maggie Gau:

On behalf of Theresa Soriano, MD, President, American Academy of Home Care Medicine, I would like to share with your office the letter below emphasizing the importance of prioritizing home care medicine (HCM) providers, who are caring for and keeping safe our most vulnerable populations in their home, in your state's vaccine distribution plans. Academy members include home care physicians, nurse practitioners and physician assistants who make house calls, care for homebound patients, act as home health agency and hospice medical directors, and refer patients to home care agencies; home care organizations; medical directors of managed care plans; and administrators of medical groups interested in home care.

Prioritizing vaccination of these front-line workers will be essential to supporting our ability to continue caring for our patients who are home limited due to multiple chronic illnesses, frailty, and disability. Academy members have worked and continue to work tirelessly to provide the best possible patient care, while taking precautions to avoid the spread of the virus. However, we need your support through priority distribution of effective COVID-19 vaccines and other essential supplies. We urge you to recognize HCM providers as key components of the care provided to high acuity patients in their home and to keep them out of potentially infectious care settings by including them as part of your priority distribution plans.

Thank you for your leadership in supporting the safe, effective, and equitable distribution of COVID-19 vaccines. Please see below our full letter and we look forward to working with you.

Best,

-Ray Quintero

---

**Ray Quintero | Managing Partner | Healthsperien, LLC | 202.370.3668 direct | 202.368.3703 mobile | 900 16<sup>th</sup> Street, NW, Suite 400 | Washington, DC 20006 | [rquintero@healthsperien.com](mailto:rquintero@healthsperien.com) | [www.healthsperien.com](http://www.healthsperien.com) |**

January 8, 2021

Governor Tony Evers  
State of Wisconsin

**RE: Prioritizing Home Care Medicine Providers in COVID-19 Vaccine Distributions**

Dear Governor Evers:

On behalf of the American Academy of Home Care Medicine (Academy), I commend you and your administration for your leadership in and commitment to combating the COVID-19 public health emergency. As FDA emergency use authorization of several vaccine candidates is completed, ***I write to you today to emphasize the importance of prioritizing home care medicine (HCM) providers, who are caring for and keeping safe our most vulnerable populations in their home, in your vaccine distribution plans.*** Our members have worked and continue to work tirelessly to provide the best possible patient care, while taking precautions to avoid the spread of the virus. However, we need your support through priority distribution of effective COVID-19 vaccines and other essential supplies. Prioritizing vaccination of these front-line workers will be essential to supporting our ability to continue caring for our patients who are home limited due to multiple chronic illnesses, frailty, and disability.

Our members include home care physicians, nurse practitioners and physician assistants who make house calls, care for homebound patients, act as home health agency and hospice medical directors, and refer patients to home care agencies; home care organizations; medical directors of managed care plans; and administrators of medical groups interested in home care. Their specialties include internal medicine, family practice, pediatrics, geriatrics, psychiatry, and emergency medicine. Our belief is that the care delivered in the home by HCM providers is vital today more than ever as we are faced with the responsibility to address COVID-19, especially for our most vulnerable populations. During these uncertain times for health, greater support for care in the home is critical so this population does not defer care.

The CDC's Advisory Committee on Immunization Practices (ACIP) recently released interim recommendations for allocating initial supplies of COVID-19 vaccines. The committee determined that upon FDA emergency use authorization, residents and health care personnel of skilled nursing facilities should be offered vaccines in the initial phase of a comprehensive COVID-19 vaccination program due to high medical acuity. We urge you to recognize HCM providers as key components of the care provided to high acuity patients in their home and to keep them out of potentially infectious care settings by including them as part of your priority distribution plans.

Again, thank you for your leadership in supporting the safe, effective, and equitable distribution of COVID-19 vaccines. If you have any questions or would like to discuss this issue further, please contact Brent Feorene [bfeorene@aahcm.org](mailto:bfeorene@aahcm.org).

Respectfully Yours,



Theresa Soriano, MD  
President

American Academy of Home Care Medicine



**From:** [Williams, TR - GOV](#)  
**To:** [larrykirkley@dtcbus.com](mailto:larrykirkley@dtcbus.com)  
**Cc:** [Kuhn, Jamie S - GOV](#); [DHS SDMAC](#)  
**Subject:** RE: Letter from Dousman Transport Co. Inc, include bus drivers in vaccine prioritization  
**Date:** Thursday, January 14, 2021 12:53:55 AM

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Greetings President Kirkley,

I hope this message finds you and your family safe, healthy and well.

My name is T.R. Williams and I serve as the Deputy Director of External Affairs in the Office of Governor Evers.

I am emailing to confirm that our office successfully received your email and letter on behalf of Dousman Transport Company, Inc.

We understand the request for the prioritization of bus drivers in the COVID-19 vaccine distribution as essential workers.

Your concerns are important. I have shared your message and the information included in your message with the appropriate people on our team, including directly with the State Disaster Medical Advisory Committee (SDMAC).

The Wisconsin Department of Health Services (DHS) is still receiving guidance and recommendations on matters of vaccine prioritization. DHS will be relying on guidance from the Advisory Committee of Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC).

In addition, the [State Disaster Medical Advisory Committee \(SDMAC\)](#) is actively working on [recommendations](#) to the DHS Secretary and the Governor on vaccine allocation for Wisconsin. All of the meetings of the SDMAC are open to the public, and posted on the [public meetings website](#) as well as on the [DHS website](#).

The SDMAC Vaccine Distribution Subcommittee has advanced their recommendations for COVID-19 Vaccine Priority Group 1b. You can review the document [here](#), and submit comment to [DHSSDMAC@dhs.wisconsin.gov](mailto:DHSSDMAC@dhs.wisconsin.gov).

The **public comment period will remain open until 4:00PM on Monday, January 18**. The subcommittee will meet again on Wednesday, January 20<sup>th</sup> to review & address public comment, and ultimately advance the recommendation to the full SDMAC on Thursday, January 21<sup>st</sup>.

The [Wisconsin Department of Health Services COVID-19: Vaccine](#) website has additional information and updates regarding the vaccine and additional [information for vaccinators](#) (including details of the enrollment process). Additional resources include:

- DHS [COVID-19 vaccination plan](#)
- DHS' [executive summary of the vaccination plan](#)

Thank you for reaching out to our office, for your service, leadership and advocacy on behalf of Wisconsinites.

We truly believe that we will get through this together.

Best,

~ T.R. Williams, J.D ~

Deputy Director of External Affairs

Office of Governor Tony Evers

[tr.williams@wisconsin.gov](mailto:tr.williams@wisconsin.gov) | w: 608-266-7861 | c: 608-279-0541

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**From:** [Charles R. Reff](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Subcommittee Phase 1B  
**Date:** Wednesday, January 13, 2021 11:40:33 PM

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Please have reservation slots. no matter how this vaccine is distributed. We are elderly and can't wait in long lines to be vaccinated. Thanks for listening and all your hard work to make this possible.  
Sincerely, Cynthia Reff

**From:** [Jim Rogers](#)  
**To:** [DHS SDMAC](#)  
**Subject:** vaccine subcommittee Phase 1B  
**Date:** Wednesday, January 13, 2021 10:28:53 PM

---

I support these recommendations, along with creating and distributing the vaccinations as rapidly as possible everywhere.

Thank you.

Jim Rogers  
Wisconsin resident

5. Incarcerated individuals: Individuals in jails, prisons, and mental health institutes. a. Feasibility: High. These populations have health infrastructure to deliver the vaccine and are easily identified. b. It is recommended that previously infected residents consider delaying vaccination for 90 days as the vaccine may not provide additional protection. 27 c. The majority of the Subcommittee supported this recommendation.

**From:** [David](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine  
**Date:** Wednesday, January 13, 2021 10:22:26 PM

---

My comment is get going on the vaccine! Wi DHS and Governor have never been upfront with the Covid information. They always cite privacy concerns but the don't care about the 6 mil Wisconsinites kept in the dark. You don't need a committee reporting to a committee then try to decide. The governor is afraid to make decision! Get the darn vaccine out!!!!!!

Sent from my iPhone

**From:** [Sarah Breckley](#)  
**To:** [DHS SDMAC](#)  
**Subject:** WI COVID-19 Vaccine Distribution Subcommittee  
**Date:** Wednesday, January 13, 2021 10:18:20 PM

---

Good day,

I request that people above 70 years of age, residents of congregate settings, and other people at increased risk for severe illness be vaccinated before teachers.

Teachers are high on the list in order to open schools and improve the economy, but I would rather teach in a hybrid + virtual setting to stop the spread than take a vaccine from someone who needs it more. Lives are more important than the economy, and I do not want to be a part of a vaccine rollout phase that hurts others.

Sincerely,

Sarah L. Breckley  
Spanish Teacher  
Reedsburg Area High School  
2017 Wisconsin Teacher of the Year  
[www.SarahBreckley.com](http://www.SarahBreckley.com)

**From:** [Sarah Breckley](#)  
**To:** [DHS SDMAC](#)  
**Subject:** WI COVID-19 Vaccine Distribution Subcommittee  
**Date:** Wednesday, January 13, 2021 10:07:56 PM

---

Good day,

I request that people above 70 years of age, residents of congregate settings, and other people at increased risk for severe illness be vaccinated before teachers.

Teachers are high on the list in order to open schools and improve the economy, but I would rather teach in a hybrid + virtual setting to stop the spread than take a vaccine from someone who needs it more. Lives are more important than the economy, and I do wish to be part of a community that believes otherwise.

Sincerely,

Sarah L. Breckley  
Spanish Teacher  
Reedsburg Area High School  
2017 Wisconsin Teacher of the Year  
[www.SarahBreckley.com](http://www.SarahBreckley.com)

**From:** [Williams, TR - GOV](#)  
**To:** [jeanne@seniorshousing.org](mailto:jeanne@seniorshousing.org)  
**Cc:** [Kuhn, Jamie S - GOV](#); [Dye, Jenni N - GOV](#); [Olson, Lisa A - DHS](#); [DHS SDMAC](#)  
**Subject:** RE: Letter from American Seniors Housing Association - Vaccine Prioritization in Long Term Care setting and Pharmacy Program  
**Date:** Wednesday, January 13, 2021 9:55:16 PM  
**Attachments:** [lettertogvsjan7final \(002\).pdf](#)

---

Greetings Jeanne,

I hope this message finds you and your family safe, healthy and well.

My name is T.R. Williams and I serve as the Deputy Director of External Affairs in the Office of Governor Evers.

I am emailing to confirm that our office successfully received your message on behalf of the American Seniors Housing Association regarding the prioritization of Independent Livings residents and staff in phase 1a of the COVID-19 vaccine distribution. I have copied your initial message below and attached the letter from President Schless, for reference.

Your concerns are important and have been heard. I have shared your message and the information included in your message with the appropriate people on our team, including directly with the State Disaster Medical Advisory Committee (SDMAC).

The Wisconsin Department of Health Services (DHS) phase 1a allocations have focused on health care personnel and residents of long term care facilities. Beginning the week of January 18, 2021 DHS expects to begin vaccinations for EMT personnel, Fire personnel and older adults. The State Disaster Medical Advisory Subcommittee expects to submit final recommendations to the full Committee regarding Phase 1b of the vaccine distribution by Thursday, January 21<sup>st</sup>, 2021. The current recommendations for phase 1b of the subcommittee can be viewed [here](#).

The prioritization in phase 1a focused on getting frontline healthcare workers vaccinated while DHS was still learning how to store the vaccine so that DHS could get a large amount of people vaccinated quickly. This process allowed DHS time to get the systems they now have in place up and going to get various populations vaccinated.

DHS has officially activated Part B of the pharmacy program, which includes those in Long-Term Care facilities. States are all in different stages of doing this, one reason for the difference nationwide is that this allocation was a significant volume of vaccine. DHS was unable to start vaccinating until they had 50% of the vaccines available. Additionally, each state has a different proportion of people who are in these facilities. It appears that Wisconsin is the 4th highest state in the nation for long-term care populations.



DHS is still receiving guidance and recommendations on matters of vaccine prioritization. DHS will be relying on guidance from the Advisory Committee of Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC).

In addition, the [State Disaster Medical Advisory Committee \(SDMAC\)](#) is actively working on [recommendations](#) to the DHS Secretary and the Governor on vaccine allocation for Wisconsin. All of the meetings of the SDMAC are open to the public, and posted on the [public meetings website](#) as well as on the [DHS website](#). The public comment period, for phase 1b, will remain open until 4:00PM on Monday, January 18, 2021.

All of this information is included in the [COVID-19 vaccination plan](#) and DHS' [executive summary of the vaccination plan](#).

The [Wisconsin Department of Health Services COVID-19: Vaccine](#) website has additional information and updates regarding the vaccine and additional [information for vaccinators](#) (including details of the enrollment process).

Thank you for reaching out to our office, for your service, leadership and advocacy on behalf of Wisconsinites.

We truly believe that we will get through this together.

Best,

~ T.R. Williams, J.D ~

Deputy Director of External Affairs

Office of Governor Tony Evers

[tr.williams@wisconsin.gov](mailto:tr.williams@wisconsin.gov) | w: 608-266-7861 | c: 608-279-0541

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.....  
**From:** Jeanne McGlynn Delgado <[jeanne@seniorshousing.org](mailto:jeanne@seniorshousing.org)>

**Sent:** Thursday, January 7, 2021 12:32:01 PM

**To:** Jeanne McGlynn Delgado <[jeanne@seniorshousing.org](mailto:jeanne@seniorshousing.org)>

**Subject:** Letter from American Seniors Housing Association re: Vaccine Prioritization in Long Term Care setting and Pharmacy Program

Good afternoon:

I appreciate the demands on your and your boss's time addressing all COVID-19 related issues, especially your state vaccine distribution plans but hope you can give some attention to an important issue, that with your help can ensure that all seniors living in the full spectrum of long term care settings have access to the vaccine. We believe the federal guidance regarding the LTC

Pharmacy Program in many states are bypassing seniors living in Independent Living settings (even as part of a multi-level care community) and we are concerned without intervention by the state, they may get pushed further down the priority list when they are at the highest risk of contracting this virus, especially as the country is seeing a new strain of virus that is proving to be far more contagious.

Our specific ask is to prioritize residents of Independent Living (who are on average 82 years old and many with underlying medical conditions) in your state plans as part of the full long term care settings and further, urge CDC to include them in their LTC Pharmacy Program. This is the most efficient method of getting the vaccine to the most vulnerable seniors.

Please accept this letter from the American Senior Housing Association that details the issue and please reach out with any questions. I look forward to hearing from you.

Thanks for your attention.

Jeanne

Jeanne McGlynn Delgado  
V.P. Government Affairs  
American Seniors Housing Association  
5225 Wisconsin Avenue, N.W., Suite 502  
Washington, D.C. 20015  
202-885-5561  
202-841-6044 (m)



January 7, 2021

Dear Governor:

As you continue to finetune your prioritization distribution plans for the COVID-19 vaccine, I want to call your attention to a residential setting within the long-term care population of seniors which if not addressed in the initial 1a groups is at great risk of being overlooked. These are the senior residents of Independent Living. ***For reasons stated below, I encourage you to review your state plans relative to the long-term care populations and adjust them to expressly include Independent Living residents and staff as Priority 1a, along with the other long term care settings. They should receive vaccines under the LTC Pharmacy Program along with those living in nursing homes and assisted living, especially if they are part of a multi-level care setting. It is becoming more critical as we are seeing growing cases of this new strain of virus that is more contagious and especially dangerous to seniors living in these settings.***

As you know, when the ACIP adopted their interim recommendations on Dec 1 regarding COVID-19 Vaccine Prioritization, they included Long Term Care residents and Health Care professionals in the 1a grouping. Most of the states have adhered to this recommendation and are currently moving forward to vaccinate residents and the staff of long-term care facilities under the LTC Pharmacy Program which is consistent with the federal guidance.

However, we are concerned that not all vulnerable seniors living in congregate care settings are being prioritized in this grouping. Long-term care facilities are currently being interpreted to include only skilled nursing facilities and assisted living communities. This strict definition risks overlooking seniors who are in their 80's for early vaccine access who are among those most vulnerable to contracting COVID-19. These settings are "Independent Living" communities, many of which are co-located with assisted living and nursing homes as well as standalone communities and should be included under the umbrella of long-term care.

Most of the long-term care settings are working with the CVS/Walgreens Partnership Program which is a very efficient method for vaccine distribution to this population of seniors. In fact, early HHS communications encouraged all senior living settings to register for this program. However, it has come to my attention that in many states, residents of Independent Living are being denied access to the vaccine even as clinics are being set up in multi-level communities where residents of assisted living and skilled nursing and their staff are being vaccinated. This is not only inefficient but disregards this population of at-risk seniors and their staff for early access to the vaccine, which can threaten the overall health of the community.

The most efficient delivery mechanism is through the LTC pharmacy program. As such it is critical that CVS, Walgreens and other participating pharmacies adjust their operational plans to include this population of seniors and staff in their clinics. **We urge you to send that message to CDC.**

The COVID-19 vaccine has finally allowed us to see some light at the end of this very long tunnel. We appreciate the task ahead of you to see that it is equitably distributed. We are not asking to jump ahead of any other prioritized population but rather recognize this group of vulnerable seniors and their staff under the LTC Pharmacy Program so that they are not inadvertently overlooked for early access.

Thanks for your time.

Sincerely,

A handwritten signature in black ink, appearing to read "David Schless". The signature is fluid and cursive, with the first name "David" and last name "Schless" clearly distinguishable.

David Schless  
President  
American Seniors Housing Association

CC: State Departments of Health

**From:** [Teresa Basiliere](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccination Phases and Priority Public Comment  
**Date:** Wednesday, January 13, 2021 9:42:15 PM

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Please consider this correspondence as a comment on the recommendation of Phase category 1(B). In the definition of public facing essential workers, the recommendation does not indicate if the list provided is exclusive to the identification on whether other public facing workers may be included or is it limited to only the list provided. Moreover, diabetics are not listed in the category of 1(B) unless they seemingly fall within another category. There was emphasis on age as a factor for serious complications and death but it did not differentiate on the elderly that had the co morbidity of diabetes. Diabetics and heart disease patients have not been separately highly prioritized despite the considerable evidence of the risk of the disease in regards to COVID complications.

According to the Lancet study done in the U.K. 1/3 of COVID 19 deaths have occurred in diabetics. Diabetes and heart disease were considered” among the top risk factors for complications of COVID “ (World Heart Federation) Medicine net indicated that diabetics were at increased risk for infection, serious complications and death. The diabetics in our state have many different occupations -some may be working in essential jobs that are not defined by this prioritization -they have no choice -they are essential and yet need to go to work. Whereas the elderly certainly do merit significant consideration-many over 70 are retired and could social distance and stay home. That may not be possible for a diabetics as an essential employee, but yet not defined in phase 1 (B) see also, American Diabetes Association and CDC

Diabetes puts citizens at risk for severe complications and death from COVID 19. It appears that it should be considered that they would be included in the phase 1( B) category. Now it is true, that some may be covered because they meet the criteria under the age category. Yet what if you are 60, a diabetic and go to work being exposed to co workers, and the public? If a diabetic even gets a flu they are at risk for ketoacidosis, Sepsis, and death-COVID 19 magnifies this risk. We all have been made aware of the danger the elderly face from COVID, but the public has also been informed about the impact of COVID 19 on diabetics-yet it appears to not have been considered in the earliest phases for vaccination. The data is substantial, yet it is hard to comprehend why diabetics are not included in the phase 1(B) It appears that diabetics and heart disease patients should have been included in the category with the highest risk as the elderly have been. Thank you for consideration of the comment.

Submitted by: Teresa Basiliere, 1510 Donegal Court, Oshkosh, WI 54904

Sent from [Mail](#) for Windows 10

**From:** [Rick Soletski](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Re: "vaccine subcommittee" and "Phase 1B"  
**Date:** Wednesday, January 13, 2021 9:34:38 PM  
**Attachments:** pastedImagebase640.png

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P.S. re: pollworkers, there are elections in February and April of this year.

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**From:** Rick Soletski  
**Sent:** Wednesday, January 13, 2021 9:31 PM  
**To:** DHSSDMAC@dhs.wisconsin.gov <DHSSDMAC@dhs.wisconsin.gov>  
**Subject:** "vaccine subcommittee" and "Phase 1B"

Before the subcommittee report was released, I sent these comments to Gov. Evers:

Will poll workers be considered essential workers for the purposes of getting vaccinated against covid? I would also like to know how many doses of vaccine were wasted in Wis. Besides the infamous Aurora purposeful waste of 500 doses, plus 67 people who got the ineffective doses and have to be re-vaccinated, there was a case in Western Wis. that was reported on two Madison TV stations, but I can't find the article online. Were there more? Can you relay the actual numbers of wasted or destroyed doses from DHS? Secondly, what fines or repercussions will Aurora face? I have never seen a more deceitful, tone-deaf or misleading statement as that of the head of the Aurora hospital where the pharmacist destroyed the vaccine. "There were no problems with our procedures, it was an individual" I BEG TO DIFFER!!! This valuable product should have had multiple people access it to witness at all times. How long have we been waiting for the vaccine to develop fail-safe procedures? During elections we have two people witness the procedures. Then to add insult to injury, the CEO of Aurora said, "don't worry, we'll just shift vaccine from other Aurora hospitals to make up the shortage." Well, isn't that effin' dandy!!! So now I and the rest of Wisconsin are 600 people farther back to get the vaccine. And if health care workers or others decline the vaccine, let them go to the end of the line and get it in June/July if they change their mind. So to summarize, 1) how many doses have been wasted in Wis; 2) will pollworkers be considered essential worker? 3) what are the repercussions for Aurora? or other hospitals, whether by incompetence or activity; 4) why do other state have people 65-75 in high priority classes for vaccines and Wis seems to have them at the end of the line? I fully support vaccinating people in nursing or senior homes and health care workers first, and also people who must deal directly with an unvaccinated public next, but your other priorities are whacked.

Now that the recommendations have come out, the outrageous idea of vaccinating criminals in prison before the elderly is even more outrageous. Only in Wisconsin! How about this idea, make vaccination a condition of employment for all DOC staff. With staff vaccinated and new prisoners quarantined for the recommended time, covid should be a non-issue in prison.

As with everything else, those who wait patiently will be at their peril as those with the luxury of working at home get the benefit of both worlds (early vaccination AND no exposure to co-workers).

The idea that someone is eligible at 65 in one state and will have to wait until April, May, June in Wisconsin is outrageous!

Also see my suggestion that if someone rejects their vaccination chance, they go to the end of the line..



The message is clear, pay your taxes and shut up, and wait, but be sure to pay your taxes first!

This is further indications that Wisconsin will be "flexible" like Florida. How soon before donors and board members get the vaccine before average citizens. And please, public relations staff for hospitals????

[Some Wisconsin hospitals are offering vaccines to staff who don't take care of patients \(msn.com\)](#)

## Some Wisconsin hospitals are offering vaccines to staff who don't take care of patients

Daphne Chen, Milwaukee Journal Sentinel 5 hrs ago



[Hope Hicks: Top White House adviser no longer works at the White House...](#)



[Trump angrily watched impeachment while asking about path forward: Sources](#)



**Some Wisconsin hospitals are offering vaccines to staff who don't take care of patients**

Software engineers. Public relations specialists. Medical records clerks.

© UW Health, Madison handout

Pharmacy technicians from UW Health, left to right, Amy Schultz, Susan Johnston and Nikolas Gardner, examine their shipment of COVID-19 vaccine.

Faced with no-shows at immunization clinics and leftover doses, some Wisconsin hospital systems are offering COVID-19 vaccines to staff who do not work with patients or in medical settings, under an interpretation of vaccine prioritization guidelines that federal advisers say is a stretch.

At least one hospital system — Advocate Aurora — has opened up vaccine appointments to all employees. At other health systems, employees listed as administrators or public relations specialists have received vaccines, according to social media posts.

[Get daily updates on the Packers during the season.](#)

Wisconsin is still finishing the first phase of [its vaccine rollout plan](#), which includes long-term care facilities and health care personnel, with a focus on front-line hospital staff.

**More:** [What we know about Wisconsin's COVID-19 vaccine plan, what groups will get it and when](#)

**Track COVID-19 in Wisconsin:** [See the latest data on cases and the vaccine rollout](#)

Both the CDC and the state health department define Phase 1A health care personnel as

“individuals who provide direct patient service” or “engage in healthcare services that place them into contact with patients who are able to transmit SARS-CoV-2, and/or infectious material containing SARS-CoV-2 virus.”

The decisions by some hospitals to include employees who work from home and do not interact with patients have raised eyebrows in Wisconsin and other states.

And even members of the U.S. Centers for Disease Control and Prevention committee that formulated the guidelines say they have been surprised at the variety of ways in which hospitals have interpreted them.

“The 20-year-old or 30-year-old IT worker — no one would have ever thought that person would be in the first group,” said committee member and University of Iowa coronavirus researcher Dr. Stanley Perlman. “It ended up morphing into a more general type of distribution than we would have envisioned.”

The slower-than expected vaccine rollout around the country has made the problem worse, Perlman said — with many elderly or immunocompromised people growing frustrated to see younger or healthier people getting vaccinated first.

Advocate Aurora spokeswoman LeeAnn Betz confirmed in a statement Friday that the company is opening COVID-19 vaccine appointments to all employees.

“As we expect a continued increase in our staffing needs, vaccinating more of our team will allow us to redeploy individuals as needed to support expanded vaccine clinics for patients and community members,” Betz wrote.

At Ascension Wisconsin, a spokeswoman said the organization employs people who “both work from home and also enter healthcare settings in their role and have the potential for direct or indirect exposure to patients or infectious materials.”

“These individuals are health care personnel eligible for vaccination in accordance with CDC and DHS guidance,” the spokeswoman wrote.

When it comes to workers coming into contact with “infectious materials,” Perlman clarified that the committee was envisioning staff working in research labs processing specimens that may contain the virus — not, for example, administrative employees handling paperwork.

“Somebody touching a piece of paper in a hospital, I wouldn’t think of any extra risk,” Perlman said. “But it is very, very hard to go through and make these fine distinctions, and have it be right.”

**More:** [After 9 sisters died from COVID-19 last month, officials are pushing the state to send the vaccine to the Notre Dame of Elm Grove facility](#)

**'It's far better to get a shot in somebody's arm than throw it out'**

Some public health experts and federal officials, like U.S. Health and Human Services Secretary Alex Azar, have emphasized the need for efficiency even if it means that vaccines are not being distributed in order of highest need.

Over the past week, the U.S. has averaged a record-breaking 3,000 coronavirus deaths per day.

“It would be much better to move quickly and end up vaccinating some lower-priority people than to let vaccines sit around while states try to micromanage this process,” Azar said at a Jan. 6 briefing on Operation Warp Speed.

In a statement last week, Wisconsin Department of Health Services spokeswoman Jennifer Miller said state health officials “have been clear with our vaccinators about who the intended recipients are of the vaccine in this phase.”

“We do know that sometimes to use all doses of thawed vaccine, some people outside of



Phase 1A may receive a vaccine," Miller said in a statement. "There is also some latitude within the definitions that may result in some providers interpreting the guidance differently from each other."

Both the Pfizer and Moderna vaccines have to be frozen at cold or ultra-cold temperatures. Once thawed, a Pfizer vial can last in the refrigerator for five days and a Moderna vial for about 30 days. However, once punctured or diluted, both the Pfizer and Moderna vials must be used within six hours.

Each vial of the Pfizer vaccine contains five to six doses; Moderna vials contain about 10. In some states, dramatic examples of people jumping the queue for vaccines have been decried as cronyism. In Florida, for example, a nursing home offered vaccines to members of its board and major donors, [the Washington Post reported](#).

But that doesn't seem to be the norm, said Ajay Sethi, an infectious disease expert with the University of Wisconsin-Madison. He said the top concern should be that no doses go to waste.

"It's far better to get a shot in somebody's arm than throw it out. Throwing it out is a complete tragedy," Sethi said.

"If it's happening to the point where the original plans are being abandoned, then I think that would be an issue," Sethi added. "But I don't think we're at that stage right now."

#### Fewer health care workers agreeing to be vaccinated than expected

Arthur Kaplan, head of the Division of Medical Ethics at NYU School of Medicine, said part of the problem is that vaccine refusal rates have been higher than expected.

Hospital systems contacted by the Journal Sentinel did not directly answer whether vaccine hesitancy has been a factor in creating leftover doses.

But early reports from around the country suggest the number of health care workers who are delaying or declining the vaccine is higher than expected. Last month, Ohio Gov. Mike DeWine said about 60% of nursing home staff elected not to take the vaccine. In New York last week, Gov. Andrew Cuomo estimated 30% of hospital and nursing home employees are expected to refuse it.

At a press briefing on Monday, DHS Deputy Secretary Julie Willems Van Dijk said the department is not tracking how many health care workers declined the vaccine.

However, Willems Van Dijk said vaccine hesitancy is "definitely is part of the reason why we haven't gotten to 100% yet."

At a meeting of the State Disaster Medical Advisory Committee last week, several members brought up reports of leftover doses and vaccine reluctance among health care workers.

"What we've heard more and more is that there are organizations that end up with unfilled slots in their immunization schedules who would like to reach out to members that would technically be in that next (rollout) group," said Dr. Jim Conway, a professor of pediatrics at UW-Madison.

But the committee has not yet quite finalized who is [eligible for that next phase](#).

Gundersen Health System's Dr. Rajiv Naik said health care workers who do not interact with patients, such as IT technicians, should be included as soon as possible because of their critical role in a hospital's day-to-day functions. He acknowledged that some health systems have already started vaccinating them.

"I know some vaccinating entities are not following the letter of the 'law' that we put together with the guidelines," Naik said. "In our organization, I have been pretty precise about sticking to the face-to-face providers."

Perlman, of the CDC committee, said vaccinators should use "common sense" when it

comes to distributing leftover doses.

"If you have the person who's in housekeeping changing trash cans in hospitals versus somebody who is an administrator sitting in an office or at home doing IT work, clearly the guy who's changing the trash cans should be immunized way ahead of the other two," he said.

50 different strategies for prioritizing doses

But some critics, like Kaplan, said public health officials should have created guidelines for how health systems prioritize leftover doses.

"They did not anticipate and talk about the reality that the location and the logistics are going to drive allocation as much as any priority list or recommendation," Kaplan said. "We didn't plan properly."

Another factor is the federal government's flexible approach to vaccine guidelines, he said. Each state — and in some cases each local health department or vaccinating entity — can deviate from the federal guidelines. In Florida, for example, Gov. Ron DeSantis ordered people 65 and older would be the first to be vaccinated.

"The more you have disparity in what states or cities or counties are doing, the less support there is for following rules, both by the people giving out the vaccines and people taking them," Kaplan said. "When you have 50 different strategies, that is really problematic for keeping support for the priorities."

*Raquel Rutledge of the Journal Sentinel staff contributed to this report.*

Contact Daphne Chen at [dchen@gannett.com](mailto:dchen@gannett.com). Follow her on Twitter at [@daphnechen](https://twitter.com/daphnechen).

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*This article originally appeared on Milwaukee Journal Sentinel: [Some Wisconsin hospitals are offering vaccines to staff who don't take care of patients](#)*

**From:** [Rick Soletski](#)  
**To:** [DHS SDMAC](#)  
**Subject:** "vaccine subcommittee" and "Phase 1B"  
**Date:** Wednesday, January 13, 2021 9:31:52 PM  
**Attachments:** pastedImagebase640.png

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[Some Wisconsin hospitals are offering vaccines to staff who don't take care of patients \(msn.com\)](#)

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[Hope Hicks: Top White House adviser no longer works at the White House...](#)



[Trump angrily watched impeachment while asking about path forward: Sources](#)



**Some Wisconsin hospitals are offering vaccines to staff who do not take care of patients**

Software engineers. Public relations specialists. Medical records clerks.

© UW Health, Madison handout

Pharmacy technicians from UW Health, left to right, Amy Schultz, Susan Johnston and Nikkita Johnson, holding a shipment of COVID-19 vaccine.

Faced with no-shows at immunization clinics and leftover doses, some Wisconsin hospitals are offering COVID-19 vaccines to staff who do not work with patients or in medical settings, under an interpretation of prioritization guidelines that federal advisers say is a stretch.

At least one hospital system — Advocate Aurora — has opened up vaccine appointments to non-clinical staff. At other health systems, employees listed as administrators or public relations specialists have received vaccines. Some have posted about it on social media posts.

[\*\*\*Get daily updates on the Packers during the season.\*\*\*](#)

Wisconsin is still finishing the first phase of [its vaccine rollout plan](#), which includes long-term care personnel, with a focus on front-line hospital staff.

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**Track COVID-19 in Wisconsin:** [See the latest data on cases and the vaccine rollout](#)

Both the CDC and the state health department define Phase 1A health care personnel as “individuals who provide patient service” or “engage in healthcare services that place them into contact with patients who may have SARS-CoV-2, and/or infectious material containing SARS-CoV-2 virus.”

The decisions by some hospitals to include employees who work from home and do not interact with patients have raised eyebrows in Wisconsin and other states.

And even members of the U.S. Centers for Disease Control and Prevention committee that say they have been surprised at the variety of ways in which hospitals have interpreted the guidelines. “The 20-year-old or 30-year-old IT worker — no one would have ever thought that person would be included,” said committee member and University of Iowa coronavirus researcher Dr. Stanley Perlman. “It’s a more general type of distribution than we would have envisioned.”

The slower-than-expected vaccine rollout around the country has made the problem worse. “Elderly or immunocompromised people growing frustrated to see younger or healthier people



Advocate Aurora spokeswoman LeeAnn Betz confirmed in a statement Friday that the company will offer COVID-19 vaccine appointments to all employees.

"As we expect a continued increase in our staffing needs, vaccinating more of our team will be a priority," she said. "We will vaccinate individuals as needed to support expanded vaccine clinics for patients and community members. At Ascension Wisconsin, a spokeswoman said the organization employs people who "both enter healthcare settings in their role and have the potential for direct or indirect exposure to infectious materials."

"These individuals are health care personnel eligible for vaccination in accordance with CDC guidance," the spokeswoman wrote.

When it comes to workers coming into contact with "infectious materials," Perlman clarified that it includes research lab staff processing specimens that may contain the virus, as well as administrative employees handling paperwork.

"Somebody touching a piece of paper in a hospital, I wouldn't think of any extra risk," Perlman said. "It's hard to go through and make these fine distinctions, and have it be right."

**More:** [After 9 sisters died from COVID-19 last month, officials are pushing the state to send them to a nursing home facility](#)

**'It's far better to get a shot in somebody's arm than throw it out'**

Some public health experts and federal officials, like U.S. Health and Human Services Secretary Alex Azar, emphasized the need for efficiency even if it means that vaccines are not being distributed as quickly as hoped. Over the past week, the U.S. has averaged a record-breaking 3,000 coronavirus deaths per day.

"It would be much better to move quickly and end up vaccinating some lower-priority people around while states try to micromanage this process," Azar said at a Jan. 6 briefing on Operation Warp Speed.

In a statement last week, Wisconsin Department of Health Services spokeswoman Jennifer Miller said officials "have been clear with our vaccinators about who the intended recipients are of the vaccine." "We do know that sometimes to use all doses of thawed vaccine, some people outside of the intended recipient pool may get a vaccine," Miller said in a statement. "There is also some latitude within the definitions that may lead to interpreting the guidance differently from each other."

Both the Pfizer and Moderna vaccines have to be frozen at cold or ultra-cold temperatures. Pfizer's vaccine can last in the refrigerator for five days and a Moderna vial for about 30 days. However, both the Pfizer and Moderna vials must be used within six hours.

Each vial of the Pfizer vaccine contains five to six doses; Moderna vials contain about 10.

In some states, dramatic examples of people jumping the queue for vaccines have been documented. For example, a nursing home offered vaccines to members of its board and major donors, [reported](#).

But that doesn't seem to be the norm, said Ajay Sethi, an infectious disease expert with the University of Wisconsin-Madison. He said the top concern should be that no doses go to waste.

"It's far better to get a shot in somebody's arm than throw it out. Throwing it out is a competition for resources. If it's happening to the point where the original plans are being abandoned, then I think that's a problem," he added. "But I don't think we're at that stage right now."

**Fewer health care workers agreeing to be vaccinated than expected**

Arthur Kaplan, head of the Division of Medical Ethics at NYU School of Medicine, said part of the reason for the low vaccine refusal rates has been higher than expected.

Hospital systems contacted by the Journal Sentinel did not directly answer whether vaccine refusal rates were higher in creating leftover doses.

But early reports from around the country suggest the number of health care workers who have accepted the vaccine is higher than expected. Last month, Ohio Gov. Mike DeWine said about 60% of nursing home workers had accepted the vaccine.

to take the vaccine. In New York last week, Gov. Andrew Cuomo estimated 30% of hospital employees are expected to refuse it.

At a press briefing on Monday, DHS Deputy Secretary Julie Willems Van Dijk said the department said many health care workers declined the vaccine.

However, Willems Van Dijk said vaccine hesitancy is "definitely is part of the reason why we haven't yet."

At a meeting of the State Disaster Medical Advisory Committee last week, several members discussed leftover doses and vaccine reluctance among health care workers.

"What we've heard more and more is that there are organizations that end up with unfilled schedules who would like to reach out to members that would technically be in that next (round), said Conway, a professor of pediatrics at UW-Madison.

But the committee has not yet quite finalized who is [eligible for that next phase](#).

Gundersen Health System's Dr. Rajiv Naik said health care workers who do not interact with patients, technicians, should be included as soon as possible because of their critical role in a hospital. He acknowledged that some health systems have already started vaccinating them.

"I know some vaccinating entities are not following the letter of the 'law' that we put together," he said. "In our organization, I have been pretty precise about sticking to the face-to-face protocol." Perlman, of the CDC committee, said vaccinators should use "common sense" when it comes to distributing doses.

"If you have the person who's in housekeeping changing trash cans in hospitals versus someone sitting in an office or at home doing IT work, clearly the guy who's changing trash cans is immunized way ahead of the other two," he said.

50 different strategies for prioritizing doses

But some critics, like Kaplan, said public health officials should have created guidelines for distributing leftover doses.

"They did not anticipate and talk about the reality that the location and the logistics are going to be as much as any priority list or recommendation," Kaplan said. "We didn't plan properly."

Another factor is the federal government's flexible approach to vaccine guidelines, he said. In some cases each local health department or vaccinating entity — can deviate from the federal guidelines. For example, Gov. Ron DeSantis ordered people 65 and older would be the first to be vaccinated.

"The more you have disparity in what states or cities or counties are doing, the less support you get both by the people giving out the vaccines and people taking them," Kaplan said. "When you have different strategies, that is really problematic for keeping support for the priorities."

*Raquel Rutledge of the Journal Sentinel staff contributed to this report.*

Contact Daphne Chen at [dchen@gannett.com](mailto:dchen@gannett.com). Follow her on Twitter at [@daphnechen](https://twitter.com/daphnechen).

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*This article originally appeared on Milwaukee Journal Sentinel: [Some Wisconsin hospitals are who don't take care of patients](#)*

**From:** [John Remington](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Distribution Comments  
**Date:** Wednesday, January 13, 2021 9:08:54 PM

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To whom it may concern,

Below are my comments in regards to the distribution of the COVID-19 vaccine in the state of Wisconsin. Especially in light of the worse variant now identified in our state.

1. Essential workers should be the top priority for Group 1b. They are putting their lives at risk everyday to keep the state & the economy running.
2. I don't agree with residents of prisons, jails or homeless shelters getting a priority over law abiding tax paying citizens.
3. I don't agree with "focusing on Blacks, Latinx and Native Americans and people with socioeconomic vulnerability". I thought "we are all supposed to be treated equally".
4. I find it ludicrous that smoking would be on the list of medical conditions. Smoking is a choice people make. The other conditions on the list (with a partial exception to obesity & pregnancy) are things people don't choose to be born with, get or have any control over. These are people that deserve a priority.

Respectfully,

John Remington  


Sent from my iPad

**From:** [Terry Mechelke](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Covid Vaccine Program  
**Date:** Wednesday, January 13, 2021 8:56:55 PM

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The priority population in Group 1B should be obvious based on the data if the goal is to save lives. In Wisconsin 80% of the deaths are people 70 and older. The mortality rate for people over 70 is 8.5% while the mortality rate in people under 70 is 0.24%. This means people >70 who contract the virus are about 35 times more likely to die than people <70. If saving lives is the goal, which I would certainly hope and expect it to be, then getting vaccine in the arms of the most vulnerable >70 population as rapidly as possible is the only logical and acceptable way to proceed. This is the approach that has been taken in states like Florida which is light years ahead of states like WI in vaccinating their most vulnerable residents. Please start doing your jobs, people are dying while you are trying to decide on a plan that should be obvious. The bureaucracy and inefficiency regarding getting available vaccine in the arms of our most vulnerable in Wisconsin is unacceptable and almost criminal.

Terry Mechelke  
Hudson, WI

Sent from my iPhone



**From:** [Diane](#)  
**To:** [DHS SDMAC](#)  
**Subject:** COVID vaccine group 1b  
**Date:** Wednesday, January 13, 2021 8:30:58 PM

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I am submitting this email to implore the state of Wisconsin to include seniors of the 70+ age group into 1b for COVID Vaccination.

My husband and I are both 70+ years of age and have been living a very isolated existence since April of 2020. I have left my job as I do not feel safe as has my husband. We cannot work nor receive the support of our families when needed due to the risk of COVID ... the vaccine will help us get on the road to a safer life. We are calling Mercy hospital each day here in Lake Geneva and are being told they have the vaccine but no go ahead for us from the health department. Please give the ok for us to receive the vaccine. We are at greater risk for traumatic outcomes if we contract this virus and are living in fear every day ... please allow our hospital to let us make an appointment so we can receive this protection ASAP.

Mrs Diane Gillespie  
Delavan, Wisconsin  
Walworth County

Sent from my iPhone

**From:** [Jaime Hisel](#)  
**To:** [DHS SDMAC](#)  
**Subject:** vaccine subcommittee Phase 1B  
**Date:** Wednesday, January 13, 2021 8:17:39 PM

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Dear Committee Member,

Elderly patients in nursing homes and essential workers should be added to the early vaccination program. I work in the grocery industry and have been working 40+ hours a week since the start of the pandemic. My fellow grocery employees put ourselves and our families in hands way to ensure store shelves are stocked. Please give us the respect we deserve.

Sincerely ,  
Jaime Hisel



**From:** [Mary Miller](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1b  
**Date:** Wednesday, January 13, 2021 8:16:58 PM

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Hello,

So my husband and I should take up smoking again after not doing it for 12 years now so we can have the peace of mind that we're not going to die from COVID 19?!

I have spent almost a year working in a manufacturing job while living with the anxiety and stress of trying to keep my 86 year old mother, that lives with my husband and I, alive during this pandemic. As well as the strain of trying to not get it ourselves.

Here's my recommendation. Put smokers at the end of phase 1c since their health risk is voluntary.

Sent from my iPad

**From:** [Mary Widicus](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Please speed up distribution of the Covid vaccine in WI  
**Date:** Wednesday, January 13, 2021 8:05:48 PM

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Dear Committee members,

We so appreciate your commitment to making sure that the Covid vaccine is distributed well and carefully. Having said that, I am concerned that your procedures and process are unbearably slow and will prevent us from getting the vaccine “in arms” as quickly as we should be.

Personally, I am very low on the priority list and am extremely discouraged when I realize it could be next summer before I can even think about scheduling my first dose of the vaccine. I don't see any reason for this delay. The vaccines have proven to be safe. We should be getting them distributed as quickly as humanly possible to prevent further spread of the disease, additional deaths and/or long-term consequences of contracting the disease and an efficient return to “normal” for our economy and our lifestyles.

Please, please, please consider your processes and look for ways to speed them up so we can get this vaccine moving more quickly.

Thanks for listening,

Mary Widicus  
Pewaukee, WI

**From:** [Marvin Sherrill](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1B Vaccination Priority  
**Date:** Wednesday, January 13, 2021 7:21:53 PM

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I would recommend that DHS give serious thought to put the elderly at or near the top of the 1B priority group. As your subcommittee pointed out, this is the group with the highest mortality rate. I would further recommend that this elderly group be subprioritized into 5-year increments, e.g. >90, 85-90, 80-85, 75-80, and 70-75.

Thanks for the opportunity to comment,

Marvin G Sherrill

Sent from my iPad

**From:** [Elliot Weiman](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccination Priorities  
**Date:** Wednesday, January 13, 2021 7:08:01 PM

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I am writing in support of including people 70 and over in group 1b. This evidence-based measure is clearly warranted.

Elliot Weiman



**From:** [Amy Remington](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccination prioritization  
**Date:** Wednesday, January 13, 2021 6:47:15 PM

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To Whom It May Concern:

It is unfair to give prisoners vaccine priority over other law abiding citizens. Many schools, especially the rural districts including the district I work for, Oconto Unified School District, are unable to socially distance their students nor keep them with the same group of kids all day long and are having their teachers teach face-to-face, not virtual like so many other districts are doing. Prisoners who may face crowding would be prioritized over teachers who are in the same boat? I feel strongly that prisoners should not have a priority over any other Wisconsinites.

I feel the same about cultural priorities. We are all Wisconsinites, one culture should not have priority over another. If certain cultures choose to act in ways that put them more at risk for the virus, that is their choice. My husband is high risk and will not receive his vaccination until after these priority groups if the vaccine is limited. We have done NOTHING, and I mean nothing—not nothing like others say they are doing but then go on to tell you they went here for dinner, stopped there for this, picked up that when out doing this, etc.—I mean NOTHING...the only things we do is get gas at stations wearing gloves and masks, pay at the pump, sanitize hands afterwards and drive back home; pick up groceries curbside and wash anything that can't sit for a week as soon as we get home and allow all else to sit in the garage along with the online orders and mail; I have to go in to work because I'm a teacher and have taught face-to-face since the beginning of the year except for one month when we were virtual. I still had to go in to my school building, we were not allowed to teach virtually from home. When I'm at school, I wear a mask, gloves and a helmet shield that I had to purchase myself because gloves and shields aren't needed as teachers. I go home and leave my shoes in the garage and shower immediately in the basement bathroom. I then sit in my bedroom alone the rest of the night until I get up in the morning and disinfect the house and my car and then head into work. I barely see my husband because it's so important to me that I don't unknowingly, due to my exposure to people at work, expose him to this virus. We get together with nobody. We eat only food that we cook. We gave up going to our camper this past summer in order to stay away from people. My husband and I take these precautions because of his health condition. We choose to do the right thing. Those whose cultural or socioeconomic roles supposedly make them act in ways that put them at higher risk of Covid should not be prioritized over those of us essential workers and high risk individuals who are doing everything to remain virus-free!

Lastly, smokers certainly should not be prioritized over others! Smokers choose to ruin their lungs on a daily basis. People who smoke should not be in the same group with those who have medical conditions brought on by genetics, or an act of God!

On top of that, I'm saddened that others, even friends of mine, have gotten the vaccine even though they were not part of group 1A when only 27% of that first group, 1A, has gotten it. One friend knew a healthcare worker who gave it to him, the other works at a clinic in HR and got her dose when someone who sees patients decided against it. These unfair practices should not be occurring!

I hope this email falls on listening ears. I've written to Gov. Evers multiple times and have had no response. I've had email and Zoom conversations with my bosses where my concerns were heard, but nothing was done to resolve those concerns. I've been frustrated by Wisconsinites not doing what they should, not following mandates, living life as if there's no pandemic. Maybe this email will do a little good and help those in my and my husband's situation get the vaccine sooner than later.

Amy Remington



**From:** [Amy L](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Next round covid vaccinations  
**Date:** Wednesday, January 13, 2021 6:35:05 PM

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Please consider adults over 65 and teachers/daycare providers in the next round. Some children really need in person instruction and some families really need daycare or grandparents to watch kids, and getting the adults needed to educate and care for them vaccinated would make in person schooling and care much less risky for those adults in their lives.



**From:** [Linda Groh](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Covid vaccine  
**Date:** Wednesday, January 13, 2021 6:00:53 PM

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Thank you to the committee for the time and effort put forth in planning for distribution of the Covid vaccine. Please remember for every week, for every day, for every hour, for every minute the distribution of the vaccine is delayed, people are contracting Covid and people are dying. Just today, 37 Wisconsin citizens died of Covid. Many of those deaths could have been avoided if the vaccine had been available a few weeks ago.

There is no perfect Covid distribution plan! Please just make a prompt decision and get all those those saved second doses out to Wisconsinites. Please get the vulnerable senior population vaccinated. Please...just do it!  
Thank you.

Linda Groh  
Menasha

Sent from my iPad

**From:** [Jeanne Klotz](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccinations  
**Date:** Wednesday, January 13, 2021 5:58:44 PM

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I don't agree with this at all. Do what the federal government says to do! We need our vaccinations! Veterans need them!, get moving!,,--  
On Earth as it is in Heaven

**From:** [Ed Morganroth, Jr.](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Fwd: Covid vaccine schedule comment  
**Date:** Wednesday, January 13, 2021 5:46:40 PM

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To the SDMAC,

It was suggested that I also forward this to the SDMAC.

Thanks for your consideration of my comments below.

Regards,

Ed Morganroth, Jr.  
Plover, WI

----- Forwarded message -----

**From:** **Ed Morganroth, Jr.** <[edmorganroth@gmail.com](mailto:edmorganroth@gmail.com)>  
**Date:** Tue, Jan 12, 2021 at 10:40 AM  
**Subject:** Covid vaccine schedule comment  
**To:** <[dhscovidvaccinepublic@wi.gov](mailto:dhscovidvaccinepublic@wi.gov)>

To the WI DHS,

As a WI resident I wanted to offer my comments on the information that has been communicated on the WI DHS Covid website to date, ask some questions, and offer some suggestions. I have been following the Covid situation closely, including monitoring the CDC, WI DHS and Portage Cty, WI websites.

-- State residents (ALL residents) need to know now - best estimate - when they can expect to be able to receive their vaccine. "Spring" or "the second half of the year" is not an answer. Even a time range, i.e. Mar 15 to Apr 30, is better than nothing. Those of us who have been really adhering to the CDC and WI DHS Covid recommendations have been severely limited for almost a year on seeing our friends and family, going back to work, volunteering, traveling, etc. We want to be able to plan the next six months of our lives, if even tentatively. I have to think that Pfizer and Moderna and the federal gov't/CDC have a forecast of the mfr/delivery schedule of the vaccines to the US gov't, and so the future WI allocations and shipments should be able to be known or at least estimated. The CDC and WI DHS and county health depts should now also have an idea (or better) about the vaccination process and the number of vaccinators available and be able to estimate how many shots can be administered.

-- The WI DHS needs to better define now who comprises Essential Workers, the group of over 100 mln people that makes up most of categories 1B and 1C. You can't wait for Biden and/or the CDC or anyone else to come up with a specific definition. Since they haven't come up with a detailed, workable definition yet, the WI DHS needs to. Using the current definition, which is totally lossey-goosey, will only create confusion for WI residents and the WI healthcare system. And if the definition is more focused and specific, there will be fewer

people trying to jump the line.

-- You should consider a Covid vaccine app like Illinois and other states have. We have close friends in Lake County, IL and they are already signed into their Covid vaccine app and have dates (and places) when they will be able to get their shots. WI needs to be better as we say.

-- We all realize that there will be changes at the federal level when the Biden admin takes over later this month. As you know, the new admin has said they will be releasing all/most available doses and not holding half back for the second shot. You need to comment on that on your website, and tell us what the expected impact is. Same for the latest CDC recommendations to allow all folks 65+ to receive vaccines now, so as to better match supply and demand and ensure that no vaccine is wasted.

I intend to forward this email or a similar one to my state legislators as I want to let them know of my concerns as well.

Thanks for listening. I would really appreciate a response to my questions and suggestions.

And thank you for all your efforts since March on this critical matter!

Sincerely,

Ed Morganroth, Jr.  
Plover, WI

**From:** [David Beardsley](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Covid vaccine 1b grouping  
**Date:** Wednesday, January 13, 2021 5:27:44 PM

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I am writing to you today to strongly encourage you to include all school education staff--teachers and support staff--in the 1b vaccine group. It is imperative that we create circumstances for school-age children to return to school in-person as soon as possible, and vaccinating teachers and staff can only help to achieve this goal.

I will note that I am a full-time worker in a grocery store, and this fact puts me in a group that has been widely reported to be on the short list for inclusion in the 1b group. I am willing and happy to forego inclusion in the 1b group so that educators and staff may go ahead of me.

Thank you for your consideration,

David Beardsley



**From:** [Mary Stein](#)  
**To:** [DHS SDMAC](#)  
**Subject:** SHOTS IN THE ARMS  
**Date:** Wednesday, January 13, 2021 5:04:06 PM

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Really????? Wisconsin is averaging only 5000 shots a day?? 150,000 a month? Since WI has about 6 million residents, that means that it would take three to four years to get everyone vaccinated? Just start giving those over 65 or 75 or 60 or whatever age you want and get going! Open up the pharmacies, open large sites, enlist the guard, start scheduling appointments, have openings 24 hours a day, seven days a week. Trying to decide who should be next in line is a fool's errand. You can endlessly argue for any of the groups to go first. And there are so many exceptions to the recommended groups that it makes them worthless anyway. And, the slower you are in injecting people, the more chance the federal government will reduce your supply of vaccine as they have threatened to now, thereby worsening the situation in our state. Can you start showing some urgency please????

Sent from [Mail](#) for Windows 10

**From:** [Bob Mitchell](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine subcommittee. Phase 1B  
**Date:** Wednesday, January 13, 2021 4:55:06 PM

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Just a few comments:

1. As you probably know by now there is a typo in the Appendix where it uses age 75 rather than 70
2. This is better than nothing, but it is a typical government report drafted mostly by lawyers trying to cover everyone behind with much unnecessary wiggle room. The result being (in the current emergency setting) way too complicated to effectively administer. Too many words and provisions. Hopefully when this is ever rolled out to the public it will be much simpler and understandable. I am not suggesting start over, just condense this from a lawyers document to something everybody can understand.
3. This document does not say when Phase 1B (I at least didn't see it) is to start. One would hope immediately even though 1 A is not completed.
4. With time being of the essence, This document could and should have been done weeks ago and all the approvals obtained and with authority to tweak it as necessary. Now we wait a week for comment, someone has to review comments, submit it to the full Committee who has to meet, possible changes, then to DHS (which probably drafted the report to start with) and then time to implement. All told perhaps a month will pass unnecessarily if the "Committee" ( or whoever gets them going) had been working and doing the job weeks ago - shameful.
5. To me and at this time AGE and underlying conditions should be the deciding factors as that is where the overwhelming risk to the individual is. From the last 6 months you have evidence of this risk, actually say so in your report, and the CDC, etc says so. That being the case let's get those people vaccinated first.
5. Obviously politics is playing a role here with lobbying groups probably involved. For example, most firefighters, etc are strong healthy people who do come into contact with people but probably handle the virus well . Does that mean some 25 year old volunteer firefighter in a small town who helps direct traffic or put out grass fires gets a shot ahead of an 80 year old not in a nursing home environment? My point is too much uncertainty and room for interpretation due to complexity of the rules to really be effectively administered.

Sent from my iPad

**From:** [Carmen Leuthner](#)  
**To:** [DHS SDMAC](#)  
**Cc:** [Carmen Leuthner](#)  
**Subject:** Recommendation for phase 1b Covid-19 vaccinations  
**Date:** Wednesday, January 13, 2021 4:52:32 PM

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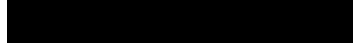
This email is being submitted per your request for public input and comment for who should be next in line to receive the covid 19 vaccines in Wisconsin.

I would urge the state to consider next, those over the age of 70 as well as those with underlying health conditions such as cancer, asthma, diabetes and other heart and lung issues; and those essential workers such as educators, any remaining health care personnel, first responders, and grocery and pharmacy workers.

I am frankly appalled that inmates in prison are being considered as priority over non-offending, tax-paying citizens who are elderly, at high-risk due to underlying conditions, and those who put themselves on the front lines everyday in healthcare, public safety, and those keeping our grocery supply chain going.

Thank you for considering this input.

Sincerely,  
Carmen Leuthner, tax payer and Wisconsin resident





**From:** [John Ramsden](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Subcommittee Phase 1B Public Comment  
**Date:** Wednesday, January 13, 2021 4:16:21 PM

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I offer the following comment/suggestion:

As you prioritize the group of persons 75 years or older or persons 65 years and older, please include family members living in the same household (at the same address) as members of that priority group. This will further protect the elderly from the chance of infection from the family members living in the same household . It would be akin to the priority of vaccinating the workers at elderly living or care establishments.

Thank you for your consideration.

John Ramsden

**From:** [Newton, Robert](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Subcommittee Phase 1B  
**Date:** Wednesday, January 13, 2021 4:01:23 PM

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Dear Sirs:

As a practicing Wisconsin physician, I would like to use this opportunity to provide some input regarding distribution of the Covid19 vaccine.

1) Using a 70 year old plus age bracket is very arbitrary. We know that 60 and above is when hospitalizations and mortality begin to significantly increase, especially in the presence of comorbidity. Many of my 70 and 80 year old patients have successfully been able to isolate, whereas those in their 60's are still in workforce with a higher risk of exposure. For my practice, most of the patients that have required hospitalization, and my only fatality, were in their 60's with co-morbidities. I would recommend 1b should include 60 and above with comorbidities.

2) Vaccinating inmates should be an overall goal, however, many of these populations have already had a very high infection rate. Would it not make sense to delay the initial vaccinations for those inmates who have already been Covid positive? New research indicates that natural immunity may last 6 months or longer. The same rationale could also apply to other congregate living situations. Yes, this would necessitate additional record keeping on the part of the facility, delaying vaccinations 3-6 months for individuals with a history of Covid could increase the initial vaccine supply for the short term.

3) Essential worker prioritization should be age bracketed as well. With Covid already putting strains on the medical system in Wisconsin, an initial immunization goal should be to reduce the risk for hospitalization and mortality. Again, we know in general as age increases, so does risk. Does it make sense to vaccinate a 20 year old essential worker who statistically has lower risk, before someone in their 50s or 60s?

4) Phase 1C should include immediate family members of health care providers. Not only do we need hospital beds for patients, we need staff. If a health care provider's family member becomes positive, then that provider must also quarantine. This can put a significant strain on staffing availability. My own nurse has had to be out on quarantine twice because a positive family member.

Thank you for considering these suggestions.

Sincerely,

Robert D Newton, Jr., DO, MBA  
Diplomat, American Board of Family Medicine  
920-960-7465

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**From:** [Peggy Rechlicz](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine subcommittee/Phase 1B  
**Date:** Wednesday, January 13, 2021 4:00:21 PM

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In reading the committee's recommendations for the next phase of the vaccine rollout I would like to offer my opinion.

Since the beginning of this pandemic, grocery store workers have put their health on the line everyday so that the public can safely obtain food and basic needs. They are exposed to people who refuse to wear masks and those who wear them incorrectly (which many do). Now that we know that the more highly contagious variant of the virus is here in Wisconsin, their risk goes up higher every day. Those same workers may have to go home to elderly or health compromised family members, also they may be out in the community as asymptomatic carriers which would further the spread of the virus. For that reason that group of front line workers should be placed higher in distribution rollout.

Also since this pandemic began, we'd been told that people 65 and older are more at risk for serious complications and death due to the virus. I fall into this group and I have been staying home, not gathering with friends or family, not even for the holidays. Now the age for the next phase has been changed to 70. For 11 months we've been told it is extremely dangerous for our age group, but we are blocked from this early distribution. I would like the next phase to include people 65 and older.

Employees who work in prisons and other detention centers should get the vaccine soon, however if they are vaccinated and visitors are restricted like they are in long term health facilities and hospitals, then the incarcerated individuals will have less of a chance of contracting the disease and therefore their vaccines should be moved farther down the list.

I know many factors go into making these decisions and with a limited supply of vaccines there has to be prioritized individuals. I hope you will consider my comments and revise the distribution Phase 1B rollout.

Thank you,

Peggy Rechlicz

**From:** [James Haberstroh](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine sub-committee 1b determination  
**Date:** Wednesday, January 13, 2021 3:46:31 PM

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Despite the recent federal recommendation that 1b include those 65 and older as well as those with co-morbidities, I urge you to keep the 1b that you have voted on. Those 70 years and older are at the highest risk of severe illness or death from Covid-19.

If the group is opened to all with co-morbidities of any age, the group will be gigantic and those 70 years or older will not be guaranteed access to the vaccine before those who have less overall risk. Distribution will become a logistical nightmare deciding who among the millions of Wisconsinites with co-morbidities would receive the vaccine first.

James Haberstroh  
Wauwatosa, WI

**From:** [Amy Fothergill](#)  
**To:** [DHS SDMAC](#)  
**Subject:** public comment on COVID vaccine priority group 1b  
**Date:** Wednesday, January 13, 2021 3:36:38 PM

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I am a primary care physician in WI who has been very involved in our clinic's response to COVID and now in planning for the distribution of vaccines at our clinic. I am very pleased to see age 70+ included in the 1b recommendations. While I understand why ACIP made the recommendations they did (prioritizing essential workers and those 75+), I want to speak specifically to the issue of feasibility and scalability from my experience as a direct care provider.

Distinguishing who falls into risk categories based on comorbid health conditions, race, socioeconomic status, and profession is unfortunately time consuming and not clear-cut. I appreciate the need to include justice and equity in discussion of vaccine distribution. It is my belief that using age can serve as an imperfect proxy measure.

Socioeconomically disenfranchised and minority families may be more likely to live in multigenerational households or assume childcare roles in the family, such that elderly members of these groups cannot simply "stay home" and isolate. As such, socioeconomically disenfranchised and racial minority elderly persons are at very high risk. A vaccine distribution strategy based on age would protect these individuals.

Using age as a determination for vaccine phases also takes stressors off an already burdened health care system. Right now we are fielding multiple phone calls and patient messages a day about vaccinations, COVID symptoms, planning for vaccine rollout, and trying to provide regular care. Forcing us to use categories such as diagnosis, profession, or race will slow down our ability to roll this vaccine out quickly, which is ultimately what needs to be done to protect the most people. On the other hand, we can easily run reports in our electronic medical record by age and identify those patients.

In summary, I agree with using age as a criterion to phase vaccine rollout. I agree some professions or groups may need to be included along with age cut off, but I ask you to consider the logistical implications of doing so.

Thank you for your time and hard work. I understand there are no easy answers here but hope sharing my perspective may be helpful to you.

I write on behalf of myself alone,

Dr. Fothergill, MD, MPH

**From:** [meg bohse](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Citizen recommendations for phase 1b  
**Date:** Wednesday, January 13, 2021 3:13:53 PM

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Greetings,

As a WI resident with a background and PhD in microbiology and immunology, I reviewed the proposed 1b recommendations and agree with the populations proposed. I'd like to particularly emphasize the inclusion of educators and elderly, as well as recommending there is thoughtfulness in public facing aspect of healthcare. IT/security/cyber staff have vastly lower risk than cleaners.

I also recommend expanding to phase 1b as soon as possible. We currently are undervaccinating compared to national average, we have a surplus undistributed.

Thanks!  
Meg

**From:** [Jes Wicks](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine subcommittee  
**Date:** Wednesday, January 13, 2021 2:48:50 PM


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Hello!

I am a nephrology social worker and citizen of Wisconsin. I ask you to please include dialysis patients in 1b. These patients come to treatment 3 times a week and need treatment to live. Many are scared of Covid and miss treatment due to this fear. The vaccine would help protect them. Many are included in the other sub areas that you have listed but some will fall through the crack. It would be easy for dialysis centers to administer the vaccine as the patients are sitting for treatment anyways.

I also ask you to please include grandparents who are caregivers for their grandchildren in 1b. My parents have to watch my daughters and my nephews. My mom is only 64 and my dad is 67. Without them, my family wouldn't make it through this pandemic as my husband and I are front line workers. If you can't include grandparents who are caregivers, could you include people aged 64 and older with medical conditions??

Thank you for your time and consideration,

Jessica wicks, MSW, APSW  




**From:** [GinaMaria Opalescent](#)  
**To:** [DHS SDMAC](#)  
**Subject:** 1B Vaccination Status -- PUBLIC COMMENT  
**Date:** Wednesday, January 13, 2021 2:38:32 PM

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As a 60+ y/o person w/ a disability on FamilyCare, I request 1B vaccination status. My home health care worker refuses to wear a mask while here 9 hours/week, has a full-time job delivers packages for Amazon, has a child in a shared parenting situation. She is putting me at further risk for COVID-19 and I want a vaccination ASAP.

Furthermore, 1. people with developmental disabilities are at overall increased risk for serious complications from COVID; 2. people in Long Term Care rely on direct supports every day that come from outside providers who may be traveling from home to home, so they are at increased risk; 3. Some people in Long Term Care are more likely to go to congregate settings (day programs, pre-voc) so are at increased risk; 4. people in long-term care are less able to follow personal safety/hygiene protocols like physical distancing, wearing a mask, etc.

Thank you,

GinaMaria Opalescent

**From:** [gizzy](#)  
**To:** [DHS SDMAC](#)  
**Subject:** 60 and above with prisoners last for vaccine distribution is my feelings. people with heart or asthma diagnosis or other comorbidities bumped up to next after healthcare and first responders.  
**Date:** Wednesday, January 13, 2021 2:23:19 PM

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Sent from my U.S. Cellular® Smartphone

**From:** [Cece Wiltzius](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine comment  
**Date:** Wednesday, January 13, 2021 2:12:33 PM

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Please do not make the vaccine available on a first come first serve basis. Think of the crowds. I am 71 and would not be able to stand in a long line for a long period of time. A lottery would be okay I strongly prefer an appointment with my health care provider.

Cecilia Wiltzius



**From:** [Teresa Schulteis](#)  
**To:** [DHS SDMAC](#); [Teresa Schulteis](#)  
**Subject:** Vaccine subcommittee phase 1b  
**Date:** Wednesday, January 13, 2021 1:55:41 PM

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Concerns:

- How will the plan be changed now that all vaccine will be released?
- Why has it taken so long to even get the draft of 1b out for comment? We knew that vaccine would be available last year. It appears that there is a lack of urgency at DHS to get shots into arms.
- Will prioritizing some of these groups get in the way of moving quickly? I know of individuals in FL, IN and Washington DC that are 65-70 and already have APPOINTMENTS for vaccination.
- You spent a great deal of time discussing IT and supply chain in hospital systems. I know of individuals in these roles that HAVE ALREADY been vaccinated. The hospital systems just went ahead and vaccinated all their employees and did not adhere to 1a. One example is Aurora-Grafton. They said no worry when vaccine was wasted with sloppy protocols- they could just get more from other hospitals in their organization.
- There are good arguments on both sides for vaccinating prisoners. I would point out 60%+ have already tested positive- they should not be given the OPTION to receive vaccine. Although being incarcerated creates risk of Covid, the risk of death is much less than 1%, which is the CFR for WI citizens. If it will not slow down vaccinating, why not vaccinate them using the same criteria as the general population; for example, those over 70 would be included in group 1b, no others. Also, it would make sense to wait for the J&J vaccine for populations that may be less likely to be available for the second injection such as some of those that are transient.
- How are you proposing that 1b individuals identify themselves? Paystubs? Uniforms? Honor system? This invites “jumping the line.” One advantage of using age is it is verifiable.
- The Evers’ administration is inviting criticism for this rollout: the delay in finalizing 1b (way behind other states), spending all this time on the “plan” and not getting shots into arms, the lack of accountability of health systems, and no communication on how 1b and 1c will receive vaccinations.

**From:** [Matthew Bayer](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Public comment on Phase 1b  
**Date:** Wednesday, January 13, 2021 1:53:03 PM

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Dear SDMAC committee members,

I have read your recently released document for prioritization group 1b, and listened to the public meeting from 12-Jan.

In short, I support the proposed prioritization.

I would support giving even more weight to age, because of its extremely strong relationship to mortality risk; and also to the ability to quickly distribute the vaccines. I was glad to see both these issues received due consideration in the document and the meeting; it seems to me they could be weighted even more heavily.

In that vein I would also support:

- Lowering the age threshold to 65 or 60;
- Declining to prioritize any additional categories of essential workers at this time;
- Removing prioritization at this time for groups that are logistically difficult, such as the homeless or employer based housing.
- Sub-prioritizing prisons with lower proportions of infected inmates as having a higher impact; for example it appears Stanley has only about 25% infected while Kettle Moraine has 80%.
- Keeping non-patient-facing healthcare workers in this priority group, but not because they are more essential than other industries (which I join other members of the committee in disputing), but instead because they should be easy to vaccinate within the existing infrastructure for patient-facing workers.

I am a resident of Milwaukee and have been following the DHS's Covid data closely, but I have no other particular expertise.

Thank you,  
Matt Bayer  
PhD Medical Physics  
Engineer, GE Healthcare

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"If you want to kiss the sky, better learn how to kneel" - U2

**From:** [William Harkins](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Who should get the covid vaccine  
**Date:** Wednesday, January 13, 2021 1:50:21 PM

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People over the age of 70 with chronic medical conditions such as, but not limited to, lung disease, kidney disease, heart disease should receive the covid vaccine. Immediately. In fact, they should have been vaccinated already.

Sent from my iPhone

**From:** [Rachel Kincade](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Budget and Vaccines  
**Date:** Wednesday, January 13, 2021 1:29:51 PM

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Hi All. I have thought about this carefully and did some research. I am asking you to consider increasing Treatment, Alternatives and Diversions (TAD). An increase in monies to TAD would keep people out of the criminal justice system and be able to be treated through community services. No one should be in jail if they have a drug or alcohol addiction. It is categorized as a mental health condition through the DSM, and should be treated like it.

Also I would like to make a comment to the Heath Committee. People who are incarcerated should get the vaccine. There is no room to socially distance themselves, and some have just had people on lockdown for months, and still COVID runs rampant in our prisons. People and guard don't always wear masks, the places are never cleaned due to lockdowns, and they stopped full quarantine due to the high numbers of positive. More than 10,000 inmates and 2,000 staff members have tested positive, with 25 confirmed deaths. It is just going through the prisons so quickly and turn around and come back. Therefore I am asking that people who are in our prisons should get the vaccine - Tier level 1

Thank you for your time and consideration.

Rachel Kincade  


**From:** [David Jirikowic](#)  
**To:** [DHS SDMAC](#)  
**Subject:** public comments  
**Date:** Wednesday, January 13, 2021 1:26:03 PM

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According to your report it states that if there is a vaccine shortage there are certain groups of people who will be prioritized. You have included "smokers" as those who would be a priority. As a public school teacher I frequently discuss current events regarding the pandemic with my students. My students along with myself are disturbed that individuals who CHOOSE THAT LIFESTYLE would receive the vaccine before others such as non smoking teachers. This sends a terrible message to our state and our youth whom we continually teach about the dangers of smoking.

David Jirikowic



**From:** [Gossett, Thomas](#)  
**To:** [DHS SDMAC](#)  
**Subject:** vaccine subcommittee Phase 1B  
**Date:** Wednesday, January 13, 2021 1:18:56 PM  
**Attachments:** CorporateLogo\_f90b4c60-e39b-4549-a2fc-4bf3c626bfb9.png  
linkedin\_9269f996-d92f-419e-b62a-eff2e4da80ff.png

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To whom it may concern,

I manage a team of 92 employees spread throughout Milwaukee and Racine counties. Of those, 68 are drivers for Meals on Wheels program. These drivers, deliver directly to over 1500 homebound adults over the age of 60. Further over 60% of my workforce are over the age of 60 themselves. Since the start of 2020, I am proud to say we have not missed any delivery days and have remained essential to the health and wellbeing of our senior homebound population. Meals on Wheels drivers throughout Wisconsin put themselves at risk by taking on the problems of food insecurity and senior isolation in a pandemic. Insuring the health and wellbeing of homebound seniors is often forgotten and can be a thankless job. As such, I believe it is paramount that these drivers be considered when prioritizing vaccinations. For themselves and the people they serve.

Thank You for your time and consideration  
-Tom

Thomas Gossett | Manager Community Services  
James O Wright Center | 6055 N 91st St | Milwaukee, WI 53225  
Office: (414) 847-4779  
[www.goodwillsew.com](http://www.goodwillsew.com) | [Thomas.Gossett@goodwillsew.com](mailto:Thomas.Gossett@goodwillsew.com)



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**From:** [Patty Brandl](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1b COVID-19 vaccine public comment  
**Date:** Wednesday, January 13, 2021 1:09:46 PM

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I agree with the 1b plan, but with a few caveats: People 70 or over should immediately follow police & fire personnel; if teachers are included, those healthy & under 65 (especially if in-person school is not taking place in their communities) should have to wait; prison staff should be at the end of this group & prisoners should have to wait until the vaccine is distributed to the general public.

Whatever decision you make, do it QUICKLY! So many more older people will die waiting at the current extremely slow vaccination rate in Wisconsin.

Thank you,  
Patty Brandl  
Oshkosh WI

**From:** [Amy Storm](#)  
**To:** [DHS SDMAC](#)  
**Cc:** [amystorm4@gmail.com](mailto:amystorm4@gmail.com)  
**Subject:** Administration of vaccine Phase 1B  
**Date:** Wednesday, January 13, 2021 1:04:14 PM

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Thank you for offering the opportunity to share a few thoughts regarding your recommendations for those who should receive the vaccine for Phase 1B.

I have concerns about some of the guidelines mentioned in your second bullet point. I understand staff and residents in congregate living facilities should be a part of this phase, but I do see an issue with vaccinating “all” prisoners in this group. Staff- absolutely, but prisoners should have to follow the age guidelines.

I understand this is congregate living, but if staff is vaccinated and prisoners are limited in their outside contacts (or should be if they are not) they should have to follow the age guidelines like the rest of us.

I understand prisoners have rights, but that does mean “all” should receive the vaccine over those providing face to face education, first responders ...due to congregate living. They should have to follow the age guidelines.

Additionally, if the supply is limited, offering it to smokers seems like a bit of a stretch to consider it a existing medical condition.

If a person has COPD-a true existing medical condition-absolutely, but a person stating they smoke should not receive a vaccine over someone who has taken care of their health and deserves their place in line due to age-not behind a smoker-again should follow the age guidelines.

Lastly, most of my career was spent as a Public Health Nurse and I applaud all of you dealt the hand to deal with managing this terrible disease. It has not been an easy road, but one I hope you look back on and realize you did everything you could with the tools you were given to manage this the best you could.

Amy Storm

**From:** [Christine Gross](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccination  
**Date:** Wednesday, January 13, 2021 12:51:29 PM

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I am writing to give input into the decision of who gets the vaccination in Wisconsin next. I see the recommendation is to include inmates in state correctional institutions and county jails. As a retired 32 year employee of the Dept. of Corrections I would object. I believe staff of such facilities should receive the vaccine ASAP but not inmates. My wife and I should have the opportunity to be vaccinated before those convicted of crimes and incarcerated.

We have spent our lifetime as law abiding, tax paying citizens who take every opportunity to give back to our local community. In this instance I will be selfish and ask that convicted criminals are last to receive vaccination. Every law abiding citizen of WI should be given the opportunity of vaccination before inmates. Thank you for taking outside recommendations

Eric Gross

**From:** [Sandy Hart](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine subcommittee 1b phase  
**Date:** Wednesday, January 13, 2021 12:42:50 PM

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The vaccine should be given to police and firemen and everyone 65 and up as per federal recommendations. Then teachers and child care professionals. Prisoners and mink farmers should wait till 1c except those in 65 and over group.

**From:** [James Penczykowski](#)  
**To:** [DHS SDMAC](#)  
**Subject:** guards and prisoners  
**Date:** Wednesday, January 13, 2021 12:38:07 PM

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Please place all incarcerated persons in the State of WI along with correctional officers high on the priority list for Covid vaccine.

James Penczykowski



**From:** [Sally Lindner](#)  
**To:** [DHS SDMAC](#)  
**Subject:** CONID VACCINE  
**Date:** Wednesday, January 13, 2021 12:36:04 PM

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When will the elderly ((70 years and older) be able to obtain the COVID vaccines.

I called my MD at Froedert Hospital and they said they only have enough vaccine for their own personnel. They are supposed to email us when the vaccine is available.

Frankly, I believe that the seniors (70 and older) need to be part of 1A or at least.1B with priority right after health care personnel.

SALLY A. LINDNER  
MILWAUKEE COUNTY NUTRITION CHAIR



**From:** [Patricia La Cross](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine subcommittee, Phase 1B  
**Date:** Wednesday, January 13, 2021 12:19:25 PM

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Dear Representatives,,

I write to you in your position on the Assembly Health Committee to urge you to prioritize prisoners in the COVID vaccination distribution. These individuals are members of our state community, many of them we know vulnerable due to underlying health and age, all of them due to proximity and stress.

None of my large family's members have been incarcerated, but I have met so many families who have loved ones in our jails or prisons and suffer the reasonable fear that those they love will die of COVID before release. These are spouses, parents, siblings, children who at times are vulnerable to arrest because of untreated addiction or mental health issues, yes others have truly committed serious crimes. But they are all part of the web of our society, and we are responsible for them.

I urge you, members of this committee, to protect both those incarcerated and those many corrections employees (I know some of them too!) and their families, from this virus.

Prioritizing them is not weak, or stealing vaccines from others.

My father is a vital 96 year old WWII Marine Veteran, who we are able to keep safe in his home. He is less at risk than any of those in our prison system. I urge you to prioritize their vaccination.

Sincerely,  
Patricia La Cross

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For God has not given us the spirit of fear; but of power, and of love, and of a sound mind.

**- 2 Timothy 1:7**



**From:** [Lisa Bailey](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Covid 19 vaccine prioritization  
**Date:** Wednesday, January 13, 2021 11:58:28 AM  
**Attachments:** image001.png

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To whom it may concern,

I strongly support providing the vaccine to those over 70 years of age as well as participants in the Family Care and IRIS programs. It will be very important to provide the vaccine to those who provide care to these individuals as well especially those who go into the homes of individuals with disabilities to provide their care. IRIS and Family Care participants often self-direct their support services. Because of this, not all caregivers are affiliated with an agency or entity such as a home health agency or nursing agency which would be able to facilitate them getting a vaccine.

There is a caregiver shortage at this time and the pandemic is making the situation even worse. If a person who is providing care for an individual becomes infected by Covid 19 they can't care for the individual they normally work for. Back up support systems often involve workers who care for other individuals. Going into the home of the participant who has been exposed to Covid 19 by their original caregiver puts the fill-in worker as well as their other clients at risk of exposure so many caregivers are unwilling or unable to step in and be a back-up support. This leaves people without care they need such as assistance with bathing, dressing, toileting, eating etc. There is no provision set up (at least in Milwaukee County according to 211 Impact ) to address this critical situation. Vaccination of individuals who reside in independent living situations with supports provided through Family Care or IRIS as well as those who provide their care would at least reduce the risk to the participants and their caregivers of Covid-19 illness as well as losing the supports which allow them to have basic needs met.

Please take this into consideration when making decisions regarding prioritization of vaccine availability.

Thank you,



**Lisa Bailey** PROGRAM MANAGER  
INDEPENDENT LIVING PROGRAM  
[lbailey@broadscope.org](mailto:lbailey@broadscope.org)  
DIRECT (414) 755 -8013 / MAIN (414) 329 4500

**Broadscope Disability Services**  
6102 W. Layton Avenue Greenfield, WI 53220  
[Broadscope.org](http://Broadscope.org) / [Facebook](#)

**From:** [jim.marvin](#)  
**To:** [DHS SDMAC](#)  
**Subject:** 1B group recommendation  
**Date:** Wednesday, January 13, 2021 11:48:23 AM

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Phase 1B should include employees at blood collections centers such as community blood center in Appleton. The blood supply is as critical to area hospitals as much as the hospital employees themselves. Blood center employees have a need to interact with many people in the public as part of their job whether they are collecting blood, working in a processing lab or working with carriers to transport and ship the blood products. Please include this group of employees as part of the next phase. Thank you

Regards, Jim Marvin

**From:** [Mandi Miller](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Let us not forget....  
**Date:** Wednesday, January 13, 2021 11:29:07 AM

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My name is Mandi Miller, I am the Volunteer Program Manager for the City of Fitchburg Senior Center.

It is important to remember that the volunteers at Senior sites who are delivering meals and working in the kitchen are and have been essential frontline servants through this pandemic. These folks, regardless of their age, should be moved to the top of the list for eligibility for receiving the Covid vaccine. In addition to those volunteers, our driver escorts should also be included. Prior to the outbreak driver escorts were taking seniors to their medical appointments. This service has been put on hold for the whole of the Covid epidemic. It is necessary to resume these rides as soon as possible so our senior population can safely get to their doctor appointments. Not all of our volunteers are in the age range that is approved to get the vaccine first, however, they are engaging with this vulnerable population. Volunteers working with Seniors should have the option of being vaccinated as soon as possible.

Mandi M. Miller  
Volunteer Program Manager/ Nutrition Site Manager  
Pronouns: she her / hers

5510 Lacy Road  
Fitchburg, WI 53711  
608.270.4293



**From:** [Kate Parr](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Distribution Draft support  
**Date:** Wednesday, January 13, 2021 11:26:50 AM

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Hi Medical Advisory Committee folks,

I wanted to express my support of the current [Vaccine Distribution recommendations](#), especially:

- People over age 70
- People in congregate living
- INCLUDING prisons, which have shown multiple clusters

This wasn't specified one way or another, but I support including those living in prisons receiving the vaccine as they are in a congregate living facility

- Non-EMS First Responders
- Education and Childcare

I strongly support all of those above receiving the vaccine at a prioritized level in the next phase. I think they will reduce the risk and benefit the overall health of our full community and economy.

I do not feel strongly one way or the other about:

- Non-frontline health care personnel
- Mink husbandry

Thank you for your work,

Kate Parr  
Verona, Wisconsin

**From:** [Meghann Albert](#)  
**To:** [DHS SDMAC](#)  
**Subject:** I support essential workers including education and childcare settings receiving vaccinations for Covid-19 be prioritized in 1B  
**Date:** Wednesday, January 13, 2021 11:16:42 AM

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Dear WI DHS,

I am writing to support front line essential workers, which includes those in education and childcare settings (This includes all staff serving daycare, preschool, K-12, and higher education) be prioritized for 1B round vaccinations.

Thank you,

Meghann Albert

[REDACTED]

[REDACTED]

**From:** [Kathy Olson](#)  
**To:** [DHS SDMAC](#)  
**Subject:** vaccine subcommittee/& phase 1B  
**Date:** Wednesday, January 13, 2021 11:15:37 AM

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Our request would be that the 1B group would be those age 65 & older with an underlying health condition that would make it more likely to have severe health ramifications (thus a high risk group) should they get Covid & also all those aged 70 and older. However every one wishing to get the vaccine must show up with identification & be legal citizens of the state of WI, or they do not get the vaccine. For the 1B higher risk age 65 to 70 group: it would include people w/diabetes, heart disease, coronary artery disease & whatever other conditions that make Covid more severe to survive. For those who had Covid recently ( such as the last 4 months, or longer if studies show there is longer immunity); they still have some immunity & should wait until a later date to get vaccinated.

Also in this group should be all ACTIVELY EMPLOYED medical personal, law enforcement workers & actively employed elementary, pre school & high school teachers that could come in contact with Covid as children need to return to school. There are doctors who have retired & no longer treat patients that have gotten the vaccine in other states because they still hold a license. For anyone deemed to be in your essential working group, they must show proof of active employment.

We are absolutely opposed to having any of the prison population get the vaccine before the above mentioned group unless it is for the staff working in prisons. Criminals in jail are responsible for putting themselves in jail & should not get the vaccine ahead of law abiding citizens. The homeless people should be treated like the group listed as 1B: again with the rules of identification for proof of residency, & proof of age & if under 70, need proof from their doctor that they have an underlying health condition which makes surviving covid high risk.

We have heard of the poor roll out of the vaccine in the area of the Villages (retirement community) in central FLA. There needs to be multiple websites for signing up for a vaccine appointment as people in that FLA area spent 5 hour or more constantly to sign up on line.

This area of FLA had getting the vaccine, 1st come 1st serve initially, without sign up for an appointed time which caused lines of senior citizens sleeping overnight on the sidewalk, in line to get the vaccine.

K Olson

**From:** [ochren86](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1b Comments  
**Date:** Wednesday, January 13, 2021 10:55:50 AM

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Hello,

I am contacting you to:

1. Support the inclusion of K-12 educators in phase 1b. I believe this will help the teachers directly and students indirectly. We need to provide a better sense of normalcy for our kids. They are suffering too much.
2. Ask for the inclusion of clergy in phase 1b. These are absolutely essential people who need to be in close contact with ill people and those at highest risk. Their spiritual services are essential to our citizens and society. Please include them so they may provide Holy Sacraments of communion and last rites to our fellow citizens who need them.

Thank you for considering and hopefully supporting my recommendations.

Mike Ochowski, RPh

Sent via the Samsung Galaxy S20+ 5G, an AT&T 5G smartphone

**From:** [Cheryl Beckwith](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccinations  
**Date:** Wednesday, January 13, 2021 10:45:22 AM

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Good morning. I am extremely disappointed that the state has chosen to go against the CDC guidance on who should be vaccinated and, instead, chose to vaccinate groups that will be more time intensive and slower to get vaccinations in people's arms. The feds have announced that they will be allocating doses based on how fast states are using them. This will mean Wisconsin will start getting less doses and less people will be vaccinated in the end.

Wisconsin should be setting up high volume vaccination centers throughout the state, as other states are doing, and vaccinating large amounts of people, starting with those 65 and older and those with comorbidities. Teachers should also be given priority so our kids can return to school. This would allow for the fastest amount of people to get vaccinated, helping to stop the spread.

While I agree prison staff should be vaccinated, they can do so at one of the vaccination centers. The idea that murderers, rapists, child abusers and drug dealers who will not be out in the public are getting vaccinated before our older people, who are out in public, is a huge error in judgement. Each prison has very limited medical staff with clearance, meaning vaccinations will be slow and arduous.

Our milk farmers can also go to a mass vaccination site with those people that are 65 and older. It seems, looking at the plans of other states, that Wisconsin has no real concrete plan to quickly vaccinate our people. I am reading about clinics in the Green Bay Area setting up vaccination sites in their own, yet nothing in Dane County had been planned? This is very disappointing and deaths that could have been prevented by large scale vaccinations will be on the hands of the people that chose to vaccinate slower instead of smarter and faster.

Sent from my iPhone



**From:** [Karola Kreitmair](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Comment on Recommendations made by Vaccine Subcommittee on Inclusion Criteria for Phase 1b  
**Date:** Wednesday, January 13, 2021 10:31:22 AM  
**Attachments:** hospitalization-death-by-race-ethnicity.pdf

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Dear SDMAC vaccine allocation subcommittee-

Due to the ongoing logistical challenges in administering the COVID-19 vaccine, the commendable goal of determining a **just** allocation strategy must be balanced with the goal of accomplishing a **rapid** administering of the vaccine.

The recommendations by your committee for Phase 1b are:

1. >70s ( $\approx 680,000$ )
2. IRIS/Family Care members ( $\approx 50,000$ )
3. Individuals in Congregate Living ( $\approx 240,000$ )
4. Non-EMS First Responders ( $\approx 28,000$ )
5. Education/Childcare ( $\approx 160,000$ )
6. Non-Frontline Healthcare Workers ( $\approx 25,000$ )
7. Mink Farm Workers (negligible)

This amounts to roughly 1,183,000 individuals, meaning that sub-prioritization is required. The goal of administering the vaccine rapidly can be achieved by prioritizing those in congregate living situations (Group 3). Since those individuals are often literally captive, compliance is likely to be high. Moreover, such individuals often are unable to socially-distance, meaning they are particularly vulnerable to becoming infected. We also know that societal racism unjustly places people of color at a significant disadvantage in terms of being incarcerated, which provides a further impetus for prioritizing such individuals (who are in congregate living) for vaccination. IRIS/Family Care members (Group 2), from what I understand, are similarly vulnerable to individuals in nursing homes and thus also should be prioritized for vaccination. The very small numbers of mink farm workers (Group 7) and the strong consequentialist reason for preventing outbreaks on mink farms makes their vaccination prudent.

As to all the other, non-age-based categories – it is difficult to justify the inclusion of these certainly important groups at the exclusion of individuals who clearly are also required for the functioning of society and who are at considerable risk of becoming infected. Examples include agricultural workers (there have been numerous reports of outbreaks in meat-packing plants), grocery store workers, and public transportation workers. You suggest that non-frontline healthcare workers ought to be given priority in order to “enable a resumption of normal health care activities”. Of course, that is highly desirable. But, assuming that health care activities can be adequately maintained by inoculating frontline healthcare workers, this resumption seems as desirable as the resumption of safe food-production activities, where social distancing may be impossible. With respect to education and childcare, while it is clear that providing safe childcare and education is crucial for the functioning of society (parents, children, and employers), it is not clear that the vaccination of higher education instructors warrants the same level of urgency as the vaccination of K-12 and daycare workers. Zoom university courses are much more doable than Zoom kindergarten. A further

complication with including such non-age-based categories is that it generates a burden of having to determine whether someone is genuinely a member of such a group. While some individuals in these groups can be straight-forwardly identified by recognized employers, there are many individuals in these categories for whom this is not the case. The delineations of education/childcare, non-frontline healthcare worker, and first responder are sufficiently vague that there might be disagreement about whether a particular individual ought to classify. For instance, is someone providing in-home day care eligible? If so, how is their status confirmed? What about someone provides tutoring for children? Whenever there is ambiguity about the inclusion criteria, this opens the door for unfair advantaging of well-connected people, who can lobby for their inclusion, at the exclusion of other, more dis-advantaged individuals. (I appreciate that your committee has considered ‘feasibility’ in its recommendations, but I do not see this consideration adequately addressed.)

All this is not to suggest that further employment-based groups ought to be included in Phase 1b. Rather, it is to suggest an alternative approach: Once the “low-hanging fruit” of congregate living and IRIS/Family care individuals are taken care of, prioritization could be significantly simplified. For example, once this stage is reached, prioritization could occur simply on the basis of **age PLUS social vulnerability index** (SVI). This means, depending on vaccine supply and availability of vaccination sites, begin vaccinating individuals who are older and individuals who are more socially vulnerable, and then expand that circle as supply comes online. This approach has multiple benefits: (1) The prioritization of individuals with higher SVI would help to respond to the horrific discrepancies in rates of infections and deaths between people of color and whites (see attachment – non-white populations tend to have higher SVIs than white populations). (2) Ascertaining an individual’s age and SVI is straight-forward since all it requires is that individual’s birth date and her address. (Hopefully unhoused individuals are captured in the ‘congregate living’ group above.) (3) It limits the bureaucratic and logistical challenges of identifying which individuals rightfully belong into the various employment-based categories. (4) It obviates arguments (and associated frustration) over whether a particular employment-based group is more ‘deserving’ of being prioritized for the vaccine than another. (5) It is easily communicable: public health websites could have census track maps available that display neighborhoods and the associated age cut-offs for vaccinations in those neighborhoods. (6) Since everyone has an age and hopefully a place of residence (again, see my comment about unhoused individuals above) it would prevent individuals who don’t have a PCP or don’t have an employer from falling through the cracks. (7) The inclusion of SVI might provide an opportunity for educating the public on the disparate effects COVID-19 has had on populations of different social vulnerability. [I am not including the obvious point that prioritizing older over younger individuals is effective at reducing deaths and hospitalizations.]

There may well be a perfectly just allocation strategy that ideally orders individuals in the most ethical way when it comes to becoming eligible for the vaccine. However, such a strategy will undoubtedly be slower and more cumbersome than anything we would want for a real-life situation. Thank you for considering the above suggestion, which aims to balance justice considerations with the very real and pressing need for a rapid and manageable administration of the vaccine, when you make your determinations regarding regulations.

Sincerely,

Karola Kreitmair, PhD

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Karola V Kreitmair, PhD, MSc (she/her)  
Assistant Professor  
Medical History and Bioethics  
University of Wisconsin - Madison  
1300 University Avenue MSC 1430  
Madison, WI 53706



# COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

## FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED SITUATIONS



CLOSE / PHYSICAL CONTACT



ENCLOSED SPACE



DURATION OF EXPOSURE

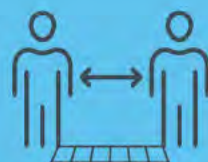
Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
CASES <sup>1</sup>	2.8x higher	1.1x higher	2.6x higher	2.8x higher
HOSPITALIZATION <sup>2</sup>	5.3x higher	1.3x higher	4.7x higher	4.6x higher
DEATH <sup>3</sup>	1.4x higher	No Increase	2.1x higher	1.1x higher

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

## ACTIONS TO REDUCE RISK OF COVID-19



WEARING A MASK



SOCIAL DISTANCING (6 FT GOAL)



HAND HYGIENE



CLEANING AND DISINFECTION



<sup>1</sup> Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.

<sup>2</sup> Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>, accessed 08/06/20). Numbers are ratios of age-adjusted rates.

<sup>3</sup> Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm>, accessed 08/06/20). Numbers are unadjusted rate ratios.

[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

**From:** [Reetz, Brian](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccination priorities  
**Date:** Wednesday, January 13, 2021 10:30:00 AM

---

Hello,

I know that you are in consideration for vaccination role outs. I think that frontline medical and seniors should take priority. After that I support recommending that front line essential workers, which includes those in education and childcare settings, be prioritized. This includes all staff serving daycare, preschool, K-12, and higher education. People's children including my own are really struggling with mental health, and getting them back to in person is important. Thanks for your consideration.

Brian

Brian Reetz  
Financial Advisor  
Edward Jones  
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(608) 268-6224  
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**From:** [Chyra Trost](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine subcommittee Phase 1B  
**Date:** Wednesday, January 13, 2021 10:01:49 AM

---

Hello,

I support your Phase 1B recommendations. Specifically the age of 70 years or older based on the data of a majority of them are the hospitalized and die from COVID.

Recommendations should be focused on the actual COVID data of who gets it (severe cases) and is hospitalized by COVID. Everyone, of course, should get vaccinated asap. If there is a priority developed, it should be data driven to address the most vulnerable. That needs to be the basis and not who we “think” should be in the priority.

Thank you,  
Chyra Trost

Sent from [Mail](#) for Windows 10

**From:** [Kim Turner](#)  
**To:** [DHS SDMAC](#)  
**Subject:** vaccine subcommittee phase 1b comments  
**Date:** Wednesday, January 13, 2021 10:00:45 AM

---

Thank you for the opportunity to comment on the Tier 1B COVID vaccination priorities.

I strongly support including all LTC receipts, whether via managed care of IRIS, in the next round of vaccinations. As described in your summary, this group of people, whether due to age or disability have multiple risks due to their on comorbidities, and also due to, in many cases, shared living situations and their reliance on direct care staff who come and go from their home, and the homes of others.

The committee must take into account that not all of these participants live in substitute care; many live in their own home and reaching them for vaccination will take planning and coordination with service providers. We would anticipate a plan that would allow primary care clinics to vaccinate with verification they are participants in the state's long term care programs, and we would also anticipate that many may be vaccinated via public health drive up clinics. We will get people there; we just need notice of the plan. We would further ask that the funding structures understand the cost to providers in our time and resources to be able to access vaccinations for the individuals served.

It is also essential that the state provide, as soon as possible, the **consent form for guardians** to sign along with the vaccine information sheets. This process will take time and we may need to work with guardians to help them have their concerns addressed. Now is the time to provide a consent form and information to participants and guardians.

Our organization has seen COVID positive rates of over 10% for people supported and for our staff. We have had weeks in which more than 20% of staff were under quarantine and unable to work, creating a staffing crisis situation. All but one COVID positive situation for individuals served was attributable to contact with a staff person who was positive, but not yet aware of their infection. About 50% of the COVID positive staff were infected via work contact. All of this occurred with good protocols in place with PPE, sanitization, etc., but without access to PPE used in hospital settings such as fit-tested N95 masks, or personal battery powered respirators, as we were not able to access those supplies.

Kim Turner  
Options in Community Living, Inc.

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**From:** [Lauren Shawl](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Regarding prioritization of employee groups in phase 1b COVID vaccinations  
**Date:** Wednesday, January 13, 2021 9:54:37 AM

---

To Members of State Disaster Medical Advisory Committee (SDMAC) Vaccine Distribution Subcommittee:

I am writing in support of your proposal to include K-12 teachers and childcare workers in phase 1b of COVID-19 vaccinations. Inclusion of these groups will support children in getting back to school. This, in turn, will support parents' ability to work and the mental health of children and families.

I also urge you to consider adding other frontline workers, such as grocery store workers, to this group as they have borne a disproportionate risk to exposure throughout the pandemic.

Thank you for your important work in this challenging season.

Sincerely,

Lauren Shawl, MSW CAPSW

**From:** [Maureen Conrad](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1B  
**Date:** Wednesday, January 13, 2021 9:54:27 AM

---

I recommend that teachers, homecare therapist, caregivers and nurses, and person in institutional settings including correctional facilities be included specifically in the "1B" classification for initial vaccinations. This wording should be noted in all future legal statements for pandemic type situations.

Thank you,  
Maureen Conrad

--

*Maureen H Conrad*  
*Service Coordinator*  
*Canticle Court Inc*  
*3201 S Lake Drive*  
*St Francis, WI 53235*  
*414-744-5878 x208*  
*414-455-6998 direct*  
[\*canticlecourt@gmail.com\*](mailto:canticlecourt@gmail.com)



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**From:** [Jan R. Veenendaal](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Re: Vaccine Phases  
**Date:** Wednesday, January 13, 2021 9:37:55 AM

---

> On Jan 8, 2021, at 11:04 AM, Jan R Veenendaal <mrjrv@icloud.com> wrote:

>

> Questions,

>

> I agree with phase 1A, but phase 1B has me stumped. First, other states like Florida are vaccinating people 65 and up and putting them at the head of the line. Makes sense since 98% of the deaths come from this group. Also vaccinating this group first will help keep them out of the hospital thereby quickly reducing the stress on the hospitals we have now. Makes sense. Cashiers, teachers, truck drivers for the most part are under 65 and have a less than 2% chance of dying from COVID-19. Save the most lives FIRST!

> A Doctor from a large NE Wisconsin hospital responded to a question as to why Wisconsin is lagging far behind other states; "If you want the vaccine now go to Florida". It seems Wisconsin didn't have a plan to get shots in arms quickly-our local pharmacy has heard nothing-an area hospital seems to be on their own and will setup two sites at colleges and finally TheDacare in Shawano is just starting to vaccinate staff today. What gives??? We chose to stay in Wisconsin thinking we would be covered here as well as any other state-I guess not from what I'm hearing.

> I could go to a Publix grocery store near my home in Florida and get vaccinated-might takes days to get an appointment but at least I'd know where I stand.

> Let's get people 65 and over vaccinated-start reducing hospital admissions and do it SOON!

> Thank you,

> Jan R. Veenendaal RPh.

**From:** [The Federated Church of Green Lake](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Subcommittee Phase 1B, please include clergy  
**Date:** Wednesday, January 13, 2021 9:12:44 AM

---

Good morning,

At the present time I am unable to visit any of my congregants who are hospitalized or in Nursing Home Facilities, as well as those who are on Hospice and in a facility. Many are life-long congregants who, at this time in their lives, feel abandoned by so many resources and now the church. To be able to visit and pray with them is crucial for their spiritual health. It is cruel to deny them this medicine for their souls. I am in my 25th year of ministry in my community, and I know generations within families. To know that their loved one has received spiritual support is important to them. Almost always, when I pray with someone in a care facility or hospital, it evokes tears from a deep place of need and comfort for a person.

Thank you for reading this and please seriously consider helping us deliver spiritual support.

Rev. Karen Gyax Rodriguez

--

[Rev. Karen Gyax Rodriguez](#)  
[Pastor, the Federated Church of Green Lake](#)  
[PO Box 471](#)  
[Green Lake, WI 54941](#)  
[920-294-3440](#)

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**From:** [Bastian, Amie A.](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine SubCommittee and Phase 1B  
**Date:** Wednesday, January 13, 2021 9:09:52 AM  
**Attachments:** image001.png  
image002.png

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Hello,

I am advocating that ADRC Workers, Transportation Drivers, and Birth to 3 staff (along with persons over the age of 70 and those who are disabled) be included in your Phase 1B vaccinations. These individuals are critical to addressing the needs of our Elderly and Disabled population in the State of Wisconsin. The faster we can get back to work, the more needs will be met for this population.

Thank you for your consideration.

## ***Amie Bastian***

Aging and Long Term Support Manager  
Outagamie County Health and Human Services  
Phone: 920-832-5469  
Fax: 920-832-2113  
Email: [Amie.Bastian@outagamie.org](mailto:Amie.Bastian@outagamie.org)



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**From:** [Stuehrenberg, Justin](#)  
**To:** [DHS\\_SDMAC](#)  
**Cc:** [Zander, Janet](#); [Lynch, Thomas](#)  
**Subject:** Vaccine Distribution for Education/Public Transit Workers  
**Date:** Wednesday, January 13, 2021 9:08:51 AM

---

Hello,

I'm writing again to advocate for public transit workers to be included in Phase 1B, which is not in the current proposal. Transit workers are an easily identifiable group, typically employed by a few specific agencies, that interact with tens of thousands of people every day in Wisconsin, many of whom are workers included in phase 1A or 1B, such as healthcare workers and teachers.

One unique thing about Madison Metro is that we are also the primary school bus operator for Madison Metropolitan Schools. Ironically, education workers are to be included in 1B, yet the people transporting them in vehicles smaller than classrooms are not?

I please ask that you reconsider.

Thank you,

Justin Stuehrenberg

 **Justin Stuehrenberg**  
General Manager  
**metro transit**  
1245 E. Washington Ave. Ste. 201  
Madison, WI 53703  
[mymetrobus.com](http://mymetrobus.com)

**From:** [Jesse Sondel](#)  
**To:** [DHS SDMAC](#)  
**Subject:** please help me keep my staff safe!  
**Date:** Wednesday, January 13, 2021 9:08:47 AM

---

Since March, my staff at Sondel Family Veterinary Clinic has come to work every day to help keep peoples loved pets healthy.

We are exposing ourselves to the public transferring animals directly and indirectly realizing that these pets are being held/kissed etc by our clients.

Please help me keep my staf safe my including veterinary staff in the 1b classification for COVID 19 vaccination. Continuing to safely provide veterinary care is an essential task for our society. Our pets not only need medical care, but it has been proven many times that human mental health and welfare is directly affected and quality of life increased by having companion animals.

Jesse Sondel

--

Dr. Jesse Sondel  
Owner  
Sondel Family Veterinary Clinic  
Madison, WI  
[sondel@sondelfamilyveterinaryclinic.com](mailto:sondel@sondelfamilyveterinaryclinic.com)

**From:** [Tim Baack](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Subcommittee Phase 1B Recommendations  
**Date:** Wednesday, January 13, 2021 9:08:08 AM  
**Attachments:** Outlook-1511805289.bmp

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To the Vaccine Subcommittee Members,

With regard to the draft recommendations for populations to be included in Phase 1B of the State's Covid-19 vaccination distribution plan, I want to express my strong support of staff and residents of congregate care facilities being included in this next phase of the plan. The risk of transmission within congregate care facilities is now well-documented, and providers such as Pathfinders have been challenged in our ongoing efforts to keep our homeless shelter and transitional housing services open and safe during this ongoing pandemic. For youth and young adults experiencing homelessness and housing instability who seek our organization's support, it is essential that housing resources and support remain a safe alternative to surviving on the streets and putting even more people at risk of infection. In strong partnership with the Wisconsin Department of Children and Families, we have thus far been able to keep our shelter and supported housing programs open and available despite several staff outbreaks. Our ability to continue to be an essential services resource in our community is increasingly dependent upon swift vaccine access for our staff and the youth in need of Pathfinders' support.

On behalf of our entire staff and the youth Pathfinders continues to serve throughout this public health crisis, I thank you for your thoughtful consideration.

Make it a \*""  
,,,' ,,'\*""), ,,'\*""  
(,,' (,,' \* a great day! \*

Tim Baack MS, LPC  
President & CEO

[tbaack@pathfindersmke.org](mailto:tbaack@pathfindersmke.org)

Pathfinders  
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[www.pathfindersmke.org](http://www.pathfindersmke.org)  
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**From:** [Vanessa Beardsley](#)  
**To:** [DHS SDMAC](#)  
**Subject:** prioritize K-12 and grocery store workers  
**Date:** Wednesday, January 13, 2021 9:08:05 AM

---

I urge you to move all K-12 teachers and school employees as well as grocery store workers to the most urgent vaccination priority as soon as possible.

Thank you.

Vanessa Beardsley

**From:** [The Federated Church of Green Lake](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Please include CLERGY on the 1b list for vaccinations  
**Date:** Wednesday, January 13, 2021 8:58:20 AM

---

Hello,

I would like to publicly comment on your more recent list for vaccinations. Could you please add clergy to the list. I am still unable to visit my congregants in hospitals and nursing homes. Thank you. I also have people on Hospice care with whom I am unable to visit and offer prayer support.

Rev. Karen Gygax Rodriguez

--

Rev. Karen Gygax Rodriguez  
Pastor, the Federated Church of Green Lake  
PO Box 471  
Green Lake, WI 54941  
920-294-3440

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**From:** [Heather Egan](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Priority group 1B  
**Date:** Wednesday, January 13, 2021 8:22:22 AM

---

Hello -

I am writing to express my opinion regarding the proposed inclusion of inmates in the priority group 1B for the covid vaccine. I fully support corrections staff being vaccinated, but I struggle with the idea of vaccinating people who have broken the law before our healthy, law-abiding general population receives the vaccine.

I understand that Covid has been running rampant through the inmate population and that the cost of prisoner health care when sick may be a factor in this decision. However, is it reasonable to expect that if the corrections staff is vaccinated, the amount of the virus coming into the prisons and jails will be decreased?

Prisoners should be offered the vaccine at the same time as the general public (health people 16-74 who didn't qualify for any priority group).

According to the Wisconsin DOJ website, as of January 8, 2021 there are 20,002 prisoners incarcerated in the prisons. I was unable to locate a reliable source with the number of inmates in Wisconsin jails. These 20,000+ doses should be used to get our communities back up and running. If the general population of the state receives the vaccine as soon as possible our restaurants and small businesses will get back on their feet. Our kids will safely be back in school. Businesses can safely reopen and allow their staff to come back to the office.

I would also like to state that I am fully in support of teachers and school staff receiving the vaccine as part of priority 1B. Students are struggling and getting them safely back in the classroom is the only way to help them. My sister is a middle school special education teacher in Merrill, Wisconsin and has been quarantined 3 times due to possible exposure. I work for Catalpa Health who embeds mental health therapists in 60 schools in the Fox Valley. I see first hand how the children are struggling academically, socially, and emotionally.

I am taking this opportunity to advocate for family and friends who are aching to get back to "normal" and have the opportunity at the vaccine sooner rather than later.

I understand that the inmates are also suffering and have lost many of their social activities and well as visitation opportunities. They, however, broke the law and this is unfortunately one of the consequences of that.

Do not allow the citizens of Wisconsin to continue to suffer any longer than necessary.

Sincerely,

Heather Egan  
351 9th St  
Menasha, WI 54952  
920-606-6741

**From:** [Thomas Novak](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1B and vaccine subcommittee  
**Date:** Wednesday, January 13, 2021 8:19:36 AM

---

I strongly encourage you to include production ag in the next phase of the vaccine rollout. This means any farmers, farm workers and those involved in the industry support roles that provide services to farmers. It is critical that those of us that want the vaccine are able to get it and be protected before our busy season begins in a couple months where it is difficult to avoid close contact with the general public.

We run a farm operation in addition to the crop consulting business. Our biggest fear this past fall was losing workers to Covid during our busiest 2 months of the year where every day it was critical to pick, pack and deliver our produce to stores and other vendors. Fortunately we made it safely through the first month but did have 5 employees in October/November either get Covid or have to be quarantined due to being exposed to it. As a small business with limited numbers of employees we should not have to take this risk in the future. It would have been disastrous if my wife or myself would have gotten sick during that time frame.

Please add farmers, farm workers and support industry personnel to the 1B list!

--

Thanks,  
Tom

Tom Novak  
Total Crop Management, LLC  
W939 Northey Rd.  
Sullivan, WI 53178  
[totalcropmgt@gmail.com](mailto:totalcropmgt@gmail.com)  
Cell: 262-903-0698

"Good judgement comes from experience and a lotta that comes from bad judgement..."

**From:** [Leslie Fijalkiewicz](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Public Comment  
**Date:** Wednesday, January 13, 2021 8:16:11 AM  
**Attachments:** image003.png

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Good morning,

Thank you for the opportunity to provide public comment related to COVID Vaccination Phase 1B.

I realize that the document is not intended to identify every group specifically, but I am asking that there be some use of the word Volunteers in the document. Sometimes there is an assumption that “workers” mean someone who is paid. I mention this because there is a very large network of volunteers across Wisconsin who deliver Meals on Wheels. These volunteers have continued to do this through the pandemic and while all programs have implemented precautions, there is still risk. I would also ask that you consider mentioning home delivered meals/Meals on Wheels program staff and volunteers in the document as part of the Phase 1B to avoid confusion as to whether they are considered essential.

Thank you for considering my comments.

Leslie Fijalkiewicz

Leslie Fijalkiewicz, Manager

*(She/Her/Hers)*

Aging & Disability Resource Center of Chippewa County

711 N. Bridge Street, Room 118

Chippewa Falls, WI 54729

Ph: 715-726-7779

Fax: 715-738-2589



**From:** [Audrey Braucher](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine  
**Date:** Wednesday, January 13, 2021 8:07:42 AM

---

After reading the recommendations for the next round of the vaccine I have some concerns. Prisoners should not be in the next group. Anyone working in school should be before them. Prison workers should be vaccinated but not the prisoners. Grocery store or food service employee should come before prisoners. Let's protect the people that are putting their lives in danger everyday by keeping us going be next in line.  
Audrey

Sent from my iPad

**From:** [Wendy Bowe](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine Subcommittee: Phase 1B Comments  
**Date:** Wednesday, January 13, 2021 7:08:43 AM

---

To Whom it May Concern,

The state of WI is far behind other states in the vaccine rollout due to the lack of planning and leadership. It has been public knowledge that the vaccines were coming several months ago; why are we just talking about this now? The discussion of prioritizing categories of individuals would not be an issue if the state would get their act together and develop systems for mass vaccination sites, registration portals, etc. The lack of communication from state leadership has only led to growing frustration and anger.

I was appalled to see the Subcommittee is considering vaccinating the incarcerated (under congregate housing) in Phase 1B. How does a law-abiding citizen fall behind someone who is convicted of a crime, severe enough to end up in prison? This is absurd! How does this assist our community and economy in recovery? I support vaccinating the prison workers but certainly not the prisoners.

Mink farmers???? I understand that only 300 people fall in this category but how does this category get prioritization over those front facing the public on a daily basis?

The priorities of this subcommittee seem to be confused. It has not been explained how the state is going to qualify individuals in each of these categories? Are you checking for employment verification, IDs, background checks?

Wendy Bowe



**From:** [Danny Goodman](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1b COVID-19 vaccine public comment  
**Date:** Wednesday, January 13, 2021 5:46:27 AM

---

I'm ready! Please move this along. I'm a Corrections Officer in the Waukesha County Jail and would like to proceed in any protection available.

Thanks!

Danny Goodman  
Sent from my Mobile Device



**From:** [Cheryl Berg](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine subcommittee Phase 1b  
**Date:** Tuesday, January 12, 2021 10:27:19 PM

---

I am pleased to see that Family Care and IRIS participants will be included in the 1b distribution. The impact the pandemic has had on my daughter in IRIS is that she had to move back home because her AFH closed due to the financial impact. We are not allowing caregivers into our “bubble” at this time. I was told the death rate for individuals with developmental disabilities is 1:6. This population needs protections ASAP. Thank you!

Cheryl Berg  
Watertown WI

Sent from [Mail](#) for Windows 10

**From:** [John Vinogradsky](#)  
**To:** [DHS SDMAC](#)  
**Subject:** COVID 1b vaccine  
**Date:** Tuesday, January 12, 2021 10:26:01 PM

---

In response to your request for input regarding populations to be included in the COVID vaccine 1b group. I would strongly urge you to review the mortality rates for the various age groups. Infection rates within the various age groups are not reflected in the mortality rates.

My own review of the data for groups currently not being vaccinated seems to indicate that the 70 plus age group should definitely be included in the next round on recipients.

Thank You: John & Helen Vinogradsky 1 [REDACTED]

[REDACTED]

**From:** [Kate Collentine](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Vaccine 1b group suggestions  
**Date:** Tuesday, January 12, 2021 10:20:44 PM

---

Hello,

I have been trying to research what groups you are going to have in 1b. I believe the below groups are essential and should be up for consideration in this group, in addition to the ones you have already named: These are not in any particular order

- 1) child protection workers and other social workers working with vulnerable populations
- 2) birth to 3 workers
- 3) Anyone who is employed providing any type of essential service (caregiving, employment supports, transportation ect) to individuals with disabilities/vulnerable populations
- 4) Adults with health conditions and their adult family members who reside in the same home( I think this group should get it before healthy 65 year olds)

I sent in a comment yesterday about this, but I do not find it fair or just that inmates should be in 1b, especially over people with health conditions, as well as people who provide needed services to our vulnerable populations. Thanks for your consideration, and please make this decision soon! We can't afford the cost of waiting!!

Thanks,  
Kate

**From:** [Jennifer Amram](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1b COVID-19 vaccine public comment  
**Date:** Tuesday, January 12, 2021 10:06:36 PM

---

Hello,

I think the state should be acquiring as many doses of the vaccine as it can on a daily, weekly and monthly basis. Also educators and those over 70 should be next.

Thank you in advance

**From:** [Kat Swanson](#)  
**To:** [DHS SDMAC](#)  
**Subject:** Phase 1b COVID-19 vaccine public comment  
**Date:** Tuesday, January 12, 2021 8:57:15 PM

---

I would like to see it include someone like my mom. Over 65 and high risk. She is disabled, lives alone in an independent senior living and also has to share common living areas. Seniors who are at a higher risk of passing away should in my option receive the vaccine before other who aren't as high risk!

Katrina Swanson

Sent from my iPhone