

From: [Schulz, Julie](#)
To: [DHS SDMAC](#)
Subject: Covid-19 vaccination
Date: Thursday, January 14, 2021 1:28:25 PM

Hello,

[REDACTED]. Please consider people with disabilities or have an intellectual delay to be considered in the next tier of vaccine for Covid-19. [REDACTED] has been living in fear and isolation since the beginning of March. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Please consider this group of individuals when deciding the next tier of people to receive the vaccine. She is excited for the opportunity to receive the vaccine and it would ease her anxiety knowing her turn will be soon.

Thank you for your time and consideration.

Julie Schulz

[REDACTED]
[REDACTED]
[REDACTED]

|

From: [David Ordan](#)
To: [DHS SDMAC](#)
Subject: VACCINE SUBCOMMITTEE FOR PHASE 1B
Date: Thursday, January 14, 2021 1:24:53 PM

Dear DHS,

PLEASE GIVE HIGH PRIORITY TO PEOPLE WITH COGNITIVE AND DEVELOPMENTAL DISABILITIES AND THEIR CAREGIVERS TO RECEIVE THE COVID VACCINE IN THE STATE OF WISCONSIN.

We serve upwards of 100 people with disabilities. They are medically fragile and should be considered a high priority for vaccines. Often they live in group homes and the danger of spreading is a factor as well.

Thank you.

--

Sincerely,
David Ordan


From: [Nancy Morgan](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee for phase 1B
Date: Thursday, January 14, 2021 1:16:57 PM

PLEASE GIVE HIGH PRIORITY TO
PEOPLE WITH COGNITIVE AND
DEVELOPMENTAL DISABILITIES
AND THEIR CAREGIVERS TO
RECEIVE THE COVID VACCINE IN
THE STATE OF WISCONSIN.

Sent from my iPad

From: [Ila Cipriano](#)
To: [DHS SDMAC](#)
Subject: COVID-19 Vaccination Priority for Type 1 Diabetics
Date: Thursday, January 14, 2021 1:12:43 PM

Hello,

I'm writing to inquire what the WI SDMAC plan is for including T1D in the high risk group. As I understand it, Wisconsin plans to follow CDC guidelines, and current CDC guidelines consider T2D a higher priority (<https://www.pbs.org/newshour/health/cdcs-covid-19-vaccine-guidelines-prioritize-people-with-type-2-diabetes-over-type-1-why>).

This is extremely concerning to me as a T1D, especially given the new, more infectious strain, and the study published in the Lancet that shows T1D patients were almost 3 times more likely to die from COVID-19 than non-diabetics.
([https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(20\)30272-2/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(20)30272-2/fulltext)).

If your goal is to keep people out of the hospital, I urge you to follow Tennessee's lead (as mentioned in the PBS article) and consider including type 1 diabetics in phase 1C that includes high risk patients, rather than waiting until later per current CDC guidelines. As a portion of the population, we are a relatively small cohort, but a COVID-19 diagnosis almost certainly means a hospital stay, straining further the state's already stretched resources.

I look forward to hearing from you regarding the SDMAC's plans regarding vaccination of type 1 diabetics.

Sincerely,
Ila Cipriano

From: [Kristi Pappas](#)
To: [DHS SDMAC](#)
Cc: [Kristi Pappas](#); [Rebecca Kratz](#)
Subject: Vaccine subcommittee-- Phase 1B
Date: Thursday, January 14, 2021 1:02:56 PM

To Whom it May Concern,

[REDACTED] I am writing to encourage you to designate Wisconsin's population with cognitive and physical impairments and their caregivers as priorities to receive the COVID-19 vaccine.

This population is a very vulnerable population. Many have underlying medical conditions that put them at great risk. Some may have difficulty following the CDC's guidelines for safety protocols which leads to the potential for further spread. As a caregiver responsible for my son's care, I also feel it is important that caregivers are also given priority, as we cannot provide the necessary level of care if we are sick or suffer from complications or hospitalizations. Many of the caregivers for the adult cognitively and physically impaired population in Wisconsin are aged, which puts them at greater risk of complications if they contract the virus.

I also feel very strongly that the staff of programs that serve this population should receive priority status, as they are providing care to a vulnerable population not unlike those who staff nursing and assisted living facilities. These programs are suffering from lost funding and many are cutting programming just to keep the doors open. What happens to the folks that are served by these very important programs if they are forced to shut down for good? There are already folks whose services have been put on hold.

Please take this to heart and make the right decision.

Kristi Pappas
[REDACTED]

From: [Dona Fritzel](#)
To: [DHS SDMAC](#)
Subject: vaccination sub committee/ covid phase 2
Date: Thursday, January 14, 2021 12:55:34 PM

Please include the Green valley developmentally disabled in the next group-
Dona Fritzel parent

From: [Shane Jones](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee Phase 1B
Date: Thursday, January 14, 2021 12:55:21 PM

I was informed that the federal government has asked states to include individuals with HEALTH CONDITIONS THAT MAKE THEM HIGHER RISK FOR COVID during phase 1B.

I'm writing to ask Wisconsin to include these immunocompromised individuals in 1B. If the goal of the phased rollout is to reduce deaths and hospital stays that group is critical because they statically have higher death rates and serious complications due to Covid.

Please don't make this group wait any longer.

Thanks
Shane

From: [Rita Dorsch](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee for Phase 1B
Date: Thursday, January 14, 2021 12:39:14 PM

Please give high priority to people with cognitive and developmental disabilities and their caregivers to receive the COVID vaccine in the state of Wisconsin.

Rita Dorsch

Sent from my iPhone

From: [Evelyn Keaough](#)
To: [DHS SDMAC](#)
Subject: High risk people?
Date: Thursday, January 14, 2021 12:29:35 PM

In the new proposed guidelines, I don't see an allocation for people like me, 69 years old [REDACTED]
[REDACTED]. Do I just wait until April, May, or June?

I think a schedule with all information needed to make vaccination appointments is needed as soon as possible.

Wisconsin is doing a terrible job of updating the public of when and where to get vaccinated.

What is the real reason for the SLOW rollout in Wisconsin?

Regards,
Evelyn Keaough

From: [Linda H.](#)
To: [DHS SDMAC](#)
Subject: Re: Automatic reply: Covid vaccine
Date: Thursday, January 14, 2021 12:27:57 PM

Also if you are not aware, my google search told me people with Down syndrome are 5x more at risk of getting covid and 10x more at risk to die.

██████████ should be phase 1a in getting vaccinated. I should be on a list with ██████████ and that list should be made available to Walgreens so I can walk in and get the shot.

Doesn't take a college degree to figure this stuff out

██████████
LindaHavlicek

[Sent from Yahoo Mail for iPhone](#)

On Thursday, January 14, 2021, 12:23 PM, DHS SDMAC <DHSSDMAC@dhs.wisconsin.gov> wrote:

Thank you for your message. If your comments are specific to the current work of the SDMAC committee or subcommittees or are responsive to documents open for public comment, be assured that these comments will be shared with committee members.

To stay current on the activities of the SDMAC and subcommittees, please visit: State Disaster [Medical Advisory Committee website](#). All of the meetings of the SDMAC are open to the public, and posted on the [public meetings website](#).

If you are writing with questions about the COVID-19 vaccine, please review these resources: [COVID-19 vaccination plan](#) and DHS' [executive summary of the vaccination plan](#), [stakeholder FAQs](#), and our [COVID-19 vaccine data summary page](#).

If you are a vaccinator or would like to be a vaccinator, including details of the enrollment process: [information for vaccinators](#)

For additional information about the COVID-19 vaccine, please visit: <https://www.dhs.wisconsin.gov/covid->

[19/vaccine.htm](#)

From: gabe5476@gmail.com
To: [DHS SDMAC](#)
Cc: [Jim Gabriel](#)
Subject: VACCINE SUBCOMMITTEE FOR PHASE 1B
Date: Thursday, January 14, 2021 12:17:40 PM

Dear Sir/Madam,

Please give high priority to people with cognitive and developmental disabilities and their caregivers to receive the covid-19 vaccine in the State of Wisconsin.

Kind Regards,

Gary Gabriel

From: [Judy Barczak](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee for Phase 1B
Date: Thursday, January 14, 2021 12:11:48 PM

**“ PLEASE GIVE HIGH PRIORITY TO
PEOPLE WITH COGNITIVE AND
DEVELOPMENTAL DISABILITIES
AND THEIR CAREGIVERS TO
RECEIVE THE COVID VACCINE IN
THE STATE OF W**

From: [Jim Gabriel](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee For Phase 1B
Date: Thursday, January 14, 2021 12:10:46 PM

Please give high priority to people with cognitive and disabilities and their caregivers to receive the COVID vaccine in the state of Wisconsin. Thanks

From: [Sara Barczak](#)
To: [DHS SDMAC](#)
Subject: VACCINE SUBCOMMITTEE FOR PHASE 1B
Date: Thursday, January 14, 2021 12:10:32 PM

To Whom It May Concern--

I request that you please give high priority to people with developmental and cognitive disabilities, along with their caregivers, to receive the Covid vaccine in Wisconsin. [REDACTED] [REDACTED] who is no longer with us, would have benefited greatly from such a decision.

Sincerely,
Sara Barczak

From: [David Romant](#)
To: [DHS SDMAC](#)
Subject: VACCINE SUBCOMMITTEE FOR PHASE 1B
Date: Thursday, January 14, 2021 12:10:06 PM

Please give high priority to people with cognitive and developmental disabilities and their caregivers to receive the Covid vaccine in the State of Wisconsin.

Thank you
Sandra Romant

From: [Dave Laudon](#)
To: [DHS SDMAC](#)
Subject: "VACCINE SUBCOMMITTEE FOR PHASE 1B"
Date: Thursday, January 14, 2021 12:08:31 PM

**"PLEASE GIVE HIGH PRIORITY TO
PEOPLE WITH COGNITIVE AND
DEVELOPMENTAL DISABILITIES
AND THEIR CAREGIVERS TO
RECEIVE THE COVID VACCINE IN
THE STATE OF WISCONSIN."**

Dave Laudon

[REDACTED]

[REDACTED]

From: [Thomas Spellman](#)
To: [DHS SDMAC](#)
Subject: VACCINE
Date: Thursday, January 14, 2021 12:08:24 PM
Attachments: image001.png
image002.png
image003.png
image004.png

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SUBCOMMITTEE FOR PHASE 1B”
TEXT: “PLEASE GIVE HIGH
PRIORITY TO PEOPLE WITH
COGNITIVE AND DEVELOPMENTAL
DISABILITIES AND THEIR
CAREGIVERS TO RECEIVE THE
COVID VACCINE IN THE STATE OF
WISCONSIN.”

From: [Deb Koch](#)
To: [DHS SDMAC](#)
Subject: Covid vaccine
Date: Thursday, January 14, 2021 12:07:30 PM

Please give high priority to people with cognitive and developmental disabilities and their caregivers to receive the Covid vaccine in the state of Wisconsin.

Thank you,
Debby Koch

Sent from my iPhone

From: marialasecki@gmail.com
To: [DHS SDMAC](#)
Subject: Phase 1b COVID-19 vaccine public comment
Date: Thursday, January 14, 2021 11:53:32 AM

Dear DHS,

We are in disbelief at the state's decision to vaccinate some individuals in certain congregate settings before (or perhaps while not simultaneously) taking adults who are immunocompromised. [REDACTED]

[REDACTED]

[REDACTED] fear.

Please DHS representatives, please...we want to believe the state is committed to saving the lives of those who are fighting to save their own through medical intervention [REDACTED] [REDACTED] has so much to contribute to this state and society- [REDACTED] has absolutely no felony nor misdemeanor charges and is an intelligent, college educated young professional with an innate and pure desire to serve (well, [REDACTED] was anyway prior to [REDACTED] illness). [REDACTED] wants nothing more than to return to work but [REDACTED] has to be able to pull through this all to do so. We're begging you to rethink your priority group assignment to include immunocompromised Wisconsites in 1B. You are the hope these individuals are desperately holding on to in order to resume some sense of 'future', peace and normalcy. It's a matter of life and a grim reality of death that they are tired of facing, daily. Please...include them.

Kindly,

Chad and Maria Lasecki

Sent from my iPhone

From: [Nadine Teichen](#)
To: [DHS SDMAC](#)
Subject: SUBJECT LINE: "VACCINE SUBCOMMITTEE FOR PHASE 1B"
Date: Thursday, January 14, 2021 11:43:08 AM

TEXT: "PLEASE GIVE HIGH
PRIORITY TO PEOPLE WITH
COGNITIVE AND
DEVELOPMENTAL
DISABILITIES AND THEIR
CAREGIVERS TO RECEIVE THE
COVID VACCINE IN THE
STATE OF WISCONSIN."

Sent from my iPhone
Nadine Teichen

From: [Jennifer Widholm](#)
To: [DHS SDMAC](#)
Cc: jennifer.widholm@icloud.com
Subject: Re: Vaccine priority for parents & caregivers of children with significant physical disability
Date: Thursday, January 14, 2021 10:38:08 AM
Attachments: pastedImagebase640.png

I neglected to mention in my last email that I am currently paid as supportive home care through the CLTS waiver program. Does this change eligibility for parent caregivers?

Jennifer Widholm

From: Jennifer Widholm
Sent: Thursday, January 14, 2021 10:30 AM
To: dhssdmac@dhs.wisconsin.gov <dhssdmac@dhs.wisconsin.gov>
Cc: [REDACTED]
Subject: Vaccine priority for parents & caregivers of children with significant physical disability

Hello,

Are there currently any plans to give priority access to the vaccine to parent caregivers and personal care workers who provide care for children with significant physical disability? In other states, parent caregivers and personal care workers of disabled children are categorized in Phase 1A. I do not see any priority given to parents in the current Wisconsin plan. It's very discouraging to hear of individuals who work for healthcare organizations in administrative roles and PTs, OTs, and SLPs currently only doing Telehealth without direct patient access/care included in Phase 1 when parents [REDACTED] currently are not able to access the vaccine.

Thank you,

Jennifer Widholm

Jennifer Widholm
Pronouns: She/Her/Hers Learn more about pronouns [here](#).
HIV Outreach Project Training System Coordinator
University of Wisconsin – Madison
Division of Continuing Studies
21 North Park Street, 7th Floor
Madison, WI 53715
608-262-2730
jennifer.widholm@wisc.edu
www.wihiv.wisc.edu
www.dcs.wisc.edu



From: [Ryan Robinson](#)
To: [DHS SDMAC](#)
Subject: Vaccine distribution
Date: Thursday, January 14, 2021 10:18:06 AM

[REDACTED] implore you to make them a high priority for Covid-19 Vaccinations.

They already have reduced strength and breathing issues and are often forced to be in close proximity to caregivers for things such as lifting, transferring, bathing and bathroom needs, medical procedures and more. They also need it because of their interactions with external care givers that very often are woking with multiple handicapped individuals because of the workforce shortage for caregivers. The caregivers are their “first responders” and are called on daily to assist them in any number of ways. They should also be considered a high priority for vaccinations.

[REDACTED]

I have heard that prisoners are being considered a high priority and am OUTRAGED that criminals are being considered before the general law abiding population. Perhaps you should consider that the handicapped are already prisoners and therefore should be at the top of the list!

Best regards,

Ryan Robinson
[REDACTED]

From: [Nancy Gapinski](#)
To: [DHS SDMAC](#)
Subject: Public Comment Regarding COVID Vaccine for people with disabilities
Date: Thursday, January 14, 2021 9:58:28 AM

Dear Committee Members,

Thank you for this opportunity to comment on the importance of people with disabilities and their care providers being in the Group 1B Priority group for the vaccine, even if they do not live in congregate settings. I have friends with disabilities and friends who care for loved ones with disabilities in their home, so this topic is of great importance to me.

I worry that people with developmental disabilities are at overall increased risk for serious complications from COVID. Often people using long-term care programs such as Family Care, IRIS, and the Children's Long-term Support program 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. People using long-term care supports sometimes are in congregate settings such as day programs which places them and their care providers at increased risk. For some people using long-term care, following personal safety/hygiene protocols like physical distancing, wearing a mask, etc. can be especially challenging. Personal care supports are close contact activities.

Thank you for your efforts to help us through this terrible pandemic.

Sincerely,

Nancy Gapinski



From: [ruhlandme](#)
To: [DHS SDMAC](#)
Subject: comments who should get vaccinations
Date: Thursday, January 14, 2021 9:44:42 AM

I believe consideration should be given to people who are of any age and are at high risk due to medical conditions.

I believe anyone living in an apartment specifically for Senior Living should be considered as age requirement start at 55.

I believe anyone having required surgery should also be vaccinated.

I feel very strongly that anybody who feels that they are against covid 19, those who think it doesn't even exist, and those out there rioting should not be allowed to get the vaccination until all others who qualify do. It's ridiculous that people of any age who have been following the guidelines and wearing masks since this all started should be put at risk for someone who doesn't obey the guidelines but now feel the vaccination is available that they should get it. Probably hard to determine that, even through questions, they'll lie.

Sent from my U.S.Cellular© Smartphone

From: [Leah Austad](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee: Phase 1B
Date: Thursday, January 14, 2021 9:30:48 AM
Attachments: image001.png

To whom it may concern,

Please consider prioritizing individuals with developmental disabilities and related conditions to phase 1B of the COVID-19 distribution plan. As someone who works with many of these individuals every day, I'm thankful to be in phase 1A and received my first dose yesterday! While it will be beneficial that people like myself and my co-workers are getting vaccinated now, the people we serve are still at great risk for contracting this virus. Please prioritize those in Family Care/IRIS and other employees who support them!

Thank you,



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From: [Nikki Berg](#)
To: [DHS SDMAC](#)
Subject: 1b vaccine
Date: Thursday, January 14, 2021 9:04:47 AM

In looking at the next roll out I have a little input I would like to share.

Non front line healthcare workers - why are they being vaccinated before people with comorbidities? [REDACTED] are far more vulnerable than a non front line healthcare worker with no age or health conditions. Especially with the easier spreading version being in Wisconsin now. I hope you would review and add people with comorbid conditions to get this vaccine.

Also what is mink husbandry and do they really need priority? When I looked them up online it didn't seem like they should be ahead of people with underlying conditions but I'm assuming there's something about this I don't understand since it's so specific?

Thanks

Nikki

From: [Tomczak, Larissa](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee Phase 1B
Date: Thursday, January 14, 2021 8:52:27 AM
Attachments: image001.png

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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.

Larissa Tomczak, MS, MFT
Area Director for Dungarvin Wisconsin, LLC
Office: (608) 316-7675- Cell: (608) 333-7111- Fax: (608) 316-7685
2802 Coho Street, Ste 101
Madison, WI 53713



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From: [Denny](#)
To: [DHS SDMAC](#)
Subject: Comment on Vaccine distribution
Date: Thursday, January 14, 2021 8:31:07 AM

Hi there,

I was reading an article on the latest rollout plan. I feel this is way to complex and broad and not prioritizing getting the vaccine to those with the highest mortality rates which is the elderly. An age based approach would be much clearer and straight forward and get the vaccine out to those with the highest mortality rates quickest. Has the data showed health care workers and teachers, dentists and pharmacists have mortality rates above what others in their same age group would have?? I haven't seen any studies on this.

Thank you

Denny
Oregon WI

From: [chandrahavlik28](#)
To: [DHS SDMAC](#)
Date: Thursday, January 14, 2021 8:21:42 AM

Why aren't the people who have health issues (such as asthma) and are at a higher risk included?

Sent from my U.S.Cellular© Smartphone

From: [Cyndi Robertson](#)
To: [DHS SDMAC](#)
Subject: Vaccine Sub-Committee, Phase 1B
Date: Thursday, January 14, 2021 8:07:22 AM

[REDACTED] physical and intellectual disabilities are at high-risk for serious or fatal illness from COVID-19 infection. These individuals are medically and socially vulnerable; most have medical comorbidities and often face barriers to timely medical care. Therefore, I wholeheartedly support including this cohort of patients (specifically the elderly and IRIS/Family Care recipients) as outlined in WI State Department Medical Advisory Committee 1B recommendations. Thank you for including this particularly vulnerable population in vaccine priority group 1B.
Cyndi Robertson

From: [Kathy Armstrong](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee Phase 1B
Date: Thursday, January 14, 2021 8:01:32 AM

Dear Committee,

[REDACTED] with Down Syndrome and we are pleading with you to add [REDACTED] to this next round of vaccinations. [REDACTED] friends are at risk. Any disabled person deserves this opportunity. Thank you for listening and for making this opportunity happen for [REDACTED]!

Kathy Armstrong

[REDACTED]

[REDACTED]

From: [Richard Witte](#)
To: [DHS SDMAC](#)
Subject: Covid Vaccine
Date: Thursday, January 14, 2021 7:49:54 AM

We are very happy to see that people over 70 are being considered for Phase 1. [REDACTED]
[REDACTED] who is on IRIS and can't imagine what it would be like for him if he got Covid and was in the hospital. Please add these categories to Phase 1.
Thank you. Richard and Mary Witte

From: [Pamela Trott](#)
To: [DHS SDMAC](#)
Subject: Vaccine
Date: Thursday, January 14, 2021 7:49:37 AM

I am totally confused by your distribution of the vaccine,

WHY are you disregarding the most vulnerable people? People with comorbidities, people 55 years and older? Why would you give a 30 something a vaccine over a 50 something? I dont care what thier job is the 30 something has a 99 percent survival rate...are you trying to kill people?

Mink husbandry? Wtf? Get your shit together and start giving it to the people that are more inclined to die, ffs

Wisc has been a total joke through this entire pandemic and this distribution of the vaccine is the biggest joke yet.

What's the point here? To vaccinate the people that will survive and let the rest die off?

From: [Matt Sager](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee - Phase 1B Public Comments
Date: Thursday, January 14, 2021 6:27:31 AM

Dear Vaccine Subcommittee,

I would like to voice my support for your updated recommendations for COVID-19 Vaccine Priority Group 1b, specifically the inclusion of individuals age 70 and above. The previous/current distribution plan doesn't highly prioritize (Phase 1b) older individuals that have a high-risk medical condition. Expanding the age group in 1b and taking high-risk medical conditions into consideration would have a positive impact on the mortality rates and lessen the demand on the health care system.

Thank you,
-Matt

From: [mmgjermo](#)
To: [DHS SDMAC](#)
Subject: Please start vaccinating seniors with comorbidities immediately! My healthy active 75 year old neighbors are currently prioritized ahead of me, [REDACTED]
Date: Wednesday, January 13, 2021 10:57:08 PM

Sent from my Galaxy

From: thewitts@yahoo.com
To: [DHS SDMAC](#)
Subject: Re: Suggestion
Date: Wednesday, January 13, 2021 9:33:52 PM

Shortly after I sent this I saw the part about people on family care being eligible. Thank you for that! It would still be nice for caregivers of the people on family care to be prioritized. Thank you!

On Wednesday, January 13, 2021, 09:29:07 PM CST, <thewitts@yahoo.com> wrote:

Hello,

I am hoping people with disabilities can be included in one of the priority groups for the covid vaccine.

[REDACTED]

I know I could keep them home, but I am getting pressure from my employer to return to work.

In addition, as a single parent and sole caregiver [REDACTED] it would be nice if I could have priority. If I were to get a severe case of covid and lose my life, [REDACTED] would end up in a facility since I don't have anyone willing to take them.

I'm sure there are many others in a similar situation.

Thank you for considering this.

Karen Witt

From: [Terry Kniess](#)
To: [DHS SDMAC](#)
Subject: Covid vaccine
Date: Wednesday, January 13, 2021 9:21:28 PM

To whom it may concern:

I have looked over the recommendations for the next level 1b for Covid vaccination.

I do not agree with including day care and elementary school teachers as their risk of exposure is low. Day cares have been open throughout the pandemic.

I do support including people who have medical conditions listed as a priority to receive the vaccine. They have been shown to be at high risk of illness when they contracted the virus.

Thank you!

Terry Kniess


Sent from my iPhone

From: [Bernie Draxler-Laurich](#)
To: [DHS SDMAC](#)
Subject: COVID-19 19 rollout comment
Date: Wednesday, January 13, 2021 8:29:59 PM
Importance: High

To whom it may concern,

I am so disappointed in the way Wisconsin has rolled out the Covid-19 vaccine.

[REDACTED] We have been social distancing and staying away from family and friends since March of 2020. I have not hugged our 31 year old daughter since last February or my elderly mother since last March.

I have not been getting my [REDACTED] since last spring because it knocks my immune system down so low. [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED].

We both NEED our vaccination as soon as possible.

We already know 5 people that have died of Covid-19 and we **DO NOT** want to be the next.

We currently live in Appleton and we feel many people are practicing safely with masks, but they are NOT in northern Wisconsin. We have a cabin just outside of Goodman and people do not wear masks, and are still going to restaurants and bars and acting like it is not a big deal. We no longer feel safe anywhere with this different mutated strain all over the country. We do not go out AT ALL up north. And ONLY for groceries in Appleton with masks and sanitizer.

I asked our Primary Doctor when we could get a vaccination and his office told me that not all the health care workers at their Theda-Care location have received them yet.

WHAT IS THE HOLD UP? We should be SO MUCH further along than this. Other states are. My brother in Law in Atlanta just got a call from his health provider asking to schedule his shot.

Also – They should NOT be limited to CVS and Walgreens. This sounds like corporate greed. **EVERY** pharmacy and Doctors office should be able to give out the vaccine.

PLEASE, move this along faster. We CAN NOT wait until the end of February, March, April or even June. That is NUTS. Do you know how many more will die?
And PLEASE Vaccinate us first before people in prison. I feel we have been in prison since March 2020.

Thank You

Jeff and Bernie Laurich



From: bksmmns@wolfnet.net
To: [DHS SDMAC](#)
Subject: COVID-19 vaccine priority
Date: Wednesday, January 13, 2021 8:01:34 PM

[REDACTED], I want to urge you not forget the immune suppressed and the people with pre-existing conditions in the order of getting a vaccine. I completely understand getting front line workers in the health care field, EMS and teachers being immunized as soon as possible, but I feel that people who are immune suppressed or have pre-existing conditions are being pushed down on the list.

I have been unable to go out in public or see my family for almost a year now. I already had to go through a very difficult experience once in my life trying to stay alive and now I have been doing my best to try and stay alive again for the last 10 months.

Please, please remember that we also need this vaccine as soon as possible.

Thank you,

Kim Bolte

From: [Peter Perry](#)
To: [DHS SDMAC](#)
Subject: Support for Including those 70 and above in COVID-19 Vaccine Distribution Phase 1b
Date: Wednesday, January 13, 2021 7:31:23 PM

[REDACTED] I have been very concerned about the lack of solid information on what group I would be assigned to, and whether my comorbidities would give me a higher priority. I live alone, and my social contacts are limited to grocery clerks every other week and the occasional medical professional. This has been very bad for my mental health, and being vaccinated would mean that I could gradually and carefully reestablish physical contact with friends and family. I really hope that people aged 70 and above will be included in phase 1b.

Thank you.
Peter Perry

From: [Susan Lukas](#)
To: [DHS SDMAC](#)
Subject: Covid Phase 1B
Date: Wednesday, January 13, 2021 6:48:49 PM

Most of the people who are dying from Covid usually have some type of serious underlying medical condition. I thought the purpose of the phased vaccinations were to protect the most vulnerable.

Where do the people with underlying medical conditions fall? They should be before the younger healthier groups of child care workers, teachers and grocery store clerks.

Initially health conditions were supposed to be after phase 1a, but now not mentioned anywhere.

From: [Lisa Yakesh](#)
To: [DHS SDMAC](#)
Subject: Covid vaccination priority
Date: Wednesday, January 13, 2021 6:31:45 PM

Please make IRIS members part of phase 1B for covid vaccinations.

From: [lori klebs](#)
To: [DHS SDMAC](#)
Subject: Covid vaccine
Date: Wednesday, January 13, 2021 6:26:55 PM

I think you people need to start including people with lung conditions. Or wait till we get and there is no respiratorators available and then there is more death's. We know it hits the upper respiratory system so it only makes sense to get use vaccinated before we get it. [REDACTED]
[REDACTED] e. I know the elderly are at high risk to but my dad is 83 and healthy and acts like he is 40. So I feel you need to start looking at us people who have underline conditions. Before there's more death's because you didn't include us.

[Sent from Yahoo Mail on Android](#)

From: [Rox Schopf](#)
To: [DHS SDMAC](#)
Subject: 1B Recommendations
Date: Wednesday, January 13, 2021 6:26:23 PM

[REDACTED]
[REDACTED]. People in my category along with anyone 70 and older are the high risk. You are asking main stream America to “mask up”, social distance, stay home, do it for the compromised high risk people and your not including us In 1B. Do you not realize that if you vaccinated us your hospitalizations and deaths would go down. Families could relax knowing their older and compromised family members are vaccinated. I know of many young, middle aged, and over 60 year olds who have serious medical conditions, you need to include these people in 1 B. [REDACTED]

[REDACTED] It is not good for our mental health, our physical health, and the anxiety of our family members that have to go out and work! They are afraid for us!

Wisconsin please keep us in 1B. Get us vaccinated as soon as possible.

Thank you,

Roxanne Schopf
[REDACTED]

From: [Rick Natrop](#)
To: [DHS SDMAC](#)
Subject: Covid Vaccine next phase
Date: Wednesday, January 13, 2021 6:10:24 PM

Good evening.

I am Emailing you to urge you to consider another unmentioned group of people to be included in the next phase of the vaccine roll-out.

[REDACTED]

I AM a full time firefighter who makes calls with our own fire-based EMS service. We take great care at work to limit exposure, but you just never know how or when you are exposed.

[REDACTED]

I ask and urge you to consider this group of people for the next phase of the rollout. I'm not sure how to "term or label" this group, but perhaps something along the lines of "and those individuals whom due to an underlying condition or diagnosis are incapable of wearing a mask to protect themselves". Perhaps a primary care provider or other medical professional can certify the condition or diagnosis, much like they do when requesting a disable parking permit. Thank you for your time and consideration into this and for accepting public input. Additionally thank you for your hard work during this impossible time.

Sincerely,

Rick A Natrop
[REDACTED]

From: [Kathryn Zalewski](#)
To: [DHS SDMAC](#)
Subject: Public Comment - COVID Vaccine Priority
Date: Wednesday, January 13, 2021 5:56:05 PM

To Whom it May Concern,

We ask you reconsider your prioritization list for the 1B COVID vaccine proposal. Please include individuals with disabilities and their in-home caregivers (i.e., family members) as priority in the Phase 1B recommendation. These are high risk individuals who have deferred or been denied care (i.e., dental, preventive health), who have had difficulty maintaining employment due to underlying health conditions and increased COVID risk, and whose caregivers are unable to fully participate in employment to reduce risk of bringing COVID into the home.

Regards,

Kathryn and George Zalewski


From: [Susan Grosskoph](#)
To: [DHS SDMAC](#)
Date: Wednesday, January 13, 2021 5:38:12 PM

Please put those with developmental disabilities in the fast track for vaccinations. Here are a few reasons why.

1. people with developmental disabilities are at overall increased risk for serious complications from COVID
2. people in LTC 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. people in LTC 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.

Regards
Susan Grosskoph

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From: lnbklotz@gmail.com
To: [DHS SDMAC](#)
Subject: Vaccine group totally wrong
Date: Wednesday, January 13, 2021 5:30:51 PM

What is wrong with you? so your idea is better than feds Not! For a year all we heard is older and immune compromised now you want to vaccinate 20- 40 year old teachers disgraceful as this whole handling has been and you wonder why no one takes this seriously GET A CLUE!

Sent from my iPad

From: [Kim Pulvermacher](#)
To: [DHS SDMAC](#)
Subject: Recommending next group for COVID vaccine
Date: Wednesday, January 13, 2021 5:22:16 PM

To Whom It May Concern

I believe people who have underline conditions and are over 50 should be in the next group vaccinated. People in this age group have shown to be the ones who have the most negative outcomes from COVID. They should be before people in congregate settings as those people fall into other groups and can receive their vaccinations as their groups are set to be vaccinated. I don't believe younger people with no underlying conditions who would statistically have a lower chance of death should get vaccinations ahead of others just because they are in a setting that MAY be conducive to them getting the virus.

Sincerely

Kim S. Pulvermacher

From: [Melissa Malloy PA-C](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee; Phase 1B
Date: Wednesday, January 13, 2021 4:54:08 PM

To Whom It May Concern,

I am a physician assistant (PA) at Waukesha Memorial Emergency Department. I support including individuals with disabilities in vaccine priority group 1B. I have seen, first hand, that patients with physical and intellectual disabilities are at high-risk for serious or fatal illness from COVID-19 infection. These individuals are medically and socially vulnerable; most have medical comorbidities and often face barriers to timely medical care. Therefore, I wholeheartedly support including this cohort of patients (specifically the elderly and IRIS/Family Care recipients) as outlined in WI State Department Medical Advisory Committee 1B recommendations. Thank you for including this particularly vulnerable population in vaccine priority group 1B.

Sincerely,
Melissa Malloy, PA-C MPAS



From: [Duane Brey](#)
To: [DHS SDMAC](#)
Subject: Vaccine 1B
Date: Wednesday, January 13, 2021 4:16:09 PM

[REDACTED]

recommend all insulin dependent people get it under 1B.

Sent from my iPad

From: [Paula Brey](#)
To: [DHS SDMAC](#)
Subject: 1b for next round of vaccine
Date: Wednesday, January 13, 2021 4:07:27 PM

My opinion insulin dependent diabetics should be included in this round. [REDACTED]
[REDACTED] My opinion
diabetics should be included.

Paula Brey
[REDACTED]
Sent from my iPhone

From: [Laura Wright](#)
To: [DHS SDMAC](#)
Subject: Reprioritization for Vaccination of Family Care/IRIS Members
Date: Wednesday, January 13, 2021 3:56:04 PM

Dear DHS,

I feel strongly that those citizens within the state of Wisconsin in Family Care/IRIS with developmental disabilities should be reprioritized for the covid-19 vaccine. Even if they do not live in group or congregate settings.

1. People with developmental disabilities are at an increased risk if serious complications from covid-19
2. Often times people in long term care require support from outside providers. These providers generally support more than client. That larger bubble puts folks at an increased risk.
3. People in long term care are more likely to need and attend day programs and pre-voc. Which increases risk for serious complications.
4. People in long-term care are less able to follow personal safety/hygiene protocols like physical distancing, wearing a mask, etc.

Thank you for your consideration in this important matter.

Laura Wright

From: [Katie Schierl](#)
To: [DHS SDMAC](#)
Subject: Vaccines for Disabled and Caregivers
Date: Wednesday, January 13, 2021 3:47:27 PM

Hello,

[REDACTED] developmentally delayed and has cerebral palsy. [REDACTED]
[REDACTED] e allow no one in our home, even if
masked and distanced. [REDACTED]
[REDACTED] T.

[REDACTED] With so many people disregarding the seriousness of this virus and how easily it can spread, we fear that is a long way off. The distribution of vaccine brings us hope that day may come sooner than later, but with precautions in place for a long time yet even once vaccinated. We would like to know [REDACTED] will be eligible due to his risk. My husband and I are 66 and 59, and worry about our health as [REDACTED] caregivers so hope we would be eligible to get the vaccine as well, when Jim does, so we can continue to safely care for Jim,

I hope you will make the workshop staff a priority too, to protect them, the people they serve and the caregivers their associates return to at the end of the day,

Thank you for your consideration,

Katie Schierl
7529 Sunburst Lane
[REDACTED]

From: [Andrew Robinson](#)
To: [DHS SDMAC](#)
Subject: COVID 19 Vaccine Recommendation
Date: Wednesday, January 13, 2021 3:43:42 PM

Greetings; my recommendation for prioritizing people with disabilities for 1B status for the Covid-19 vaccine:
1. people with developmental disabilities are at overall increased risk for serious complications from COVID; 2. people in LTC 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. people in LTC 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. Take it as you will; obviously we want everyone to have the vaccine in the long run. Cheers!

Schools teach knowledge but values teach wisdom.

From: [Peters, Emily A](#)
To: [DHS SDMAC](#)
Cc: [Trevor Peters](#)
Subject: phase 1B Covid Vaccines
Date: Wednesday, January 13, 2021 3:19:39 PM

"To Whom It May Concern,

We fully and adamantly support including persons with I/DD and their caregivers, and all persons with disabilities in phase 1-B. Please include them as they are included in the SMAC VDS Phase 1B recommendations.

Emily and Trevor Peters



From: [Michael Ray](#)
To: [DHS SDMAC](#)
Subject: Cancer Patients and COVID-19 vaccinations
Date: Wednesday, January 13, 2021 3:13:38 PM
Attachments: PriorityCOVIDinCancer.pdf

I write to urge the department of public health to include patients diagnosed with cancer in the group of people to be designated as eligible to receive COVID-19 vaccination in the next group, Phase 1b.

Numerous scientific organizations have published extensive research showing that individuals with cancer are a particularly vulnerable population.

I am including a current, representative publication from the American Association for Cancer Research Cancer Discovery, February 2021, which clearly summarizes available evidence supporting the conclusion that patients with cancer, particularly those with hematologic malignancies, should be considered among the very high-risk groups for priority COVID-19 vaccination.

Michael E Ray MD PhD
Radiation Oncology
ThedaCare Regional Cancer Center
Appleton, Wisconsin

920/364-3600

Michael.ray@thedacare.org

SCIENCE IN SOCIETY

Priority COVID-19 Vaccination for Patients with Cancer while Vaccine Supply Is Limited

Antoni Ribas¹, Rajarshi Sengupta², Trevan Locke², Sayeed Kaleem Zaidi², Katie M. Campbell¹, John M. Carethers³, Elizabeth M. Jaffee⁴, E. John Wherry⁵, Jean-Charles Soria⁶, and Gypsyamber D'Souza⁷; for the AACR COVID-19 and Cancer Task Force

Summary: Published series on COVID-19 support the notion that patients with cancer are a particularly vulnerable population. There is a confluence of risk factors between cancer and COVID-19, and cancer care and treatments increase exposure to the virus and may dampen natural immune responses. The available evidence supports the conclusion that patients with cancer, in particular with hematologic malignancies, should be considered among the very high-risk groups for priority COVID-19 vaccination.

At this time of limited supply of the highly effective COVID-19 vaccines, it is important to gather the evidence on the risk of complications and death resultant from a diagnosis of COVID-19 infection in patients with cancer. After reviewing 28 publications, many of which included relevant information on fatality rates of patients with cancer who developed COVID-19 (1–28), we conclude that patients with an active cancer should be considered for priority access to COVID-19 vaccination, along with other particularly vulnerable populations with risk factors for adverse outcomes with COVID-19. This recommendation is consistent with the Advisory Committee on Immunization Practices (ACIP) within the Centers for Disease Control and Prevention (CDC). The ACIP considered multiple groups to recommend for early access to a limited COVID-19 vaccine supply and concluded that patients with cancer are at a higher risk for severe COVID-19 and should be one of the groups considered for early COVID-19 vaccination (29). Given that there are nearly 17 million people living with a history of cancer in the United States alone, it is critical to understand whether these individuals are at a higher risk to contract SARS-CoV-2 and to experience severe outcomes from COVID-19.

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Note: Supplementary data for this article are available at Cancer Discovery Online (<http://cancerdiscovery.aacrjournals.org/>).

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Cancer Discov 2021;11:1–4

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Our review of the available literature to provide the scientific support for early access during the time of limited supplies of COVID-19 vaccines was based on a literature search for peer-reviewed publications using PubMed. We selected articles that reported either case fatality rates (CFR) or the mortality risks among SARS-CoV-2-infected patients with cancer. We excluded articles with cohort sizes of fewer than 90 patients. Of 28 articles selected, 16 included one or more control cohorts, with 13 studies reporting on direct comparisons of outcomes from SARS-CoV-2-infected patients with cancer with those without cancer (Supplementary Table S1; refs. 1–13). Of these 13 studies, 11 reported CFRs among patients with cancer with a SARS-CoV-2 infection. Ten out of the 11 studies reported a higher CFR in patients with a SARS-CoV-2 infection and cancer compared with patients with infection but no cancer (Fig. 1). Examples from studies from different parts of the world include a series from Wuhan, China, with CFRs of 22% with cancer and 11% without cancer (10); New York, USA, with CFRs of 28% with cancer and 14% without cancer (11); Louisiana, USA, with CFRs of 21% with cancer and 9% without cancer (5); and Europe, with CFRs of 22% with cancer and 14% without cancer (ref. 4; Supplementary Table S1). Three series compared outcomes among SARS-CoV-2-infected patients with cancer with uninfected patients with cancer, with two reporting higher mortality in patients with cancer and COVID-19 (Supplementary Table S2; refs. 14–16).

Analysis of adjusted ratios (hazard ratio or odds ratio) confirms a greater risk for severe disease and mortality from COVID-19 in patients with cancer, with variability among series but an overall clear trend (Fig. 2). To determine whether the increased mortality from COVID-19 in patients with cancer was attributable to their underlying malignancies or any of the other factors that are associated with worse outcomes (such as advanced age or adverse comorbidities), several studies adjusted for age, sex, and comorbidities in their analyses and presented the ratios of mortality risks among patients with cancer and a SARS-CoV-2 infection compared with those without cancer. Patients diagnosed with hematologic malignancies were at an especially higher risk. An example is a series from a single hospital in New York, with CFR of 37%

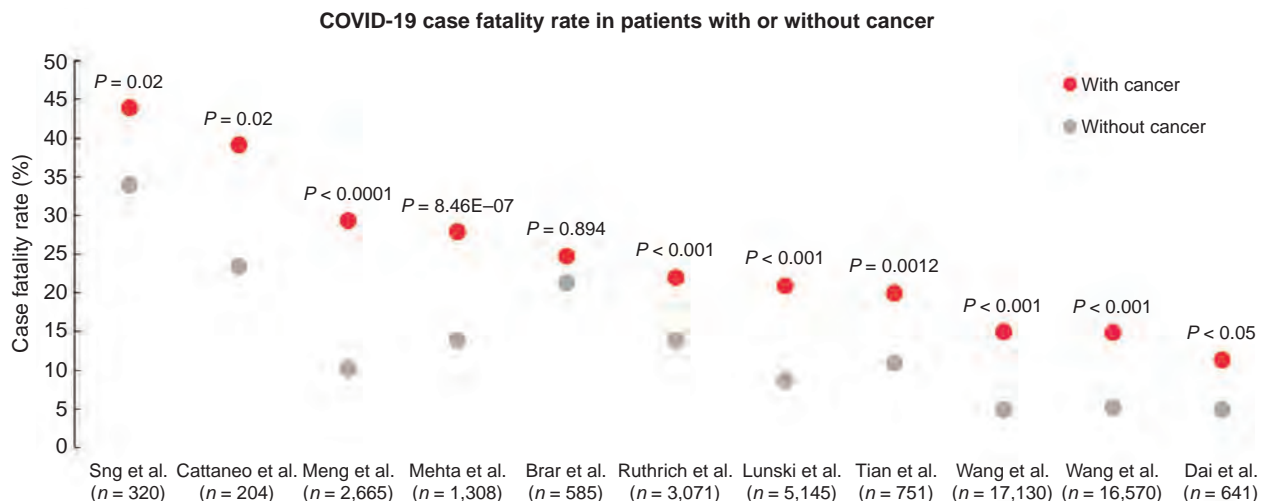


Figure 1. Scatter plot of COVID-19–related CFRs from series comparing rates from patients with cancer (red dots) with patients without cancer (gray dots). [Series includes publications from Sng et al. (2); Cattaneo et al. (7); Meng et al. (9); Mehta et al. (11); Brar et al. (6); Ruthrich et al. (4); Lunski et al. (5); Tian et al. (10); Wang et al. (3); and Dai et al. (12)].

in patients with hematologic malignancies compared with 25% in patients with solid cancers. Additional factors such as differences in older age, advanced COVID-19 disease and hospitalizations, and overall quality of care received can all impact outcomes of COVID-19 in patients with cancer.

Nine studies did not include a control or reference group in their analysis (Supplementary Table S3; refs. 17–25). These studies reported a high CFR among SARS-CoV-2–infected patients with cancer, which seems to be higher when indirectly compared with existing national or global statistics. However, it is difficult to interpret these data in the absence of an appropriate concurrent control cohort from the same hospital or health care system. The remaining three studies were meta-analyses, two of which confirmed that patients with cancer were at increased risk of fatality and severe illness due to COVID-19 when aggregating all of the available series into an overall estimate (Supplementary Table S4; refs. 26–28).

Information is limited on the effects of COVID-19 vaccination in patients with cancer. Among the 43,540 subjects enrolled in the BNT162b2 mRNA COVID-19 vaccine trial, 3.7% were reported to have cancer, with a total of five patients developing COVID-19 at the time of reporting (one in the vaccine arm and four in the placebo arm; ref. 30). Other large COVID-19 vaccine trials with further follow-up will provide useful information on the effectiveness of the vaccines in patients receiving different cancer treatments, as there are currently not enough data to evaluate the interactions between active oncologic therapy with the ability to induce protective immunity to COVID-19 with vaccination (30). Given the evidence that the COVID-19 vaccines may provide greater levels of neutralizing antibodies than SARS-CoV2 infection in a substantial number of patients (31, 32), it would be of high importance to offer priority vaccinations to patients receiving cytotoxic chemotherapy, in particular for hematologic malignancies. Current data suggest that patients with hematologic malignancies have limited immune responses to COVID-19 (33). Patients who do

not mount a strong immune response against SARS-CoV2 are likely to shed the virus for a longer time and be a source of continued unintended exposure infecting other persons. Therefore, the case for vaccinating patients with certain cancers who have limited ability to mount a natural neutralizing antibody response to COVID-19 infection is further strengthened to prevent spread to others, in particular given their need for frequent visits to clinics to continue with their cancer care. It is possible that patients with certain cancers receiving anti-CD20 or cytotoxic therapies may not demonstrate an antibody response to the COVID-19 vaccination, but because the current vaccines demonstrate a strong T-cell response, it is possible that they would still result in protective T-cell immunity. Therefore, the benefit of COVID-19 vaccination may not be adequately assessed with serologic testing in these patients.

Finally, after over a decade of clinical testing, there is currently no evidence that cancer immunotherapy with immune-checkpoint blockade increases the complications from any prior viral vaccine administration. Despite that three of the series we reviewed (5, 19, 21) reported that patients receiving cancer immunotherapies had increased risk of complications and death from COVID-19, it is now recognized that this may reflect the confluence of comorbidities and risk factors in these patients; for example, patients with lung cancer induced by cigarette smoke, who are more likely to have preexisting lung inflammatory disease, which is an adverse risk factor for COVID-19, are more likely to be treated with immune-checkpoint blockade therapies (34). This patient population reflecting several comorbidities may be particularly vulnerable and would benefit from priority vaccination. Therefore, it is reasonable to recommend that patients receiving cancer immunotherapies should be considered for priority COVID-19 vaccination regardless of receiving this therapy.

We conclude that the data in these studies support the recommendation to provide priority COVID-19 vaccination to patients with cancer due to their increased risk of mortality

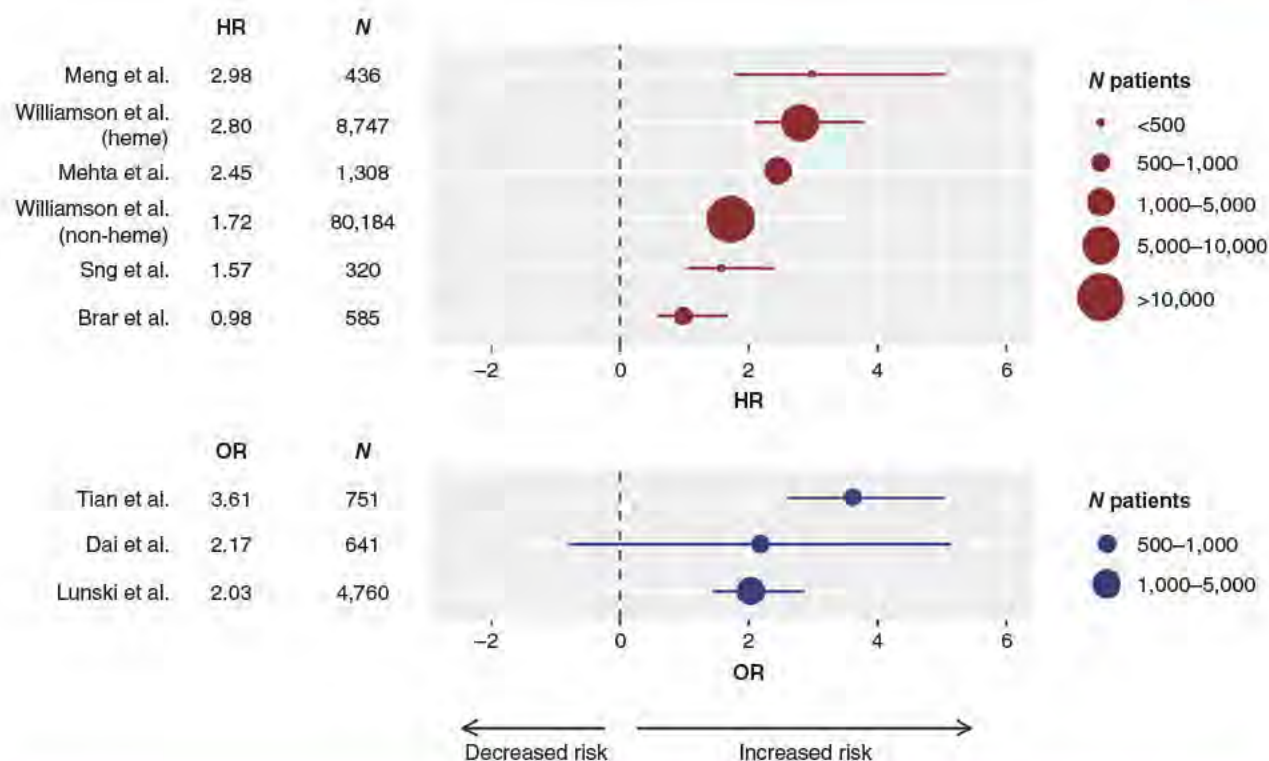


Figure 2. Forest plot of series reporting hazard ratios (HR; top in red) or odds ratios (OR; bottom in blue) for death, or severity of COVID-19 in case of the Tian series, in patients with COVID-19 and cancer compared with no cancer. The size of the symbol is proportional to the number of individuals in each series. The line represents the lower and upper limits of the 95% confidence intervals. Negative HR or OR values favor decreased risk for death, whereas positive values represent increased risk for death or severity from COVID-19. [Series includes publications from Meng et al. (9); Williamson et al. (8); Mehta et al. (11); Williamson et al. (8); Sng et al. (2); Brar et al. (6); Tian et al. (10); Dai et al. (12); and Lunski et al. (5)].

with COVID-19 infection. This recommendation should result in early vaccination to patients who are currently receiving treatment for cancer, or have an advanced cancer that may result in increased risk of complications from COVID-19, in particular for patients with hematologic malignancies and lung cancer. It is unclear whether this recommendation should be applicable to patients with a past diagnosis of cancer, as cancer survivors can be considered having the same risk as other persons with matched age and other risk factors. The fact that patients undergoing cancer treatments are in very frequent contact with health care workers increases the risk of exposure and puts the patients at the front line of our health care system.

Authors' Disclosures

A. Ribas reports personal fees from Amgen (honoraria), Chugai (honoraria), Genentech (honoraria), Merck (honoraria), Novartis (honoraria), Roche (honoraria), Sanofi (honoraria), Vedanta (honoraria), Advaxis (scientific advisory board member, honoraria, stock), Apricity (scientific advisory board member, honoraria, stock), Arcus (scientific advisory board member, honoraria, stock), Compugen (scientific advisory board member, honoraria, stock), CytomX (scientific advisory board member, honoraria, stock), Five Prime (scientific advisory board member, honoraria, stock), Highlight (scientific advisory board member, honoraria, stock), ImaginAb (scientific advisory board member, honoraria, stock), Isoplexis (scientific advisory board member, honoraria, stock), Kite/Gilead (scientific advisory board member, honoraria, stock), Lutris (scientific advisory board member, honoraria, stock), Merus (scientific advisory board member, honoraria, stock), PACT

(scientific advisory board member, honoraria, stock), RAPT (scientific advisory board member, honoraria, stock), Rgenix (scientific advisory board member, honoraria, stock), and Tango Therapeutics (scientific advisory board member, honoraria, stock) and grants from NCI, Agilent, Bristol-Myers Squibb through Stand Up To Cancer (SU2C), the Melanoma Research Alliance, and the Parker Institute for Cancer Immunotherapy outside the submitted work. R. Sengupta, T. Locke, and S.K. Zaidi are employed by the American Association for Cancer Research. E.M. Jaffee reports grants from Bristol-Myers Squibb; personal fees from Genocera (consultation), Achilles (consultation), DragonFly (consultation), and CSTONE (consultation); other from AbMeta (founder) and PICI (consultant); and reports grants from and is the Chief Medical Advisor for Lustgarten Foundation outside the submitted work. No disclosures were reported by the other authors.

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CANCER DISCOVERY

Priority COVID-19 Vaccination for Patients with Cancer while Vaccine Supply Is Limited

Antoni Ribas, Rajarshi Sengupta, Trevan Locke, et al.

Cancer Discov Published OnlineFirst December 19, 2020.

Updated version	Access the most recent version of this article at: doi:10.1158/2159-8290.CD-20-1817
Supplementary Material	Access the most recent supplemental material at: http://cancerdiscovery.aacrjournals.org/content/suppl/2020/12/19/2159-8290.CD-20-1817.DC1

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From: [DHS COVID VACCINATOR](#)
To: [Scott Luber](#)
Cc: [DHS SDMAC](#)
Subject: RE: group 1B vaccination priority
Date: Wednesday, January 13, 2021 2:58:30 PM

Hello –

Thank you for your thoughts. I have include the State Disaster Medical Advisory Committee on this response.

The website for the SDMAC is: <https://www.dhs.wisconsin.gov/sdmac/index.htm>

Thank you,

Wisconsin Immunization Program

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From: Scott Luber <sluber@wi.rr.com>
Sent: Monday, January 11, 2021 2:38 PM
To: DHS COVID VACCINATOR <DHSCOVIDVACCINATOR@dhs.wisconsin.gov>; DHS SDMAC <DHSSDMAC@dhs.wisconsin.gov>
Subject: group 1B vaccination priority

I have been listening to the discussion on the priority list for group 1B. I feel one group that is getting left out is medical high risk under 70. While you will get some of them by including congregate living (Iris, family care)there are a number of very high risk individual that are living in a home setting that have very high mortality risk. These individuals have multiple disabilities that are very high risk because they are living independently home setting. Their risk is with caregivers which should be included also. The risk is also from family members.

[REDACTED]
[REDACTED]. Before covid I was very active in the community on various boards and volunteering. As member of this group and know many others, I feel we should be included in the 1B group.

Please share this with the committee.

Thanks for your consideration.

Scott Luber

From: [mary walz-chojnacki](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee- regarding Phase 1B
Date: Wednesday, January 13, 2021 2:45:23 PM

To Whom It May Concern,

We fully and adamantly support including persons with I/DD and their caregivers, and all persons with disabilities in phase 1-B. Please include them as they are included in the SMAC VDS Phase 1B recommendations.

Sincerely,
Greg, Mary and Sofia Walz-Chojnacki



From: [Johann And Karen Peikert](#)
To: [DHS SDMAC](#)
Subject: Family Care/IRIS - 1B Status
Date: Wednesday, January 13, 2021 2:37:23 PM

>

> Hello,

>

> [REDACTED] recommend including ALL
IRIS/Family Care participants be included in 1B status for the COVID vaccine. [REDACTED]

[REDACTED] does not necessarily have
the self discipline to practice good hygiene or social distancing. We cannot hire people to come in for support due to
the risks. Many families have been forced to quit jobs because they can no longer send their loved ones to day
programming due to the elevated health risks.

>

> This issue is very important to all families of loved ones with intellectual disabilities, not just those living in
congregate settings. Please give them 1B status.

>

> Thank you,

>

> Karen Peikert

> Eau Claire, WI

From: [Drew Abram](#)
To: [DHS SDMAC](#)
Subject: Covid for disabled
Date: Wednesday, January 13, 2021 2:17:55 PM

Please include the cognitively and physically handicapped adults living in group home settings in the same manner as those living in nursing homes. These individuals many of the same issues and exposures.

Thank you,

Andrew Abram

From: [Tim Crawford](#)
To: [DHS SDMAC](#); [Joe Greene](#); [Karen Tuinstra](#)
Subject: Vaccine subcommittee phase 1B priority
Date: Wednesday, January 13, 2021 1:59:04 PM

It is important to include disabled person in the 1B priority for the coronas virus vaccine. It is important to include their group homes and the staffs in which they come in contact with.

Tim Crawford

--

Tim Crawford



From: [Tanya Butcher](#)
To: [DHS SDMAC](#)
Subject: please open up vaccination to very high risk individuals
Date: Wednesday, January 13, 2021 1:46:48 PM

Thank you for taking public comments. I wish people with very high risk illnesses would be considered if they had family members who work in the high risk settings such as hospitals, prisons, schools, ect..

[REDACTED]

Please open up vaccines to very high risk individuals, regardless of age. Thank you for the consideration

From: [GRETCHEN GREGOR](#)
To: [DHS SDMAC](#)
Subject: Vaccination Distribution
Date: Wednesday, January 13, 2021 1:33:46 PM

In the next round of vaccinations I think any adult with multiple medical issues should be included as well.

Thank you,
Gretchen Gregor

Sent from my iPhone

From: [Julie Alexander](#)
To: [DHS SDMAC](#)
Subject: Groups that should be prioritized for the COVID Vaccine
Date: Wednesday, January 13, 2021 1:17:38 PM

My name is Julie Alexander [REDACTED]. I believe that care givers in Milwaukee County's Community Support program should be given the vaccine as well as clients in Milwaukee County's Family Care, Community Care, IRIS and I Care Programs. [REDACTED] I believe that people with preexisting conditions should be considered high on the list for vaccines [REDACTED].

Sincerely,

Julie Alexander ♦ IL Coordinator

Independence First ♦ 540 S 1st Street ♦ Milwaukee, Wisconsin ♦ 53204

Direct 414-226-8378 ♦ **Office** 414-291-7520 TTY/Relay ♦ **Fax** 414-291-7525

JAlexander@independencefirst.org ♦ www.independencefirst.org



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From: [Julie Burish](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee Phase 1B
Date: Wednesday, January 13, 2021 1:07:52 PM

To Whom It May Concern,

I fully and wholeheartedly support including all people with disabilities in the 1B cohort for the COVID 19 vaccine. Please include them as they are included in the SMAC VDS Phase 1B recommendations.

Sincerely,

Kathryn, Julie and Andrew Burish



From: [Allen Kluender](#)
To: [DHS SDMAC](#)
Subject: vaccine subcommittee Phase 1B
Date: Wednesday, January 13, 2021 1:05:06 PM

Dear Subcommittee on Phase 1B COVID Vaccine Distribution:

[REDACTED]

[REDACTED]

[REDACTED]

I support giving the COVID vaccine to people in Family Care and IRIS. This group should be in phase 1b of the vaccine roll-out.

Thanks for your work on this committee and for considering the plight of [REDACTED] and those in similar circumstances.

Regards,
Allen Kluender

From: [Bellin, Charlie](#)
To: [DHS SDMAC](#)
Subject: Rep. John Jagler Letter
Date: Wednesday, January 13, 2021 12:57:19 PM
Attachments: SDMAC.pdf
SubCom.pdf

Hello,

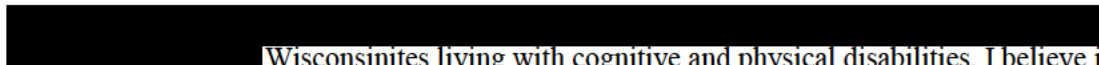
Please see attached letters for each respective committee.

Charlie Bellin
Research Assistant
Rep. John Jagler
37th Assembly District
608-266-9650

1/13/21

WI DHS Vaccine Distribution Subcommittee
1 W. Wilson Street, Room 650
Madison, WI 53703

Dear Subcommittee Members,

 Wisconsinites living with cognitive and physical disabilities, I believe it is imperative the State Disaster Medical Advisory Committee place this vulnerable population and its caregivers near the top of the list for covid vaccine distribution.

Recently, the CDC recognized those with Down syndrome are in the highest risk category for potentially serious complications from the virus.

As distribution of the vaccine expands, we have an opportunity and obligation to prioritize those at highest risk. It is critical Wisconsin's disability community, their caregivers and coworkers, who continue to enrich our state, have early access to the most beneficial tool in fighting this pandemic. Please place those with cognitive and physical disabilities and people who work with them at home, in work centers, and in community employment in schedule 1B for vaccine distribution.

We are at a critical time and place in history. Let those who revisit this moment recognize the dignity with which we treated our fellow citizens of all abilities and the value that was placed on all lives during this time.

Sincerely,



State Representative John Jagler

From: [Mike Dahlk](#)
To: [DHS SDMAC](#)
Subject: Vaccine Subcommittee Phase 1B Thoughts
Date: Wednesday, January 13, 2021 11:34:15 AM

Good Morning, I am sending this email to light a fire to get the elderly and people such as myself Vaccinated against Covid 19 ASAP! Why we are vaccinating prisoners and Mink Farms is beyond me!



It's amazing to me how slowly this is going and that the State of Wisconsin is not doing more to get the People of Wisconsin Vaccinated Now!
I feel my Life as well as Millions of others are being held hostage by not getting Vaccinated Now!
Please do something about this now!

Michael Dahlk
National Sales Representative
Dairyland Packaging USA, LLC
2925 Church Street
Cross Plains, WI 53528
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From: [Bob Lunda](#)
To: [DHS SDMAC](#)
Subject: Vaccine priority feedback
Date: Wednesday, January 13, 2021 10:50:09 AM
Attachments: image001.png

I expect these comments to be forwarded to the all committee on determining the “priority” of vaccine groups in the State of Wis for Covid-19. I would like some confirmation these comments have been received by all committee members.

Thank you for your time and allowing for feedback for the covid-19 vaccine distribution priority groups.

[REDACTED]

Adults with a 99% survival rate should not be ahead of anyone with a 1% survival rate. Please please allow those with the highest risk of death to be vaccinated and allow local doctors to make this decision to get these high-risk people some help now. How can anyone allow the highest risk people to die? Stop stop stop giving large groups of healthy adults priority over those at the highest risk. [REDACTED]

I hope you will genuinely think about this. I mean genuinely think about it. I would also like a reply from each committee member explaining to me your decision as to where the highest risk residents are in your priority view and why.

Thank you, I look forward for your time.


Bob Lunda
Fond du Lac, WI

Bob Lunda
Licensed Inspector – State of Wisconsin
920 960 4686 Bob@BobLunda.com
www.BobLunda.com ■



From: [Rich](#)
To: [DHS SDMAC](#)
Subject: Phase 1b COVID-19 vaccine public comment
Date: Wednesday, January 13, 2021 10:06:14 AM

Hello,

, my wife works in a retail grocery store part time. It would be great if people in our category could be added to the 1B or 1C list. I was also wonder what is taking so long to distribute the 200,000 doses of the vaccine that are sitting somewhere in Wisconsin!!!!!!!

Thank you,
Richard Kropp

Sent from [Mail](#) for Windows 10

From: [Sarah Knowles](#)
To: [DHS SDMAC](#)
Subject: Covid vaccine schedule
Date: Wednesday, January 13, 2021 8:56:41 AM

Hello,

[REDACTED]

During the 10 months of waiting for a vaccine, I really think that after elderly and people working with covid patients, the next group should consider risk factors. I don't know how we can cope with many more weeks of this. During summer at least we could go outside and walk. Now we're indoors 24/7 and I have become a full-time caregiver as we cannot have help in our house.

Sarah Knowles
Brookfield WI

From: [Caron, Kathleen A - DHS](#)
To: [DHS SDMAC](#)
Subject: FW: 1B vaccine rollout
Date: Wednesday, January 13, 2021 8:39:52 AM
Attachments: image001.png
image002.png
image003.png
image004.png
image005.png
image006.png

FYI

Kathleen Caron, MBA, PMP, Six Sigma Black Belt (pronouns: she/her/hers)

Reassigned as Community Testing Call Center Manager

State of Wisconsin COVID-19 Response

Cell: 608-867-4626

Performance Management and Quality Improvement Coordinator

Wisconsin Department of Health Services

D: 608-267-9272 | C: 608-867-4626



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From: Becky Vossekui <beckyvossekuil@yahoo.com>
Sent: Wednesday, January 13, 2021 8:08 AM
To: Caron, Kathleen A - DHS <Kathleen.Caron@dhs.wisconsin.gov>
Subject: 1B vaccine rollout

I have a huge problem with prisoners without medical issues getting the vaccine before residents of our state that are high risk get it. [REDACTED]

[REDACTED]. Where can

I voice my objection?

Best Regards,

Becky Vossekui

[Sent from Yahoo Mail for iPhone](#)

From: [Lisa Derouin](#)
To: [DHS SDMAC](#)
Subject: Phase 1b COVID-19 vaccine public comment
Date: Wednesday, January 13, 2021 8:14:30 AM

If there is a feasible way to include those individuals with weakened immune systems, such as cancer patients, I implore you to do so.

I have further heard some discussion on whether educators should include all levels. Educators should include all educators, including those in college and university settings who are in classrooms with many different individuals who live in congregate living arrangements.

Lisa Derouin

Sent from my iPhone

From: [Denise Karius](#)
To: [DHS SDMAC](#)
Subject: Vaccination
Date: Wednesday, January 13, 2021 7:45:57 AM

Good morning,

If I read correctly, the intent is to have INCARCERATED individuals vaccinated, in the next roll-out?

[REDACTED]. HAD to return to work, to keep my house. Have not stepped foot in ANY public place, since February. Even cancelled my doctor appointments, (ones that were elective) [REDACTED]
[REDACTED]

I believe that me - and others that are extremely high risk - being put to the back of the line, AFTER prisoners!!! is a complete travesty.

Please reconsider.

Thank you.

Denise Karius

From: [Helen Hartman](#)
To: [DHS SDMAC](#)
Subject: Covid vaccinations for persons with Down syndrome
Date: Tuesday, January 12, 2021 11:08:42 PM

To the State Disaster Medical Advisory Committee (SDMAC)

[REDACTED] The CDC recently added Down syndrome as a high risk category for Covid 19. However, I haven't heard of plans to vaccinate adults with Down syndrome who live in adult family homes and other community settings. [REDACTED] has already been exposed to a housemate who tested positive for Covid and fortunately, [REDACTED] didn't contract the virus. I'm worried sick though because it's out there. I haven't been able to visit in person [REDACTED] for months. I know there are many vulnerable populations out there, but I urge you to consider adding people with Down syndrome to the top tier after health care workers and nursing home residents.

Thank you.
Helen Hartman

[REDACTED]

From: [Dan Thiel](#)
To: [DHS SDMAC](#)
Subject: Covid-19 vaccinations
Date: Tuesday, January 12, 2021 10:31:35 PM

One Voice,

A 67 year old man

But one that represents my family, my friends, and many in my community of Hales Corners. Please, with all the urgency and expediency the State of Wisconsin can muster, I beg you to immunize our at risk elderly population. And expand the vaccination sites to include stores like Walgreens and CVS who have shown they have the staff and the infrastructure to facilitate a rapid vaccination protocol. We are wasting precious time with the potential of more loss of life than would be necessary. Please come together and make the decision to protect the most vulnerable. Lead like you mean it!!! And we will follow!!!

Yours Respectfully,

Daniel Thiel



Sent from my iPhone

From: [Jennifer](#)
To: [DHS SDMAC](#)
Subject: Phase 1b COVID-19 vaccine public comment
Date: Tuesday, January 12, 2021 9:47:48 PM

Good Evening,

I am a registered nurse, I believe that people with chronic lung conditions should be next in line. COPD, asthma, pulmonary fibrosis etc.

Jennifer

Sent from my iPhone

From: [Marie Gardner](#)
To: [DHS SDMAC](#)
Subject: Phase 1b COVID-19 vaccine public comment
Date: Tuesday, January 12, 2021 8:42:18 PM

I think high risk disabled individuals with multiple health issues should be included in the 1b group , [REDACTED]
[REDACTED] , Spina Bifida , Restrictive lung disease , Epilepsy , [REDACTED]
[REDACTED] I think it would be on fare for these individuals to
get left out just because thier not in a group setting , [REDACTED] please add
them to the 1b group .

The You
Marie Gardner

Sent from my iPhone

From: [Susan Lukas](#)
To: [DHS SDMAC](#)
Subject: Vaccine subcommittee. Phase 1B
Date: Tuesday, January 12, 2021 3:46:35 PM

Ladies and Gentlemen of the subcommittee

When the Covid vaccine became available I was all in agreement with healthcare and front line workers being first in line.

From the very beginning the second group became the elderly and those with severe medical conditions. So what happened to those with medical conditions that could die if they contract Covid? Every time I see a list we get pushed further and further back. The people with medical conditions deserve to be put in the same group as the elderly. We are the ones who have been locked in the houses for the past 10 months, helping to stop the spread. Instead of ignoring this, people with medical conditions deserve a vaccine in group 1b since we are team players, and could die if contracting Covid.

Last I am hearing is medical conditions will be right before general public. That is wrong. Grocery store workers are mostly younger people. These people will not die if they get Covid.

Medical conditions deserve to be vaccinated now.

Also, what consideration has been given to compromised households. Where one person is eligible for a vaccine based on age, but could still get, pass on and kill another person in the household who has severe medical issues. Maybe you should vaccinate households together.

I think the decision of who gets vaccinated should be made by primary care physicians and not a bunch of politically appointed people on a subcommittee. Too many politics are in the way of deciding who gets to live and die.

Just for the record. Prisoners should be vaccinated after general public. They are not contributing members of society and have forfeited their rights by being convicted.

Sue Lukas

From: [john debacher](#)
To: [DHS SDMAC](#)
Subject: Include transplant recipients & others on immunosuppressants in 1b
Date: Tuesday, January 12, 2021 7:34:33 AM

Committee members:

Monday's Wisconsin State Journal featured the front page headline "Record Year Despite Virus," detailing how UW Hospitals, a world-renowned transplant center, particularly for multiple-organ transplants, has conducted a record number of kidney transplants in 2020, despite the coronavirus.

Considering Wisconsin's premier status in transplant expertise and longevity of its patients, it is both surprising and disturbing to me that I have not seen transplant patients or immunocompromised individuals included as more priority in current drafts of the plans for phase 1b.

I implore you to consider several factors to include transplant recipients and other patients on high-level immunosuppressant programs in this next round of vaccine priority:

1. An incredible amount of medical and financial resources have been invested already in preserving and maintaining the health and vitality of these patients.
2. Immune-compromised individuals are more susceptible to contract the virus
3. Once contracted, these individuals are likely to suffer longer and severe symptoms
4. Fatality rates of patients with compromised immune symptoms are much higher than the general population
5. Other states are including such patients in the second phase of their vaccination programs
6. Besides UW Hospital, Aurora St Lukes, Wisconsin Children's Hospital, and Froedtert Memorial Lutheran Hospital all have transplant programs as well. Indeed, Wisconsin is fortunate to have multiple successful transplant centers within its borders

[REDACTED]

As far as I can determine, immune-compromised individuals are not currently considered until Phase 1C, when individuals under 65 who are immune compromised may be included along with individuals 65 and older. [REDACTED]

[REDACTED]

Please give careful consideration to including transplant recipients 50 and over, as well as others on immunosuppression regimes to be eligible for Covid-19 vaccine in Phase 1b of Wisconsin's program.

Thank your for your consideration. Having recently retired as Director of Public Library Development at DPI, I have have some sense of the pressures and varied needs and priorities that you must consider in weighing your decisions.

John DeBacher

