



Van H. Wanggaard

Wisconsin State Senator

Testimony on Senate Bill 8

Thank you Mr. Chairman and committee members for being available on short notice for today's hearing on Senate Bill 8. I appreciate your time and flexibility. I also appreciate going first, so that I can make another appointment during the hearing today.

Senate Bill 8 aims to prevent a coming mistake by the Evers' administration to prioritize Wisconsin's prison inmates over law abiding essential workers and others in receiving a COVID-19 vaccine.

Under the proposal offered by the State Disaster Medical Advisory Committee (or SDMAC) yesterday, a healthy 30-year old 3-time murderer would be entitled to receive a vaccine before other at-risk individuals. A 25-year old who raped a 60 year old asthmatic cancer survivor would be entitled to receive the vaccine before his victim.

This is not only unwise, it is unconscionable.

This bill does two things. First, it says that the Department of Health Services cannot prioritize giving prison inmates the vaccine until they would otherwise be eligible for the vaccine under the recommendations by the Advisory Committee on Immunization Practices, or ACIP. That is to say, if the ACIP recommends giving 65 year olds the vaccine, or asthmatics the vaccine, inmates who are 65 or who have asthma should get the vaccine, but not before that inmate would otherwise be eligible. The bill also says that DHS cannot prioritize prisoner before other classifications in their ACIP phase. That is, if prisoners are classified with other groups in Phase 1B (and they are), then all other 1B recipients must be prioritized first.

Don't get me wrong, I don't think people in prison should be last in line to receive the vaccine. But I also don't think they should be able to jump the line. If a prison inmate falls into at-risk categories, or would be eligible to receive a vaccine if they were not in prison, they should be eligible to receive the vaccine.

In addition to the obvious "fairness" arguments, there are three other arguments I would like to submit in support of my legislation.

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First, we do not have enough vaccine to immunize all Wisconsinites. Because of that, Wisconsin and every other state must prioritize who receives the vaccine. The first priority was health care providers and at-risk nursing home residents as it probably should have been. First responders, people over age 75 came next. This week, the administration announced 65-year olds should get the vaccine starting next week.

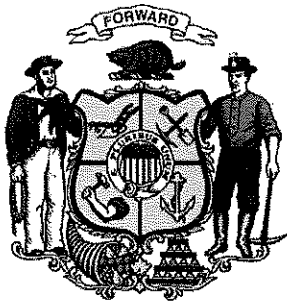
But when it comes to specific groups of potential recipients, the state is picking winners and losers. Prioritizing 20,000 convicted and incarcerated criminals means that 20,000 law-abiding citizens will have to wait to receive the vaccine. Front line essential workers, as defined by the ACIP, including those manufacturing PPE, vaccines, sanitizers and disinfectants will have to wait until felons are vaccinated. Essential workers like bank teller, food service and construction workers will have to wait. This means that 20,000 people who are at risk in the public are not getting the vaccine because people in prison are.

That brings me to my second argument. Prisoners, are by definition, already quarantined. They are not in, and are not exposed to, the general public. The only way they could be infected is if it is brought into the prison. Since prison guards and personnel are in line to be vaccinated now, the risk of infection will be greatly reduced in a short number of weeks.

Finally, as the subcommittee discussed, there have been COVID outbreaks in the prisons already. According to the Wisconsin State Journal, over 10,000 inmates, more than half of our entire prison population, have caught COVID. That means that over half of our prison inmates already have the antibodies against COVID. Many others may have the antibodies because of their exposure, and did not become sick. In essence, people who already have immunity would be getting the vaccine, while others who do not have immunity will have to wait.

I don't want to micromanage the distribution of the vaccine. I don't think any legislator wants that. The bill doesn't change the federal recommendations. It says that DHS must not prioritize convicted criminals over law abiding citizens in the same federal vaccine phase recommendation. That's it. This should be a no brainer. This bill shouldn't be necessary. Unfortunately, based on the actions of Tuesday by the SDMAC, it is.

Thank you.



Wisconsin Department of Corrections

Governor Tony Evers | Secretary Kevin A. Carr

January 21, 2021

Senator André Jacqué
Senator Joan Ballweg
Senate Committee on Human Services, Children and Families

Re: SB8, Relating to: distribution of COVID-19 vaccines

Dear Chairpersons:

Thank you for the opportunity to provide this correspondence related to the proposed bill SB 8 that is being heard in the Senate Committee on Human Services, Children and Families on Thursday, January 21, 2021. The Department of Corrections (DOC) is providing this correspondence for information only.

The unprecedented global pandemic has affected every corner of our lives. The DOC is no different. Since March 2020, we have been working diligently to slow the spread of COVID-19 within our facilities. Following the guidance from the Department of Health Services (DHS), and the Centers for Disease Control (CDC), we've made significant operational changes, and I invite you to visit our website that offers much more detail about those changes: www.doc.wi.gov/covid19. We've activated our Emergency Operations Center and all facilities have implemented pandemic plans. We've conducted mass testing multiple times at all of our institutions, and have supplied PPE to all staff and persons in our care. Since last year, I have met weekly with my counterparts in the Midwest to share best practices and discuss challenges in mitigating COVID-19 within our facilities. However, as the cases of the novel virus surged across our State, despite our efforts, our facilities were no exception to that trend.

Within our 36 secure adult facilities operating 24/7/365, we house nearly 20,000 people and employ more than 7,000 dedicated state employees. Science shows that people in the high-risk category who are mostly likely to experience severe symptoms, including death from COVID-19 include older people and those with other underlying health conditions. Many of the people in our care fall into the high-risk category.

Additionally, science has found the best way to prevent the spread of COVID-19 is to avoid being exposed to the virus through social distancing and wearing a mask. While we have provided PPE to all persons in our care and staff, and instituted mask guidelines within our facilities, social distancing is a challenge in our secure facilities. Many DOC facilities were designed for congregate or dormitory-style living, some even housing two people to a cell. This design makes it extremely difficult to practice social

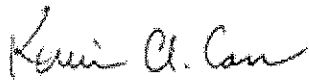
distancing and manage a highly-contagious virus. As such, persons in our care face an increased risk of infection compared to the general public.

We will continue working with our partners in public health and the DHS, and as we have throughout this pandemic, we will continue to prioritize the safety and well-being of those in our care and our staff. We are prepared to administer vaccines to individuals in our facilities as quickly as possible. Our health services and corrections staff live in the communities surrounding our institutions across Wisconsin, and the vaccination process will reduce overall risk, not only the people in our care, but the communities across our state where our staff reside and reentering individuals return.

If you have questions or need additional information, please do not hesitate to reach out to my Legislative Advisor, Paulina de Haan, at 608-843-0482 or via email at paulina.dehaan@wisconsin.gov.

Thank you for your time.

Sincerely,

A handwritten signature in black ink that reads "Kevin A. Carr". The signature is written in a cursive style with a large initial 'K'.

Kevin A. Carr
Secretary



WISCONSIN CATHOLIC CONFERENCE

TO: Senator André Jacque, Chair
Members, Senate Committee on Human Services, Children and Families

FROM: Kim Vercauteren, Executive Director, Wisconsin Catholic Conference

DATE: January 21, 2021

RE: Opposition to Senate Bill 8, Allocations of Vaccinations to the Incarcerated

The Wisconsin Catholic Conference (WCC) appreciates the opportunity to offer testimony on behalf of the Roman Catholic bishops of Wisconsin in opposition to Senate Bill 8, which prohibits the Wisconsin Department of Health Services from prioritizing an incarcerated person for vaccination.

The WCC supports public policies that foster restoring both victims of crimes and offenders to full participation in the community. In 1999, Wisconsin's Roman Catholic bishops issued *Public Safety, the Common Good, and the Church: A Statement on Crime and Punishment in Wisconsin*. In their statement, the bishops stress the importance of mercy and forgiveness, and call for society to exercise mercy as a means of furthering the rehabilitation process. The bishops also emphasize that public policies and responses must be fashioned in ways that heal victims betrayed by crime and restore dignity to offenders.

Senate Bill 8 fails to respect the dignity inherent in every incarcerated person and the mercy that must be afforded to all. The Wisconsin Department of Corrections (DOC) COVID-19 dashboard indicates that as of January 20, 2021, there have been 10,642 positive COVID-19 test results for individuals under the care of the DOC.¹ This number of tests is equal to about half the number of total DOC incarcerated individuals and does not include DOC staff that have tested positive for COVID-19. Twenty-five incarcerated persons have died from COVID-19 in Wisconsin.

On December 22, the U.S Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) issued the "Updated Interim Recommendation for Allocation of COVID-19 Vaccine — United States, December 2020."² Along with this recommendation, the ACIP referenced an additional resource, "Interim Considerations for Phased Implementation of COVID-19 Vaccination and Sub-Prioritization Among Recommended Populations."³ This document provides some insight into how to sub-prioritize COVID-19 vaccine distribution when supply is limited.

Beyond suggestions regarding how to distinguish between frontline and other essential workers, the document concludes with "Considerations for Other Populations in Phase 1b and 1c." The

¹ <https://doc.wi.gov/Pages/COVID19%28Coronavirus%29/COVID19TestingDashboard.aspx>

² <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html>

³ <https://www.cdc.gov/vaccines/covid-19/phased-implementation.html>

document notes that sub-prioritization may be necessary in Phases 1b and 1c based on factors other than essential worker classifications, such as age, underlying medical conditions, and congregate living situations. It specifically states that:

Based on local, state, or territorial epidemiology and implementation considerations, jurisdictions may choose to vaccinate persons who reside at congregate living facilities (e.g., correctional or detention facilities, homeless shelters, group homes, or employer provided shared housing units) at the same time as the frontline staff, because of their shared increased risk of disease.

In response, a limited number of states have included incarcerated individuals living in congregate settings as part of their Phase 1A vaccine priority distribution plan. Many more states followed the path Wisconsin is considering by allowing incarcerated individuals in congregate settings to access vaccinations in Phase 1B.⁴

While it is true that many individuals are in desperate need of vaccination, those who are incarcerated have limited means to mitigate their chance of infection and no opportunity to institute certain protective measures, such as spending time outdoors, incorporating increased ventilation, seeking isolation from others, etc. Also, individuals in the DOC's care have already been processed by the criminal justice system and sentenced. Failure by corrections authorities to properly mitigate a threat of illness or death through communicable infection is not an allowable additional penalty under the law.

We are also concerned about SB 8's impact on people of color. Though less than ten percent of our state's population, people of color account for nearly half of our prison population. Health authorities have found that racial and ethnic minority groups experience disproportionate COVID-19 incidence, morbidity, and mortality. Lack of timely access to vaccinations coupled with this heightened risk for many in our state's DOC facilities will likely impact individuals of color unfairly.

Finally, there is concern over the appropriate stewardship of resources. With the enhanced risk for those living in congregate living situations, the State must act to mitigate any sign of major outbreaks in DOC facilities. This requires extensive testing, possible quarantine, and other infection mitigation measures, including utilizing the Wisconsin National Guard to administer testing at DOC facilities. Then there are the resources needed to care for those who become symptomatic. By utilizing vaccination where infection and spread are most likely to occur, it ensures that the State preserves personal protective equipment and other resources for wider community application.

We ask that you follow ACIP guidance and allow state officials to provide vaccine prioritization for groups that live in congregate settings, including correctional facilities. In the interest of justice and mercy, we urge you to oppose SB 8.

⁴ <https://www.kff.org/coronavirus-covid-19/issue-brief/the-covid-19-vaccination-line-an-update-on-state-prioritization-plans/>

From: Stephanie H <stephaniehammar.rn@hotmail.com>
Sent: Thursday, January 21, 2021 9:58 AM
To: Sen.Ballweg <Sen.Ballweg@legis.wisconsin.gov>; Sen.Wimberger <Sen.Wimberger@legis.wisconsin.gov>; Sen.Johnson <Sen.Johnson@legis.wisconsin.gov>; Sen.Agard <Sen.Agard@legis.wisconsin.gov>
Cc: Sen.Jacque <Sen.Jacque@legis.wisconsin.gov>
Subject: Choose your poison - SB 4,5,6, & 8 Committee on Human Services
Importance: High

Choose your poison...an experimental vaccine which currently has a 2.79% risk of a severe adverse reaction, can cause antibody dependent enhancement of disease, has no long term studies on safety, has 66 deaths reported in the U.S. to the FDA VAERS system (within days of vaccination) as of 1/7/21, and is not proven to reduce transmission of Coronavirus OR risk getting a virus that has a lethality of .008% - 2.5% depending on your age and comorbidities? That is what you are talking about today. You are talking about allowing the people of this state to pick their poison.

We must not forget that these vaccines are still experimental. The "trust science" rhetoric is ridiculous, science isn't something you believe, it is something that is PROVEN. These vaccines are not proven. They are still in a clinical trial state and that is why they have been issued an emergency use authorization and not a biological license (BLA) to distribute. It has not been granted a BLA because it does not meet the rigor of approval, it is still experimental. We must heed the warning of the 5 scientists who sat on the 22 member FDA panel to grant EUA of these vaccines and voted NO that the potential benefits do not outweigh the risks of this experimental vaccine to authorize emergency use. This is enough trusted scientific opinion to tell us we must not allow government or employers to force any person to participate in this general population clinical trial in which the risks outweigh the benefits. Using the body as a scientific vehicle is a personal choice, not the governments and certainly not the employers.

Furthermore, IF you plan to vote in favor of giving government entities and employers the power to mandate an experimental vaccine then you must allow the recipient of the vaccine an avenue for legal recourse and recovery in the event of injury. To force upon someone an experimental vaccine while holding their job over their head is black mail, but then to take zero responsibility if they suffer an injury as a result of such an ultimatum is unconscionable. You cannot have it both ways. Employers who want to mandate this as a condition of employment then must assume the liability of injury as they do with any other work related injury that occurs as a condition of employment. The fact that these manufacturers are protected from liability by our government is disgusting. Telling the American people they must take something and if they get hurt "too bad, so sad" is outright wrong. This is not American freedom; this is an egregious infringement on our rights.

A very prominent pulmonary doctor in this state said to me, "bad things can happen with the vaccine and bad things can happen with COVID". This is true and where there is this risk, one must have the freedom to choose. I urge you to vote in favor of protecting the right to choose and prohibiting any government or employer vaccine mandate. Picture yourself as one of the unlucky ones that suffers a severe life threatening adverse event from this vaccine and ask yourself if that risk is worth it to you. As