

U.S. Rep. Steil: Gov. Evers' response to Covid-19 vaccine distribution failures is pathetic

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JANESVILLE, WISCONSIN—Congressman Bryan Steil (WI-01) received a response from Wisconsin Governor Tony Evers regarding information on the State of Wisconsin's COVID-19 vaccination plan. You can find Governor Evers' letter [here](#). In December, Steil and U.S. Senator Tammy Baldwin (D-WI) [asked Governor Evers for additional information on the state's COVID-19 vaccination plan.](#)

“Governor Evers' letter is a pathetic excuse for a response. These bureaucratic answers display a stunning lack of urgency in getting people the life-saving help they need. People in Wisconsin are dying every day, workers are out of work, small businesses are shuttered, and kids are out of school. We've seen Governor Evers' incompetence in Kenosha, at the Union Grove Veterans Home, and in allocating unemployment benefits to Wisconsin workers. If Governor Evers cannot figure out how to distribute the vaccine to those who need it, he should step aside and let someone who can lead this effort do it,” said Steil. “[Recent data and reporting](#) shows Wisconsin is behind most states and the District of Columbia in administering COVID-19 vaccines to people on a per capita basis. The vaccine will save lives and the ability to effectively distribute the vaccine is a matter of life and death for thousands of people in our state. With so many lives and jobs on the line, we need our Governor to expect to lead the country in getting out vaccines, not spend his time making excuses for lagging behind,” added Steil.

[According to the CDC](#), as of Sunday, January 10th, Wisconsin ranks 40th out of all states and the District of Columbia for vaccines administered per 100,000 people.

In a January 8th article, [the Milwaukee Journal Sentinel highlighted](#) the fact that as

of last week, Wisconsin was one of a handful of states that had not begun vaccinations in its assisted living facilities.

Last week, [the Milwaukee Journal Sentinel also reported](#) that, “The state [of Wisconsin] is 10th lowest out of 12 states in the Midwest in getting a first dose of the vaccine to its residents on a per capita basis, according to data from the Centers for Disease Control and Prevention. And Wisconsin is 10th lowest in terms of how much vaccine has been distributed, per capita. At 1,150 doses given per 100,000 residents in Wisconsin — or about 1.2% of the population — only Michigan and Kansas ranked lower for the rate at which its population was being vaccinated.” Additionally, a private practice medical doctor told the Journal Sentinel that she has not been able to get in contact with the Evers Administration about when she will receive the COVID-19 vaccine.

Below are Steil and Baldwin’s questions to Evers and answers from Evers and Palm:

You asked, “What is your administration doing to distribute and administer the vaccine effectively and rapidly?”

In order to have a successful vaccine program, we must have public demand for vaccine, adequate vaccine supply, and a system to distribute and administer the vaccine. Much of our work to date has focused on the latter. Building upon the Department of Health Services (DHS) Immunization Program expertise, and consistent with the other lines of effort in our response, we created a COVID-19 Vaccination Task Force with representatives from DHS, Wisconsin Emergency Management (WEM), and the Wisconsin National Guard (WING).

Based on requirements from CDC and Operation Warp Speed (OWS), we set up a provider enrollment system to assure that vaccine providers have appropriate credentials, shipping locations, and information to safely administer vaccine. So far, 717 provider locations across the state have been enrolled as vaccinators including hospitals, clinics, public health departments, tribes, and pharmacies.

The COVID-19 Vaccination Task Force has prepared a distribution system for COVID-19 vaccine that included 8 initial hubs to store Pfizer vaccine that required -80°C freezer storage and a system for transporting vaccine to spoke vaccination sites throughout the state. Since the initial 8 hubs, we have added 9 additional hubs for Pfizer vaccine receipt. As of December 29, we have successfully completed 80 rounds of hub to spoke - and in some instances, hub to hub - transfer without

incident.

Starting this week and for the foreseeable future, the Vaccination Task Force will survey vaccinating entities every Monday regarding their allocation needs for the following week. Following the guidance of the State Disaster Medical Advisory Committee to provide some vaccine to all who request it, the allocation requests are turned into orders through Tiberius. The COVID-19 vaccine has been administered to recipients in all 72 counties in Wisconsin.

Finally, the Department of Health Services enrolled in the Pharmacy Partnership Program, using the federal government's partnership with Walgreens and CVS to administer vaccine to Long Term Care facilities. This program began yesterday, December 28th, for Skilled Nursing Facilities, and will begin for Assisted Living Facilities as soon as we have sufficient vaccine in our allocation to commence.

You asked “When do you expect members of the general public to have access to the vaccine?”

It is difficult to predict when the general public will have access to the COVID-19 vaccine as it is dependent on supply which is still uncertain, and the delivery system is still under development. As you note in the letter you sent to Dr. Slaoui and General Perna, Wisconsin needs robust, accurate, and transparent information in order to develop vaccination plans and effectively vaccinate our residents. Following the phases of vaccine administration as guided by CDC, ACIP, and our own state plan, best estimates are as follows:

- Phase 1A: Health care providers and Long Term Care is anticipated to run December through February
- Phase 1B: Anticipated to be front-line essential workers and people older than age 75 is anticipated to run February through April
- Phase 1C: Additional essential workers and people with chronic conditions is anticipated to run April through June
- Phase 2: General Public, is anticipated to begin in June.

You asked: “How will the vaccine be distributed geographically across Wisconsin?”

It is a high priority that everyone across our state has access to COVID-19 vaccine. As noted above, we have Pfizer hubs located throughout the state to facilitate

distribution to all areas of Wisconsin. Moderna vaccine can be distributed directly to vaccine providers. All licensed hospitals and tribal clinics who have requested vaccine have been allocated vaccine. People in all 72 Wisconsin counties have received COVID-19 vaccine. Beyond hospitals and tribes, local health departments, clinics (including FQHCs and rural clinics), and EMS will begin receiving and providing vaccine in early January, as will long term care sites outside of the Pharmacy Partnership Program, pharmacies, home care agencies, and other miscellaneous vaccine providers.

The State Disaster Medical Advisory Committee has provided guidance on how the state should allocate amongst vaccine providers. This guidance assures that everyone who requests vaccine receives at least some of their order and vaccine is distributed geographically using the Social Vulnerability Index to assure communities with greater needs receive adequate vaccine supply.

You asked, “What partnerships are in place across the state with health departments and providers to help carry out your vaccination plan? How are you working with partners across the state to communicate scientifically accurate information about the importance of getting vaccinated when the vaccine is widely available?”

Throughout the pandemic, our administration has been working closely with key partners, including the Wisconsin Association of Local Health Departments and Boards, the Wisconsin Public Health Association, the Wisconsin Hospital Association, the Rural Wisconsin Health Cooperative, Wisconsin Primary Health Care Association and others. These partnerships are critical for our shared success, and will continue as we move through vaccine allocation.

We are also actively planning with “unaffiliated” health care workers – i.e. those that will receive vaccine in Phase 1A, but are otherwise not employed by an organization that intends to become vaccinating entity. This work will happen largely at the local level, and the State will fill the gaps of any unaffiliated Phase 1A health care worker that has not found a local vaccine provider. DHS is in the process of securing a contract with a vendor to conduct mass vaccination. The vendor will also support an evolving logistics operation as more Wisconsinites become eligible to receive the vaccine in Phase 1B, 1C, and ultimately the general public.

In addition, DHS hosts regular webinars for both vaccine providers, and for other

interested stakeholders. As vaccine becomes more available, we will continue to communicate through our existing channels, similar to our “You Stop the Spread” campaign, to be sure the public is aware of and educated on the benefits of the COVID-19 vaccine.

You asked, “We understand that the state has received unclear information from officials with Operation Warp Speed (OWS) regarding vaccine allocations. What additional resources or information do you need to ensure that vaccine distribution in the state will be conducted in an efficient manner? What steps have you taken to ensure that there is a high level of transparency for members of the public during this time?”

Thank you for this question. In order to effectively plan, set expectations for our partners and the public, and maintain confidence in our system, we need better vaccine supply estimates farther into the future. This will allow us to better plan for movement between phases, and will support our vaccinating entities in setting up their systems to support inoculation for those outside of their direct affiliation.

As it relates to public transparency, Secretary-designee Andrea Palm and I have held at least one, often two, media briefings each week since late spring. We are often accompanied by Wisconsin’s Chief Medical Officer in the Bureau of Communicable Disease at DHS, Dr. Ryan Westergaard.

You will find the Department of Health Services website to be a robust source of information. This week, DHS added new data visualizations to the COVID-19 vaccine webpage. The dashboard currently displays the number of doses allocated, number of doses shipped, and how many vaccine doses have been administered. As the vaccination program expands, DHS will include more metrics including geographic and demographic metrics.

The State Disaster Medical Advisory Committee’s meetings are all open to the public and posted on the public meetings website, as well as on the DHS website. We are actively planning for additional stakeholder engagement which will involve an on-the-ground campaign to increase vaccine uptake, with the goal of reaching populations that are less likely to receive vaccines and/or have been disproportionately affected by COVID-19.

You asked, “The Wisconsin’s Department of Health Services (DHS) has worked to convey accurate information about the spread and impact of

COVID-19 in the state. Can you describe how vaccine information will be incorporated into this effort and made available to the public?”

As noted above, the Department will continue to provide accurate, transparent information to our partners and the public writ large. We know that DHS is a trusted source of public information, and this role is very important to maintain. The Department will continue to work through partners, the media, and by speaking directly with individuals through the website and marketing efforts to ensure people have the information they need in order to understand the vaccine and how it will ultimately help us get through this pandemic and into full recovery.