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# GAE MAGNAFICI

STATE REPRESENTATIVE • 28<sup>th</sup> ASSEMBLY DISTRICT

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Good morning, members of the Constitution and Ethics Committee, and Chairman Wichgers. Thank you for holding a hearing on Assembly Bill 347.

Individuals deserve medical information privacy. Many believe the University of Wisconsin System is infringing student's privacy and personal freedom with their COVID-19 testing and vaccination policies.

Current UW-System policy requires all unvaccinated students to be tested for COVID-19 to access campus.

Through this policy, the University of Wisconsin System implies students are not-to-be-trusted disease vectors. Following the science, on the other hand, the CDC recommends testing if you have symptoms, or come into close contact with someone confirmed to have COVID-19. As a nurse, I take CDC guidelines seriously. Representing students and concerned families, I take personal liberty seriously.

The University of Wisconsin System is **NOT** following the science. Students that do not show symptoms, and were not exposed to COVID-19 do not need to be tested.

Under Assembly Bill 347, students cannot be forced to be tested by the UW-System and technical colleges.

On top of the over-testing, many are concerned the University of Wisconsin System will require a COVID-19 vaccination similar to other universities. The vaccine is not yet fully approved. By requiring vaccinations, the state is opening itself up to potential lawsuits.

Assembly Bill 347 prevents the University of Wisconsin System and technical colleges from requiring vaccinations to enter campus.



# ROB STAFSHOLT

STATE SENATOR • 10<sup>th</sup> SENATE DISTRICT

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**TO:** Assembly Committee on Constitution & Ethics  
**FROM:** Senator Rob Stafsholt  
**DATE:** June 2, 2021  
**SUBJECT:** Testimony in Favor of Assembly Bill 316 and 347.

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Thank you Chairman Wichgers and members of the Assembly Committee on Constitution and Ethics for allowing me to submit testimony in favor of Assembly Bill 316 and Assembly Bill 347.

I have heard from constituents and students expressing their concerns with the statewide UW-System policy which requires mandated COVID-19 testing unless you show proof of vaccination. It raises concern as to the possibility that this UW-System policy invades these student's medical information privacy. In response to those concerns, Representative Magnafici and I authored Assembly Bill 347.

The bill prohibits University of Wisconsin System institutions and technical colleges from requiring students or prospective students to be tested for the SARS-CoV-2 coronavirus as a condition of attendance or presence on campus. In addition, it prohibits those institutions from requiring students to be vaccinated against the SARS-CoV-2 coronavirus as a condition of attendance or presence on campus. This legislation returns vaccination and testing decisions back to the individuals and maintains their medical information privacy.

In addition, Representative Krug and I authored Assembly Bill 316 in response to hearing concerns relating to reports about a possible federal mandate from the Biden-Harris Administration for a "vaccination passport." The bill prohibits Governor Evers, the Department of Health Services, and local governments from implementing a "vaccination passport." This legislation is not about whether people should get the vaccine. Anyone that wants to get vaccinated, should get vaccinated.

This bill does not impact private business owner's ability to make decisions on what is required in their business. Small businesses have adapted with innovative ways to survive this pandemic and overcome many government restrictions and limitations forced upon them. This legislation is about preventing government overreach.

Thank you, members. I ask for your support and would be happy to meet with you to address any concerns or answer any questions about these bills:

# Lukas Schreiber – Student Testimony in Favor of 2021

## Assembly Bill 347

Hello, my name is Lukas Schreiber, I am a Junior at the University of Wisconsin – Whitewater (UWW) completing a dual degree in Finance and Political Science, my current GPA is a 4.0, I am a student senator in our student government, I am involved in Greek Life, and by all other measures I'm an exemplary student at UWW. I am testifying in favor of Assembly Bill 347 prohibiting the UW System from requiring COVID-19 vaccinations as well as regular testing as a requirement to attend any UW campus.

My University (UWW) just released yesterday June 1, 2021 their COVID-19 policies for next fall. These policies state that **vaccinated students** may return to campus without masks and do not need to be tested weekly for the virus while **unvaccinated students** must still wear masks and continue to be tested weekly if they wish to remain on campus. I personally would fall into the unvaccinated student category. I view this new policy being put into place as a showing of power by my university to control their students in an unnecessary and discriminatory manner.

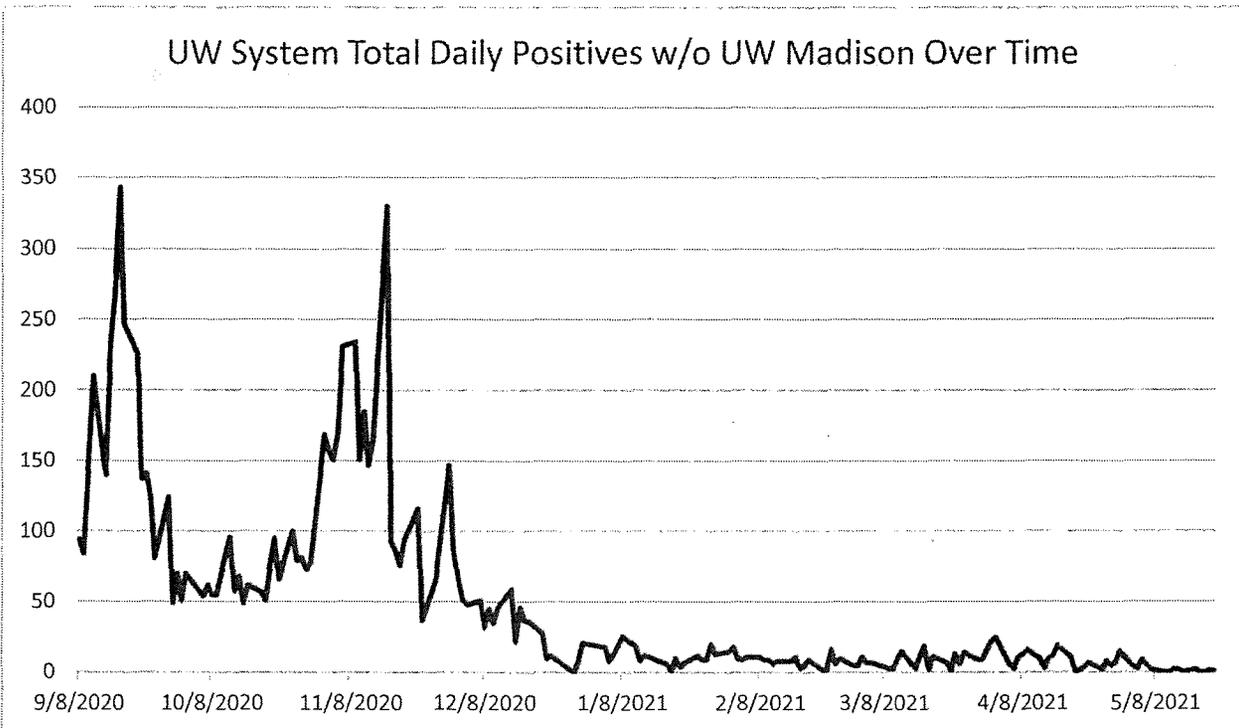
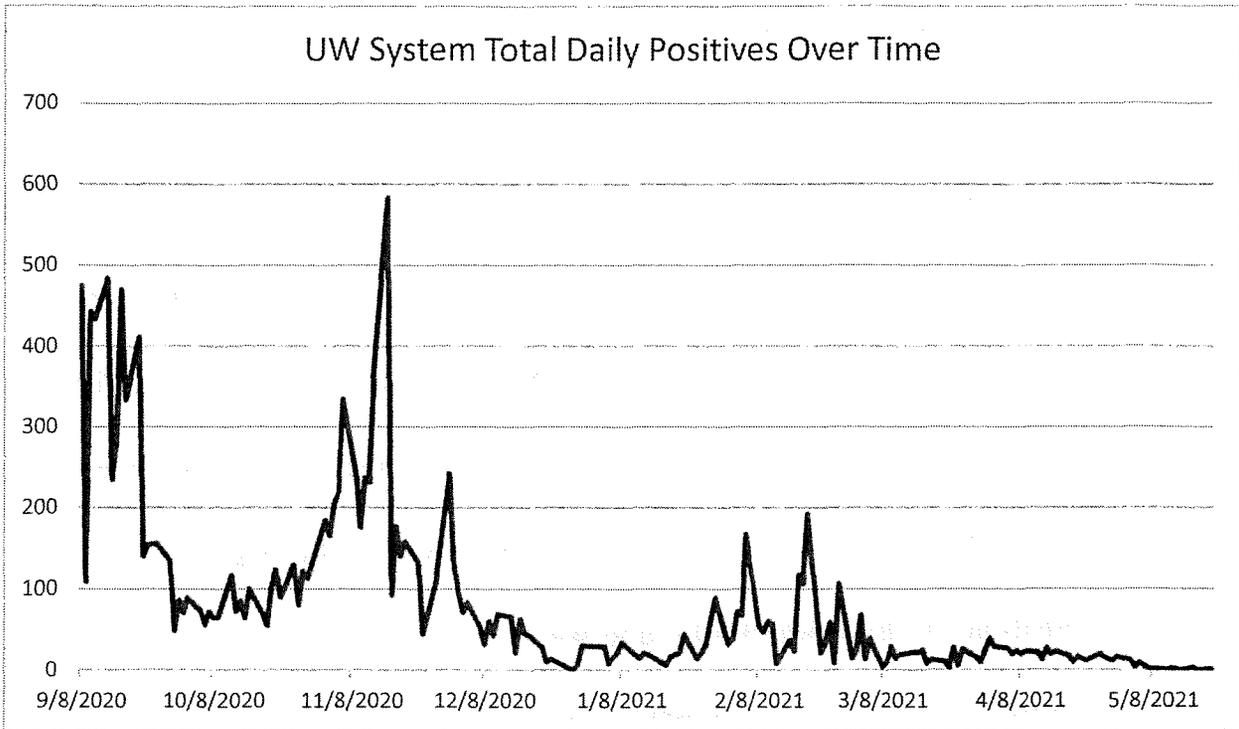
Regarding mandated/required testing of students: looking at the data I pulled from the UW System Coronavirus Dashboard and the daily testing and positive test

numbers, COVID-19 is continuing to show it is not a threat to the college population. This past Spring Semester the UW System implemented a COVID testing mandate across all of its 13 universities. In total 860,107 tests were conducted and **only 0.2930% of those tests came back positive**, less than a third of a percent of the tests came back positive. Also, the UW System conducted a little under 2.5 times as many tests this semester with its mandate but the **positive results were down by roughly 80%** compared to last semester. Continuing, obviously these tests although free to students are not free to the taxpayer and based off of a reasonable estimate of \$150 per COVID test, **the UW System spent over \$129,000,000 on COVID tests** to show that a little over 2,500 students had a positive test result (1.5% of the UW System enrollment). I find this a gross waste of taxpayer dollars. Ending this mandate and testing requirement, like A.B. 347 would, could ensure taxpayer dollars are spent more wisely. I do not see how mandating testing results in less positive cases as all testing does is show the spikes, which were found during the fall semester without a testing mandate. Providing testing is fine, but mandating testing is wrong and a waste of resources.

Regarding requiring the vaccine; I do not enjoy being coerced by my university to receive a medical procedure that should be up to me and me alone. The current policy would bar me from living normal life on campus. Enforcing this policy would also assume that all professors would have access to my personal

vaccination health record which I think is an invasion of my privacy. Now, if I do not comply with the testing mandate or vaccine requirement I am deemed “dangerous” according to my university as they are only allowed to punish me under UWS 17.09(1) which is defined as “Dangerous Conduct” for nonacademic punishment. My university is essentially making the possibility catching a virus punishable by suspension or expulsion under this policy and students are assumed sick until proven healthy. A 4.0 honors student like myself who is generally healthy, contributes to his community, and wants to pursue an education could be expelled simply for not sticking a needle in my arm or not having a q tip swabbed up my nose.

I ask the WI Assembly to please pass A.B. 347 to ensure I and thousands of other students can have a normal and productive college career without fear of being expelled for not complying with these ridiculous requirements made by the UW System. Thank you.



# Lukas Schuster - UW COVID Testing Data

Data as of:  
6/1/2021

Campus	Total Tests	Total Positive Tests	Positive Test Percentage (%)	% of Total Tests	% of Total Positives
UW-Eau Claire	71,198	685	0.9621%	5.88%	4.81%
UW-Green Bay	42,069	319	0.7583%	3.47%	2.24%
UW-La Crosse	49,505	856	1.7291%	4.09%	6.02%
UW-Madison	660,194	5,658	0.8570%	54.52%	39.76%
UW-Milwaukee	58,118	1493	2.5689%	4.80%	10.49%
UW-Oshkosh	48,568	1,279	2.6334%	4.01%	8.99%
UW-Parkside	13,638	174	1.2758%	1.13%	1.22%
UW-Platteville	48,612	685	1.4091%	4.01%	4.81%
UW-River Falls	45,089	545	1.2087%	3.72%	3.83%
UW-Stevens Point	42,036	662	1.5748%	3.47%	4.65%
UW-Stout	51,665	498	0.9639%	4.27%	3.50%
UW-Superior	15,276	58	0.3797%	1.26%	0.41%
UW-Whitewater	65,016	1,319	2.0287%	5.37%	9.27%
<b>UW SYSTEM</b>	<b>1,210,984</b>	<b>14,231</b>	<b>1.1752%</b>	<b>100.00%</b>	<b>100.00%</b>

FUN FACTS	
Current Spring 2021 Tests / Fall 2020 Tests	245.1%
Current Spring 2021 Positives / Fall 2020 Positives	21.5%
Fall % Positive / Spring % Positive	11.392

Spring Data w/o UW Madison			
Campus	Spring Tests	Spring Positives	Spring Positive Test Percentage
UW-Eau Claire	41,900	82	0.1957%
UW-Green Bay	20,945	25	0.1194%
UW-La Crosse	34,064	47	0.1380%
UW-Milwaukee	36,162	136	0.3761%
UW-Oshkosh	18,496	24	0.1298%
UW-Parkside	7,694	16	0.2080%
UW-Platteville	36,383	55	0.1512%
UW-River Falls	29,288	60	0.2049%
UW-Stevens Point	28,125	49	0.1742%
UW-Stout	34,492	33	0.0957%
UW-Superior	12,181	0	0.0000%
UW-Whitewater	43,098	131	0.3040%
<b>UW SYSTEM</b>	<b>342,828</b>	<b>658</b>	<b>0.1919%</b>

FUN Facts w/o Madison	
Current Spring 2021 Tests / Fall 2020 Tests	164.9%
Current Spring 2021 Positives / Fall 2020 Positives	8.3%
Fall % Positive / Spring % Positive	19.830

Campus	Total Spring Tests	Total Positive Spring Tests	Postive Spring Test Percentage (%)	% of Total Spring Tests	% of Total Spring Positives
UW-Eau Claire	41,900	82	0.1957%	4.87%	3.25%
UW-Green Bay	20,945	25	0.1194%	2.44%	0.99%
UW-La Crosse	34,064	47	0.1380%	3.96%	1.87%
UW-Madison	517,279	1,862	0.3600%	60.14%	73.89%
UW-Milwaukee	36,162	136	0.3761%	4.20%	5.40%
UW-Oshkosh	18,496	24	0.1298%	2.15%	0.95%
UW-Parkside	7,694	16	0.2080%	0.89%	0.63%
UW-Platteville	36,383	55	0.1512%	4.23%	2.18%
UW-River Falls	29,288	60	0.2049%	3.41%	2.38%
UW-Stevens Point	28,125	49	0.1742%	3.27%	1.94%
UW-Stout	34,492	33	0.0957%	4.01%	1.31%
UW-Superior	12,181	0	0.0000%	1.42%	0.00%
UW-Whitewater	43,098	131	0.3040%	5.01%	5.20%
<b>UW SYSTEM</b>	<b>860,107</b>	<b>2,520</b>	<b>0.2930%</b>	<b>100.00%</b>	<b>100.00%</b>

Campus	2019 Total Enrollment	Positve Tests/Enrollment
UW-Eau Claire	11,184	6.12%
UW-Green Bay	8,796	3.63%
UW-La Crosse	10,604	8.07%
UW-Madison	44,993	12.58%
UW-Milwaukee	26,139	5.71%
UW-Oshkosh	15,520	8.24%
UW-Parkside	4,420	3.94%
UW-Platteville	8,281	8.27%
UW-River Falls	5,977	9.12%
UW-Stevens Point	8,325	7.95%
UW-Stout	8,393	5.93%
UW-Superior	2,608	2.22%
UW-Whitewater	12,448	10.60%
<b>UW SYSTEM</b>	<b>167,688</b>	<b>8.49%</b>

Estimate of Money Spent on COVID Tests (Spring Semester)*	
Positive Tests	\$ 378,000
Negative Tests	\$ 128,638,050
Total	\$ 129,016,050
Estimate of Money Spent on COVID Tests (Fall Semester)*	
Positive Tests	\$ 1,756,650
Negative Tests	\$ 50,496,900
Total	\$ 52,253,550
Estimate of Money Spent on COVID Tests (Total)*	
Positive Tests	\$ 2,134,650
Negative Tests	\$ 179,512,950
Total	\$ 181,647,600
*Estimate \$150 per test	
Δ Spring Cost vs Fall Cost	147%

Daily On-Campus UW System

Report Date

	UW-Eau Claire	UW-Green Bay	UW-La Crosse	UW-Madison	UW-Milwaukee	UW Oshkosh	UW-Parkside	UW-Platteville	UW-River Falls	UW-Stevens Point	UW-Stout	UW-Superior	UW-Whitewater	Total	Total w/o Madison
5/21/2021	37	9	91	0	104	15	8	3	0	1	0	0	0	268	268
5/20/2021	27	8	66	0	65	15	3	6	0	1	0	0	0	191	191
5/19/2021	18	0	30	0	105	62	12	0	0	4	0	0	0	231	231
5/18/2021	11	0	0	0	7	81	6	5	0	3	0	0	0	113	113
5/17/2021	103	0	43	1,962	49	0	11	6	0	1	0	0	0	2175	213
5/14/2021	162	49	75	0	120	55	21	92	0	112	0	16	0	702	702
5/13/2021	62	99	159	0	146	70	46	102	0	130	1	64	0	879	879
5/12/2021	77	123	63	0	213	62	14	237	0	170	3	60	0	1022	1022
5/11/2021	63	165	91	0	149	54	30	283	0	156	1	93	0	1085	1085
5/10/2021	140	150	0	2,067	109	69	50	167	0	163	0	108	61	3029	962
5/7/2021	283	106	215	2,356	163	132	23	305	0	175	142	68	600	4568	2212
5/5/2021	161	274	201	0	212	120	39	249	0	216	172	80	444	2168	2168
5/4/2021	280	241	146	1,590	207	92	77	245	0	141	70	130	439	3658	2068
5/3/2021	327	221	280	7,383	176	87	44	311	0	195	80	137	515	9756	2373
4/30/2021	257	113	225	3,143	353	179	30	364	503	274	389	0	506	6336	3193
4/29/2021	203	237	409	3,065	245	215	167	480	398	326	307	94	552	6698	3633
4/28/2021	240	289	202	4,711	354	136	53	151	224	339	476	83	683	7941	3230
4/27/2021	345	268	342	5,232	236	162	37	355	172	265	446	158	439	8457	3225
4/26/2021	597	205	427	8,850	239	132	82	318	203	386	353	153	622	12567	3717
4/23/2021	262	125	546	3,928	480	222	67	475	612	279	519	68	206	7789	3861
4/22/2021	202	240	316	4,099	450	285	179	469	450	306	480	249	133	7858	3759
4/21/2021	218	311	188	5,703	438	284	58	356	310	351	481	129	66	8893	3190
4/20/2021	419	307	322	6,012	487	194	39	365	264	279	367	166	55	9276	3264
4/19/2021	387	258	431	10,583	371	137	96	386	241	305	345	172	104	13816	3233
4/16/2021	412	120	371	4,593	520	188	39	531	605	397	530	70	536	8912	4319
4/15/2021	306	236	385	4,610	520	278	154	512	446	429	509	277	671	9333	4723
4/14/2021	337	319	293	6,557	557	190	98	408	339	433	528	96	714	10869	4312
4/13/2021	405	311	401	6,781	438	187	55	382	210	354	525	166	538	10753	3972
4/12/2021	599	236	454	11,846	349	154	126	461	227	385	515	183	706	16241	4395
4/9/2021	322	97	627	4,852	485	228	57	551	663	336	547	55	797	9715	4763
4/8/2021	313	258	294	4,733	463	200	172	490	553	288	534	172	684	9154	4421
4/7/2021	351	369	280	6,667	462	197	85	485	370	389	481	92	610	10815	4148
4/6/2021	491	394	336	6,781	473	307	76	526	277	313	437	120	583	11113	4332
4/5/2021	493	245	457	9,360	336	175	115	166	255	383	275	107	613	12980	3620
4/2/2021	620	154	559	5,301	556	228	105	139	488	520	543	49	507	9767	4466
4/1/2021	437	227	492	5,090	566	224	154	669	503	535	521	289	736	10443	5353
3/30/2021	676	321	464	6,308	561	237	80	511	255	547	522	146	625	11253	4945
3/29/2021	752	247	472	12,549	446	387	154	431	226	519	534	187	800	17704	5155
3/26/2021	648	204	677	5,937	413	32	60	657	618	0	538	129	912	10725	4788
3/25/2021	429	289	413	5,095	NA	35	118	584	520	3	533	100	891	8978	3883
3/24/2021	532	427	346	6,495	174	40	62	490	365	2	483	134	840	12392	3897
3/23/2021	770	421	407	6,328	148	53	36	291	2	435	156	2	833	10332	4004
3/22/2021	973	474	339	6,662	207	38	43	564	318	2	503	143	621	10887	4225
3/19/2021	401	389	633	2,301	619	210	99	656	548	395	547	134	766	7698	5397
3/18/2021	526	86	564	5,644	578	295	173	583	502	473	512	103	727	10766	5122
3/17/2021	512	48	546	9,668	723	280	74	479	289	479	526	159	744	14525	4859
3/16/2021	689	114	536	6,869	445	369	74	208	237	386	535	155	605	11022	4353
3/15/2021	682	162	743	13,781	511	217	95	45	308	425	507	183	627	18486	4705
3/12/2021	734	185	155	6,768	707	344	80	577	666	413	542	182	782	12135	5367
3/11/2021	531	221	524	6,443	573	285	183	574	508	430	532	120	775	11699	5256
3/10/2021	567	360	305	10,031	604	245	109	512	434	483	506	210	626	14992	4961
3/9/2021	762	372	340	7,385	560	361	99	557	302	455	523	157	572	12445	5060
3/8/2021	1,002	334	608	2,709	392	289	140	478	353	447	515	187	706	8160	5451
3/5/2021	729	148	751	18,469	659	317	95	519	589	438	529	178	778	23997	5528
3/4/2021	364	288	445	5,336	648	340	182	586	436	417	540	173	703	10438	5102
3/3/2021	639	383	435	9,790	747	0	111	508	409	445	532	220	850	15069	5279
3/2/2021	774	350	334	7,345	532	388	105	542	220	365	528	154	640	12277	4932
3/1/2021	1,020	332	470	3,229	411	279	191	465	398	428	509	219	547	8498	5269
2/26/2021	715	203	794	20,975	832	473	129	590	783	478	540	225	764	27301	6326
2/25/2021	757	282	474	5,789	560	394	231	567	546	481	544	141	746	11522	5733
2/24/2021	659	328	478	10,187	604	406	113	538	499	485	501	205	743	15746	5559
2/23/2021	777	399	429	6,777	585	462	154	582	304	481	532	154	662	12298	5521
2/22/2021	1,031	333	750	2,988	392	432	129	539	363	464	524	215	470	8630	5642
2/19/2021	686	177	729	21,326	685	478	115	800	613	468	526	222	648	27281	5955
2/18/2021	864	274	535	7,407	563	388	203	607	500	406	542	153	603	13045	5638
2/17/2021	692	308	425	8,520	512	365	144	571	389	480	556	193	696	13851	5331
2/16/2021	845	382	370	5,242	379	566	85	573	227	417	533	143	517	10279	5037
2/15/2021	1,063	300	519	2,601	530	463	172	463	358	358	521	161	456	7925	5324
2/12/2021	658	209	0	0	729	309	111	570	675	479	570	194	443	4947	4947
2/11/2021	923	257	550	7,313	653	334	217	573	513	476	540	103	498	12950	5637
2/10/2021	741	341	326	9,343	711	303	147	532	529	487	521	181	551	14713	5370

2/9/2021	984	399	470	4,827	568	450	127	579	349	440	447	154	493	10295	5468
2/8/2021	1,012	344	552	3,235	442	360	126	581	406	488	505	192	433	8655	5420
2/5/2021	528	184	912	17,804	599	347	81	570	640	458	593	224	438	23178	5574
2/4/2021	779	285	641	5,184	454	86	191	565	424	291	516	160	327	9903	4719
2/3/2021	740	306	606	6,324	601	377	69	558	408	444	545	172	503	11653	5329
2/2/2021	936	371	811	4,430	540	447	126	550	254	389	458	161	339	9792	5362
2/1/2021	1,731	371	1,439	1,436	437	579	162	599	390	462	513	180	373	8672	7236
1/29/2021	0	180	528	16,576	619	58	72	569	565	489	544	177	517	20904	4328
1/28/2021	842	280	357	5,171	724	0	185	542	412	486	447	0	432	9858	4687
1/27/2021	964	291	360	6,115	622	93	0	584	392	445	356	142	466	10830	4715
1/26/2021	6	434	171	1,840	486	(NA)	58	573	368	935	299	139	233	5542	3702
1/25/2021	302	415	452	1,425	229	84	96	584	398	7	301	166	323	4742	3317
1/22/2021	287	395	62	11623	445	163	14	447	878	(NA)	(NA)	192	280	14786	3163
1/21/2021	218	179	34	2,965	(NA)	(NA)	107	229	244	8	(NA)	153	238	4375	1410
1/20/2021	199	167	163	2,544	6	157	(NA)	137	(NA)	4	(NA)	183	239	3799	1255
1/19/2021	129	221	34	1,844	73	(NA)	68	278	(NA)	13	(NA)	114	259	3031	1187
1/18/2021	(NA)	170	(NA)	(NA)	78	150	133	3	(NA)	(NA)	(NA)	149	297	980	980
1/14/2021	187	137	NA	773	140	269	13	2	NA	4	NA	NA	76	1601	828
1/13/2021	133	49	NA	1,203	88	269	NA	2	NA	NA	NA	NA	76	1820	617
1/12/2021	206	155	NA	372	138	NA	64	3	NA	NA	NA	NA	68	1006	634
1/11/2021	104	55	NA	0	175	185	46	1	NA	2	NA	NA	113	681	681
1/8/2021	98	74	NA	210	99	210	78	NA	NA	1	NA	NA	30	800	590
1/7/2021	184	155	NA	179	187	179	NA	2	NA	17	NA	NA	13	926	747
1/6/2021	126	61	NA	179	158	179	62	NA	NA	NA	NA	NA	18	783	604
1/5/2021	NA	115	NA	0	186	NA	NA	1	NA	NA	NA	NA	14	316	316
1/4/2021	NA	102	NA	224	143	224	31	7	NA	NA	NA	NA	3	734	510
12/30/2020	NA	419	NA	205	NA	205	152	2	NA	NA	NA	NA	48	1031	826
12/29/2020	NA	NA	NA	0	NA	106	49	NA	NA	NA	NA	NA	26	181	181
12/28/2020	NA	NA	NA	51	NA	NA	52	NA	NA	1	NA	NA	7	111	60
12/23/2020	NA	NA	NA	92	184	92	NA	NA	NA	4	1	NA	38	411	319
12/22/2020	120	60	NA	0	247	73	14	3	NA	5	3	NA	48	573	573
12/21/2020	180	34	0	0	331	69	4	5	0	14	0	0	61	698	698
12/18/2020	383	108	271	1198	356	321	52	104	4	187	224	0	128	3316	2118
12/17/2020	275	45	94	1,376	275	285	0	97	166	94	154	0	121	2992	1616
12/16/2020	287	124	93	1,728	229	281	13	94	123	128	134	56	135	3425	1697
12/15/2020	356	399	105	0	239	294	18	102	120	72	185	41	76	2007	2007
12/14/2020	444	386	155	1,290	321	271	14	151	137	138	239	93	80	3719	2429
12/11/2020	326	114	96	2,168	282	229	46	73	207	142	222	0	110	4015	1847
12/10/2020	532	239	55	1,290	213	227	15	283	165	61	166	0	83	3329	2039
12/9/2020	334	339	71	1,598	320	350	15	81	133	140	155	0	85	3621	2023
12/8/2020	496	312	123	0	365	310	27	161	161	94	283	0	55	2387	2387
12/7/2020	338	333	0	2	345	542	75	161	311	229	316	0	109	2759	2759
12/4/2020	225	209	101	2488	366	463	34	293	424	248	449	0	128	5428	2940
12/3/2020	399	280	222	1,357	363	464	44	206	369	248	298	57	118	4423	3066
12/2/2020	351	522	133	1,854	376	670	40	267	325	251	422	36	253	5500	3646
12/1/2020	389	238	375	3,812	662	68	277	380	272	312	48	127	3,477	10337	6525
11/30/2020	542	295	376	6,844	600	125	315	430	254	370	61	333	4,986	15531	8687
11/27/2020	442	543	169	4,898	361	41	280	0	253	3	0	287	7534	2636	
11/24/2020	637	385	269	707	378	452	125	278	314	256	381	0	159	4321	3614
11/23/2020	517	512	365	1,015	380	716	115	357	345	242	384	0	318	5266	4251
11/20/2020	485	146	347	4,528	372	518	56	259	322	257	371	0	290	7958	3430
11/19/2020	506	296	210	2,182	401	420	39	260	335	252	392	89	287	5659	3477
11/18/2020	403	352	193	2,769	379	507	91	215	216	197	427	83	294	6126	3357
11/17/2020	460	312	198	1	313	403	66	81	248	175	405	86	200	2948	2947
11/16/2020	341	317	352	5,102	0	429	233	259	241	365	92	211	3,028	10970	5868
11/13/2020	539	91	219	5,505	318	440	63	200	193	214	427	0	169	8378	2873
11/12/2020	658	288	213	2,142	395	435	42	188	283	231	436	0	641	5952	3810
11/11/2020	548	305	171	1,986	362	473	112	282	267	236	400	0	91	5233	3247
11/10/2020	501	338	163	833	351	392	59	146	315	239	362	0	147	3648	3015
11/9/2020	547	328	273	132	402	435	456	84	322	262	366	0	171	3808	3676
11/6/2020	283	89	126	3,810	347	458	47	175	305	225	290	82	183	6398	2588
11/5/2020	384	293	214	2,267	345	428	52	221	304	190	307	62	220	5287	3020
11/4/2020	393	308	322	2,392	377	428	107	215	306	209	281	87	186	5589	3197
11/3/2020	351	318	174	301	349	419	41	317	292	181	235	85	130	3203	2902
11/2/2020	365	334	341	431	434	429	87	283	333	255	278	111	193	3874	3443
10/30/2020	242	100	160	3201	289	383	46	306	260	171	246	0	80	5484	2283
10/29/2020	357	294	209	1830	0	432	55	164	236	219	212	0	114	4122	2292
10/28/2020	332	347	308	1,830	302	400	82	312	207	216	180	0	216	4732	2902
10/27/2020	317	347	210	58	316	423	66	178	211	164	207	0	167	2664	2606
10/26/2020	338	324	339	1,887	361	421	55	255	243	294	217	0	130	4822	2935
10/23/2020	220	72	194	2,808	236	345	45	219	168	188	178	61	108	4842	2034
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10/21/2020	237	381	173	1,682	287	409	77	216	246	212	268	79	181	4428	2746
10/20/2020	245	330	261	264	306	418	65	73	246	255	276	109	181	3029	2765
10/19/2020	216	337	320	1,384	256	454	67	221	265	238	222	88	127	4193	2809
10/16/2020	459	82	226	3,518	246	364	12	87	214	240	255	0	84	5787	2269



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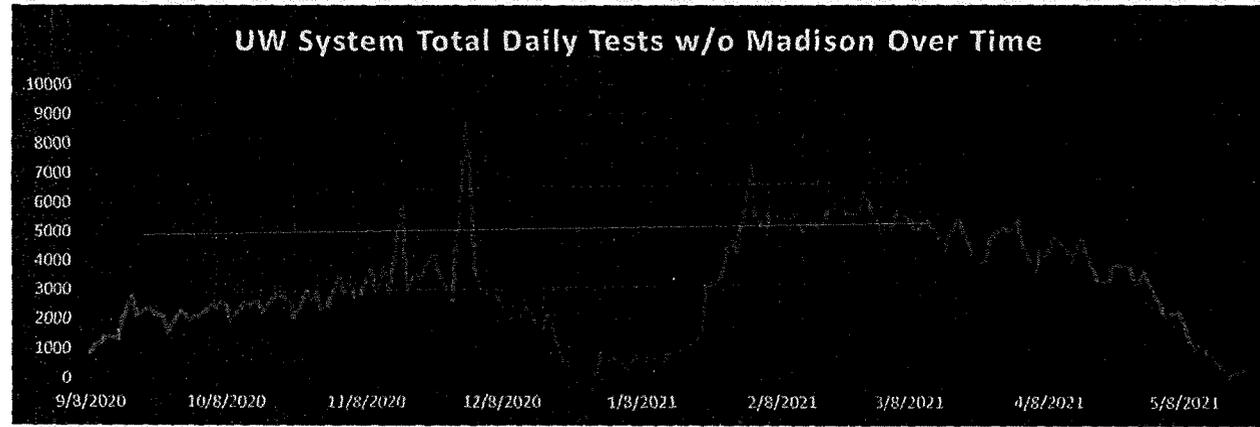
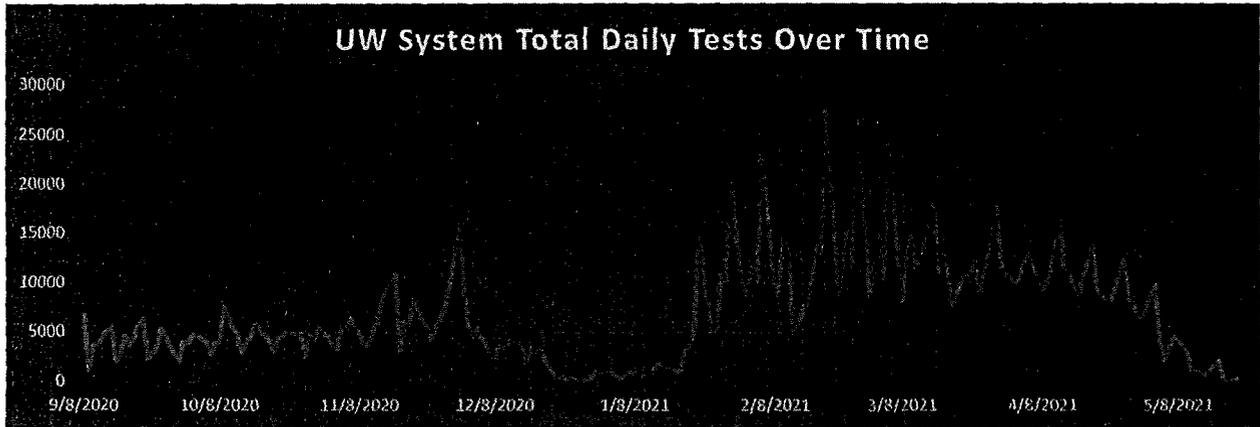
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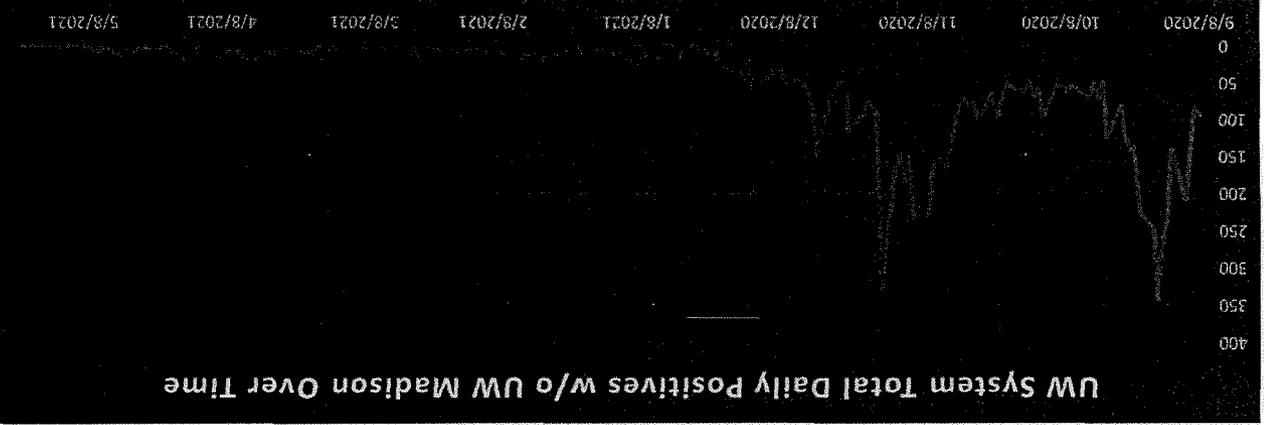
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Total Spring Tests	41,900	20,945	34,064	517,279	36,162	18,486	7,684	36,383	29,288	28,125	34,492	12,181	43,098
Total Spring Positives	82	25	47	1,862	136	24	16	55	60	49	33	0	131
Spring Positive %	0.1957%	0.1194%	0.1380%	0.3600%	0.3761%	0.1298%	0.2080%	0.1512%	0.2049%	0.1742%	0.0957%	0.0000%	0.3040%
Total Tests	71,198	42,069	49,505	660,194	58,118	48,568	13,638	48,612	45,089	42,036	51,665	15,276	65,016
Total Positives	685	319	856	5,658	1,493	1,279	174	685	545	662	498	58	1,319
Total Positive %	0.9621%	0.7583%	1.7291%	0.8570%	2.5689%	2.6334%	1.2758%	1.4091%	1.2087%	1.5748%	0.9639%	0.3797%	2.0287%

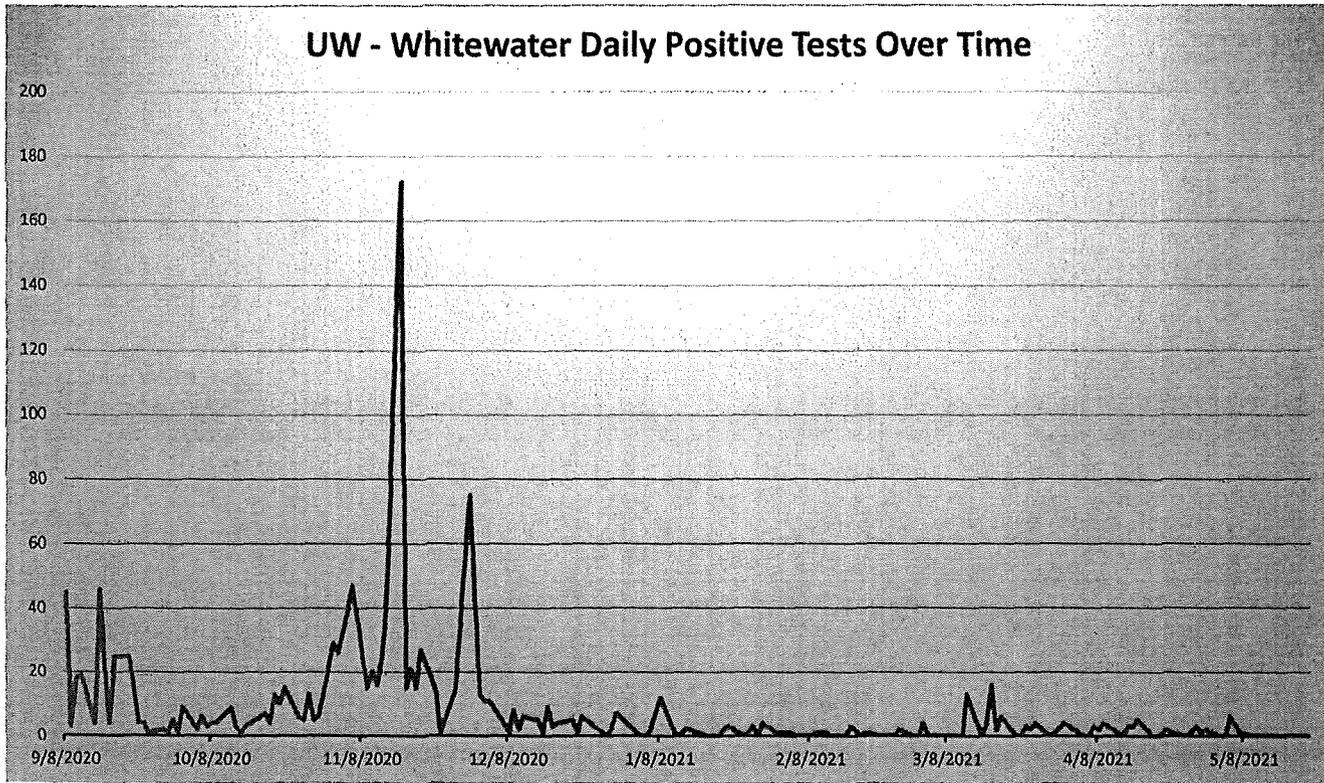
UW TOTAL SPRING TESTS	860,107
UW TOTAL SPRING POSITIVES	2,520
UW TOTAL SPRING POSITIVE %	0.2930%
UW TOTAL FALL TESTS	350,877
UW TOTAL FALL POSITIVES	11,711
UW TOTAL FALL POSITIVE %	3.3378%
UW TOTAL POSITIVE %	1.3722%
UW TOTAL POSITIVES	14,231
UW TOTAL POSITIVE %	1.3722%
Spring Daily Testing Average w/o Madison	9,743
Spring Daily Testing Average	9,931
Fall Daily Testing Average	3,998
Fall Daily Testing Average w/o Madison	2,396
Spring Daily Average Positives	28.69
Spring Daily Average Positives w/o Madison	7.76
Fall Daily Average Positives	135.79
Fall Daily Average Positives w/o Madison	91.65

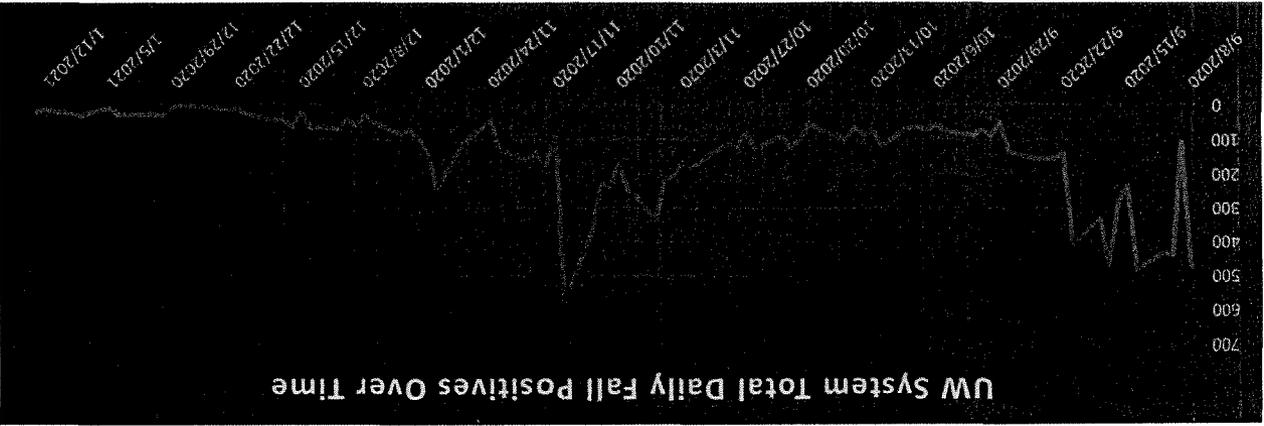
UW-Eau Claire	29,298	603	143.01%	13.60%
UW-Green Bay	21,124	294	99.15%	8.50%
UW-La Crosse	15,441	809	220.61%	5.81%
UW-Madison	142,915	3,296	361.99%	49.05%
UW-Milwaukee	21,956	1,357	164.70%	10.02%
UW-Oshkosh	30,072	1,255	61.51%	1.91%
UW-Parkside	5,944	158	129.44%	10.13%
UW-River Falls	12,229	630	297.51%	8.23%
UW-Stevens Point	15,801	485	185.36%	12.37%
UW-Superior	17,173	465	200.85%	7.10%
UW-Whitewater	21,918	1,188	196.63%	11.03%
Spring Tests/Fall Tests	603	143.01%		
Fall Positives	29,298			
Spring Tests/Fall Positives	603			
Spring Positives/Fall Positives	143.01%			



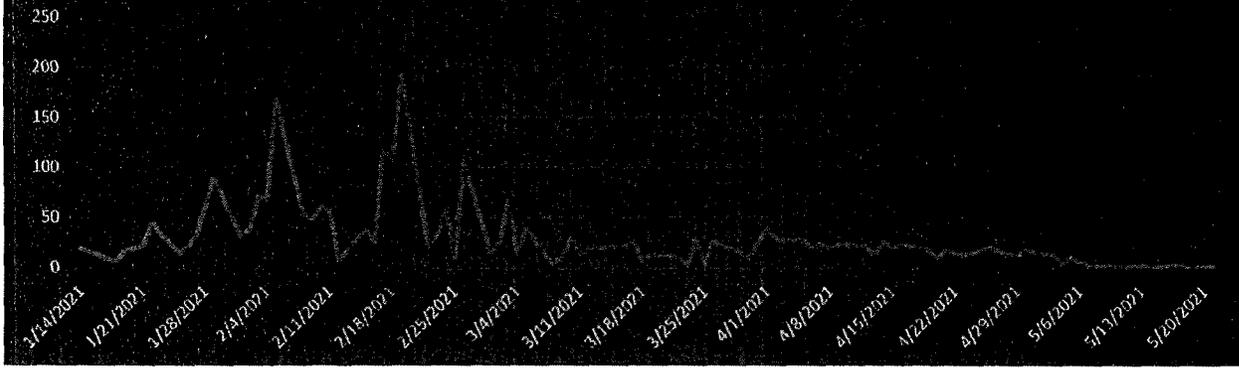


UW - Whitewater Daily Positive Tests Over Time

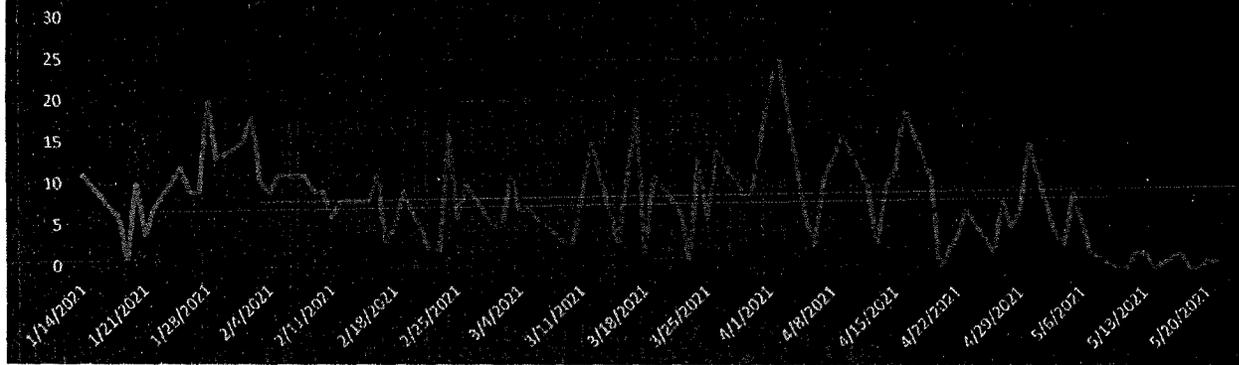




UW System Total Daily Spring Positives Over Time



UW System Total Daily Spring Positives w/o Madison Over Time



2019 Enrollment Data

University	Subcategory	Number of Students	TOTALS
UW-Eau Claire	Graduate	665	
	Undergraduate	10519	11,184.00
UW-Green Bay	Graduate	396	
	Undergraduate	8,400.00	8,796.00
UW-La Crosse	Graduate	955	
	Undergraduate	9,649.00	10,604.00
UW-Madison	Graduate	11,828.00	
	Undergraduate	33,165.00	44,993.00
UW-Milwaukee	Graduate	4,630.00	
	Undergraduate	21,509.00	26,139.00
UW-Oshkosh	Graduate	1,254.00	
	Undergraduate	14,266.00	15,520.00
UW-Parkside	Graduate	482	
	Undergraduate	3938	4,420.00
UW-Platteville	Graduate	792	
	Undergraduate	7489	8,281.00
UW-River Falls	Graduate	396	
	Undergraduate	5581	5,977.00
UW-Stevens Point	Graduate	495	
	Undergraduate	7830	8,325.00
UW-Stout	Graduate	1,104.00	
	Undergraduate	7,289.00	8,393.00
UW-Superior	Graduate	351	
	Undergraduate	2,257.00	2,608.00
UW-Whitewater	Graduate	1,428.00	
	Undergraduate	11,020.00	12,448.00



# WISCONSIN

UNIVERSITY OF WISCONSIN-MADISON

## Assembly Committee on Constitution & Ethics 2021 Assembly Bill 347

June 2, 2021

The University of Wisconsin-Madison thanks the committee for the opportunity to provide written testimony in opposition to Assembly Bill 347, prohibiting University of Wisconsin System institutions and technical colleges from requiring testing for, or vaccination against, the 2019 novel coronavirus (COVID-19).

The UW-Madison community consists of over 60,000 individuals - students, staff and faculty – and contributes to a large portion of Dane County’s population during the academic year when classes are in session. Students hail from every corner of Wisconsin, from across the country and around the world. Because of the variety of locations from which students come to college, as well as the fact that many of them live in congregate living situations and interact with each other in close proximity on a regular basis, campuses such as UW-Madison can represent an elevated risk during public health emergencies.

To that end, you may be aware that the campus saw a substantial spike in COVID-19 cases in September 2020. In response, the campus took a number of actions that allowed us to quickly identify those who were positive and those exposed to someone who tested positive and asked them to immediately isolate or quarantine. This quick response to the spike in cases, which included frequent testing among the most at-risk groups, contained the spread and allowed UW-Madison to safely remain open throughout the fall following an initial two week pause. It also allowed campus to keep positivity rates below that of Dane County and far below that of the rest of the state. [According to a study from the Centers for Disease Control](#) and Prevention, campus interventions also helped limit community spread.

Adapting our experience in the fall, a comprehensive testing plan put in place for the spring 2021 semester, combined with physical distancing, masking, and other health protocols allowed campus infection rates to remain low throughout the entire second semester.



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It is clear that our ability to require COVID-19 testing for students and employees was central to quickly identifying and isolating those with the virus, which substantially limited the spread of the virus within residence halls, in campus teaching and work settings, and in the broader community. It also allowed us to work in partnership with federal, state and local public health to control the spread of the virus and better understand disease transmission.

As importantly, with evolving state and local health recommendations, the campus must retain the flexibility to adjust its approach based on circumstances and public health guidelines that may exist at any given time. Assembly Bill 347 would take away the university's ability to make these important public health decisions for the safety of our students, employees and community members.

It is also worth mentioning that because of continued vaccination efforts, we have every reason to expect that our employees and students, as well as the surrounding community, will be at a vaccination rate that substantially reduces disease risk by this fall. This is crucial for residential campuses such as ours. UW-Madison has vaccinated almost 40,000 people since the start of this year and the current vaccination rate for UW-Madison community is estimated to be as much as 70% - and may in fact be much higher, as many employees and students received their vaccines off-campus. For these reasons and others, we do not have plans to require the COVID-19 vaccine as a condition of employment or enrollment at the university in the fall, but do believe that a prohibition against such a requirement is inconsistent with best practices in public health.

Thank you for the opportunity to submit written testimony on the impact this legislation would have on UW-Madison. If you have any questions, please reach out to UW-Madison Director of State Relations Crystal Potts [crystal.potts@wisc.edu](mailto:crystal.potts@wisc.edu) or (608) 265-4105.



Office of Government Relations

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June 2, 2021

TO: Members of the Assembly Committee on Constitution and Ethics

FROM: Jeff Buhrandt, UW-System Associate Vice President for Government Relations

RE: Written Testimony on Assembly Bill 347

The UW System (UWS) has stated it is planning to return in-person classes to pre-pandemic levels for the Fall 2021 semester. UWS has been clear that it will not mandate vaccines. UWS is also planning to phase out mandatory testing for the Fall 2021 semester. Already this spring and summer term we have relaxed testing protocols for vaccinated students and staff.

Last fall UWS was faced with a monumental decision: Do we welcome students back to our campuses and dorms or do we ask them to stay home and take classes entirely online? President Thompson made the decision that campuses would be open. The main goal was to have students on campus, but we needed to make them—and our faculty, staff, and university communities—as safe as possible. Testing was an essential component to opening and keeping open campuses, while ensuring the safety of those on our campuses, especially students in university housing during the height of the pandemic.

During the spring semester campus positivity rates remained well below the statewide average and fell under one percent for much of the semester. The authority to have testing allowed the campuses to stay open and gives campuses the optionality to have a tool available to control the spread of the disease if another outbreak were to occur.

A vote for this legislation, by limiting our ability to use testing that protects the health and safety of students in congregate settings, could severely jeopardize UWS's ability to sustain in-person learning this fall, leading to significant negative repercussions not only on students and staff, but also the economic and health interests of our communities throughout Wisconsin.



## **UW Covid-19 Testing and Vaccine Policy Testimony**

Proposed Bill:

Prohibiting University of Wisconsin System institutions and technical colleges from requiring testing for, or vaccination against, the 2019 novel coronavirus.

An Act to create 36.13 and 38.21 of the statutes; Relating to: prohibiting University of Wisconsin System institutions and technical colleges from requiring testing for, or vaccination against, the 2019 novel coronavirus.

Good morning ,

My name is Joe Krantz. I am a Junior at UW Madison .

My college experience at UW Madison so far has been pretty rough : Quarantines, mask mandates, social distancing, limited gatherings, Badger Badge covid testing, and now vaccination pressure.

After enduring a year and a half of quarantine measures and the unnecessary transfer to online school, I am tired of being subject to an absolute abuse of government and university power.

I would love to finish my education at UW free from overreaching and tyrannical health policies.

University power needs to be kept in check, these overbearing health measures need to end.

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As far as a mandatory vaccines for UW students :

It is unlawful to conduct medical research on a human being, even in the event of an emergency, unless steps are taken to secure the **informed consent** of all participants.

**The individual's consent is absolutely essential.**

Statements such as “all students are required to get the Covid-19 vaccine to make the campus safe” or “it’s safe and effective” leave out critical information.

Critical information includes the facts that Covid-19 injections are unapproved EUA (emergency Use Authorization) vaccines that “may” or “may not” prevent Covid, won’t necessarily make campuses safer, and could in fact cause harm.

Not providing links or achievements of the manufacturers’ fact sheets and current information on adverse events is omitting safety information.

With respect to the emergency use of an unapproved product, the Federal Food, Drug and Cosmetic Act, Title 21 (U.S.C. 360bbb-3(e)(1)(A)(ii)(I-III)<sup>15</sup> ) reiterates that individuals be informed of “**the option to accept or refuse administration of the product, [and] of the consequences, if any, of refusing administration of the product, and of the alternatives to the product that are available and of their benefits and risks.**”

EUA (Emergency Use Authorization) products are unapproved, unlicensed, and experimental.

Under the Nuremberg Code—the foundation of ethical medicine—no one may be coerced to participate in a medical experiment.

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Here are just a few concerns related to the covid shot :

The Phase II and III portions of the clinical trials are currently in an observational period until 2023, tracking participants for two years following vaccination.- We have no idea of the long term effects of this shot.

An Israeli study showed that natural immunity from having had COVID-19 is at least as effective as vaccine immunity.

Natural immunity occurs with most other viruses, so why would anyone assume that wouldn't be true for SARS-CoV-2?

Numerous doctors, scientists and medical experts are issuing dire warnings about the short and long-term effects of COVID-19 vaccines, including but not limited to death, infertility, miscarriages, Bell's palsy, blood clots, cancer, inflammatory conditions, autoimmune disease, early-onset dementia, convulsions, anaphylaxis, and antibody dependent enhancement leading to death;

There have been more deaths from COVID-19 vaccines, as reported to the Vaccine Adverse Events Reporting System (VAERS), than deaths in the last 20 years from all vaccines combined;

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I am very grateful to attend UW Madison and I am excited for my future after graduating from UW Madison. However, if this vaccine is mandated without offering exemptions, I will no longer attend UW Madison.

I already had covid which provides me with natural immunity, possibly an even better immunity than these experimental vaccines.

I will receive no benefit from getting vaccinated as I already have natural immunity.

I will not be a test subject of a rushed, experimental vaccine .

I **REFUSE** to take this dangerous, experimental vaccine.

While my education and career are extremely important to me; my morals, rights, and values are **far** more important .

My personal health decisions are up to me, and me alone.

So I ask you to please ensure that my personal rights as a student and an American citizen are not infringed upon and that the tyrannical University health measures come to an end.

Thank you for your time and consideration.

My name is Keeley Collins and I am the former Communications Director for the College Republicans at UW-Madison.

- Self-introduction
- Sharing experience from this past school year
- I felt the mandated Covid testing was an extreme overstep of power. I felt violated when the school system that I give money to, required me to share personal health data with them in order to receive the education I was already paying for. I felt vulnerable and controlled.
- Sharing health data should not be condoned or enforced by university—further explanation -Story of my graduation
- I could not attend my graduation because of the vaccine and Covid policies enforced by the university. It felt as though I was being punished for not letting the university control my health decisions and actions.
- Forcing students to get a vaccine also poses potential liability issue for the university. Many students do not feel comfortable getting a vaccine that has not been thoroughly researched for several years. If the university forces these students to get a vaccine, which then causes them permanent health challenges or death, the university system would be held liable. The risk is not worth the potential “reward” for the university.
- If students wish to get vaccinated on their own free will, that is fine. However, no student should be forced to get a vaccine just in order to receive the education they paid and signed up for. Doing so would be a complete overstep of power and control from the university system. It is important that you all help prevent this from happening by voting today. Please help ensure that students who refuse the vaccine, covid testing, or sharing personal health data, will not face severe discrimination.

Wisconsin United for Freedom  
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De Pere, WI 54115  
info@wisconsinunitedforfreedom.org



## **Oral Testimony for Tara Czachor of Wisconsin United For Freedom**

Wednesday, June 2<sup>nd</sup>, 2021: Assembly Committee on Constitution and Ethics

Good morning, Chairman Wichgers and committee members,

Thank you so much for your time and for bringing these bills up in your committee. Never before in my own lifetime, has the legislative process, in my opinion, been more important.

My name is Tara Czachor. I am the Co-Founder of Wisconsin United For Freedom, and I am here representing thousands of mothers and fathers, college students, medical professionals, alternative health care providers, etc., throughout Wisconsin, who simply believe that the government should stay out of the decisions we make for ourselves and our families, and that our Government actually exists in order to help Wisconsinites achieve their American Dream.

We are a health choice organization, and we support the right for families and individuals to make informed medical decisions for themselves and their families. We support choice, and we stand firmly against segregation and discriminatory rules and policies that are currently taking place in our beautiful state as we speak.

Wisconsin United For Freedom is in support of all of the protective vaccine related bills currently in this committee: including AB299, AB303, AB309, AB316, and AB347 and we are asking that they all pass with a yes vote in this committee.

I firstly, wanted to thank each and every author, co-author, and co-sponsor of these bills. The type of power and control seen by agencies without any accountability over the last year is unprecedented in our countries history. The closure of churches and schools, businesses being shut down which prevented employees from making a living, quarantining of healthy individuals, the illegal safer at home orders, have all been part of a year of horrific governmental overreach. The constant inconsistencies by our top health related agencies in this state and country have also made for an incredibly difficult year.

I want to share with you, a first-hand experience I had, when I first started attending Board of Health meetings, prior to the Covid situation in 2020. This experience has led me to continue to fight for health freedom.

I attended a local board of health meeting toward the end of 2019. It was actually my first board of health meeting in that community. In that meeting, prior to any public comments, a comment was made by a Board member concerning people who do not vaccinate and questioning what to do with them. The medical advisor of that board of health committee made an off-handed comment saying "LOCK THEM UP" in reference to those who do not vaccinate- and those on the board laughed and laughed. Lock them up. The doctor was there to provide his professional

health opinions to those on the Board of Health so that board members could make educated decisions concerning the health of that community. "Lock them up."

Needless to say, after my open records request of the audio file for that meeting, by the next meeting, he had resigned. I only wish I had been able to ask him which vaccine in his expert opinion that he believes people should be locked up for refusing. One? Two? All of them?

At what point is it acceptable for parents to question standard routine care provided by medical doctors? Is there a number of vaccines that need to be on the schedule that give us, as parents, the right to question? When I was born, the schedule was around 24 doses from birth to age 18. Now, it is 69 doses from birth to 18, and that does not include the new Emergency Use Authorization granted to the covid-19 vaccines for Sars-COV2.<sup>1</sup>

My Great-Grandparents settled here from Switzerland, in 1934, to escape extremism. They wanted to escape the European Governmental overreach, and America, is where they chose to come. The reason we need the bills in this committee today, is because currently, there are no employment protections, or protections to ensure access to housing, medical care, higher education, or life or health insurance for people who have chosen not to receive one or more vaccines in Wisconsin state law. Because these protections are not in place, you have employers exerting their power and control over their employees, by trying to start a trend of mandates and coercion, which much of what they are doing, they have learned from all levels of our government. Not only that, but you have cases backlogging our court system, to fight these unprecedented new rules.

We spend an exorbitant amount of time celebrating marginalized communities; and now we are openly chastising a group of people that are making their own sound decisions, and encouraging hate towards this group. How can our elected officials encourage a forum of discrimination when we're supposed to be progressive and forward thinking?

We have individuals and family's reaching out to our organization on a daily basis with their story of discrimination based on vaccination status. The issue these families are facing, is that the Government - and by Government, I mean the Wisconsin Department of Health Services, of which has zero accountability, is putting barriers into the lives of Wisconsinites, and causing them undue stress. Those barriers then filter down and surround everything we know and love in Wisconsin.

We have medical doctors and nurses contacting us in secrecy, because they are sincerely concerned with the Covid-19 vaccines and the safety issues they are seeing, but are fearful of retaliation, or in fear of losing their medical license if they come out and speak openly. They have seen other medical doctors who were silenced and censored this past year, and that great personal threat, is a huge moral and ethical issue they are struggling through. We have college students, public and private, reaching out to us asking for guidance on these issues for the upcoming school year. We have parents frantic that their children will be discriminated against if they choose against a medical procedure that they are working with their trusted healthcare provider on and making an informed medical decision.

We are currently being bombarded with information about how everyone, young and old, should go and get the new Covid-19 vaccine. The Wisconsin DHS is spending millions of dollars on radio ads, including entire news segments encouraging vaccination. In fact, Wisconsin DHS released a press release in February of 2021, which stated that they were engaged in a grant program of which “\$3.1 million of the investment will fund efforts to activate organizations to serve as trusted messengers to build vaccine confidence.”<sup>2</sup>

What they are not doing, however, is discussing, or even mentioning, any of the potential risks. In fact, social media platforms are involved in playing their part in order to shape the narrative and censor real stories of injury following vaccination. They want their narrative to be that these EUA vaccines are perfectly safe and effective for absolutely everyone, and that there are zero risks. The medical conglomerates are doing the same, and I think are causing a huge awakening in distrust between the average American and their medical provider. When our medical professionals are not humble enough in acknowledging that there is indeed information out there that they are not aware of, and do not provide informed consent by sharing all of the information with their patients, this is of grave concern. We need humbleness in healthcare again. We need common sense, and we need to simply pause, and take a step back, and have an open dialogue.

We have entire tables at school where children sit because they are severely allergic to peanuts. In fact, there is one school located in Brown County that is completely peanut and tree-nut free because of the severe allergies. If not everyone can even eat a peanut and be safe, how in the world can we assume being injected with an EUA vaccine is safe for everyone, and why are people’s concerns being pushed aside, as if even having a question is outlandish?

I wanted to share some information regarding adverse events following Covid-19 vaccination. You can access the Vaccine Adverse Event Reporting System, also known as VAERS, data yourself by going to the CDC's website: <https://wonder.cdc.gov/vaers.html>

According to the latest data available, as of May 21, 2021, there have been 262,521 total adverse events reported, including 4,406 deaths, 4,590 life-threatening events, 3,299 cases of permanent disability, 49,000 hospitalizations and emergency room visits following COVID-19 vaccination. I would like to note that VAERS is a passive surveillance system in the United States that captures adverse events following vaccination, but is unable to prove causation ( i.e. that the vaccine in question caused the adverse event or possible side effect).

With mass vaccination of the Covid-19 vaccines starting just a few months ago, there have been multiple safety issues that have become known within the first few months. In fact, just yesterday, the Wisconsin Department of Health Services sent out an alert titled: “**COVID-19 Health Alert #30: Myocarditis and Pericarditis Potentially Associated with mRNA-based COVID-19 Vaccines: Clinical Considerations and Information for Providers.**” This health alert states the following:

- “Cases of myocarditis and pericarditis have been reported in the United States after mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna), particularly in adolescents and young adults. Reported cases have been generally mild and responded

well to medications and rest.

- At this time, a causal relationship between mRNA vaccines and myocarditis or pericarditis has not been definitively established, although this remains an area of active investigation. CDC and Wisconsin DHS continue to recommend COVID-19 vaccination for everyone 12 years of age and older given the greater risk of other serious complications related to COVID-19, such as hospitalization, multisystem inflammatory syndrome in children (MIS-C), or death.
- Providers should consider myocarditis and pericarditis in adolescents or young adults with acute chest pain, shortness of breath, or palpitations. Ask about prior COVID-19 vaccination if you identify these symptoms, as well as relevant other medical, travel, and social history. To support ongoing surveillance of this potential adverse event, it is imperative that providers report all cases of myocarditis and pericarditis occurring after COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS).<sup>3</sup>

The CDC and Wisconsin DHS are continuing to recommend emergency use authorized covid-19 vaccinations, of which no long-term safety studies have been completed, for individuals, including children ages 12 and up, while our own Wisconsin data shows that there have been 3 deaths in the 10-19 age group over the past year.<sup>4</sup> Further, they allude to heart inflammation not being a significant issue, when according to the CDC's own website, "most children with COVID-19 have mild symptoms or have no symptoms at all."<sup>5</sup>

Currently, VAERS has two reports of deaths post vaccination of teenage girls in Wisconsin who died of heart related issues. On March 30, 2021, a 16-year-old teenage girl was reported to have tragically passed away 9 days post vaccination of cardiac arrest and a pulmonary embolism. Her VAERS ID is 1225942.<sup>6</sup> Another teenage girl in Wisconsin, age 17, was reported to have tragically passed away 8 days post vaccination of cardiac arrest, in April of 2021. Her VAERS ID is 1199455.<sup>7</sup>

Any death of a child is truly tragic. Many of us here today are trying to research and become as educated as possible so that we do not face this same scenario with our own children, from an illness, or from a side effect from a vaccine. Vaccines, like any medical procedures, do not come without risk, and one does not need to have a PhD in molecular biology or be a toxicologist to read scientific studies or research. I implore every single Wisconsinite to look into these issues with an open mind, and with the empowerment that you are competent and educated individuals, who have a right to make an informed medical decision, even if that decision goes against the narrative all over the news right now. If Public Health officials reported, and continue to report on every Covid-19 death, one has to ask oneself why they are not reporting on deaths following vaccine administration.

There is also an **undeniable underreporting** issue with VAERS, which is of significant importance as the agencies at the top of our country and state are continuing to dedicate millions of dollars to push these vaccines. They continue to do so without having the answers to some very important questions regarding safety, and without disclosing that underreporting of injuries is a huge issue. It is entirely possible that serious reactions occurring after Covid-19 vaccine

administration are significantly higher given that historically, vaccine reactions are rarely reported.

One of the most undeniable pieces of evidence regarding underreporting of vaccine injuries includes an Agency for Healthcare Research and Quality-funded study by Harvard Medical School which tracked reporting to VAERS over a three-year period at Harvard Pilgrim Health Care involving 715,000 patients and found that **“fewer than 1% of vaccine adverse events are reported.”**<sup>8</sup> A U.S. House Report from the year 2000 similarly stated: “Former FDA Commissioner David A. Kessler has estimated that VAERS reports currently represent only a fraction of the serious adverse events.”<sup>9</sup>

Ignoring and casting aside these issues in the drive to vaccinate and promote vaccine confidence may eventually be the undoing of the very confidence the public health authorities seek to instill.

What I listed above, are just some of the reasons people might opt out of a medical procedure such as a vaccination, and is exactly why it is incredibly important for the passage of legislation protecting our choices in Wisconsin.

AB309/ SB 336 is an all-inclusive bill. This bill prohibits discrimination on the basis of vaccination status, which is defined in the bill as whether an individual has received one or more doses of a vaccine. The bill also makes changes to various discrimination laws, including all of the following:

1. The bill adds vaccination status as a prohibited basis for discrimination in the following areas: employment, housing, and the equal enjoyment of a public place of accommodation or amusement, or on the basis of a person's disability. Current law also requires certain state agencies, authorities, and corporations to include provisions in contracts they execute obliging the contractor to similarly not discriminate against any employee or applicant for employment.
2. The bill prohibits the University of Wisconsin System, the Technical College System, public elementary and secondary schools, and charter schools from discriminating against a student on the basis of the student's vaccination status. The bill also prohibits the UW System Board of Regents from investing gifts, grants, and bequests in companies that practice discrimination based on vaccination status.
3. The bill adds vaccination status as a prohibited basis for exclusion of an individual from jury duty.
4. The bill prohibits discrimination against an otherwise qualified person in the adoption of minor children because of the person's vaccination status.
5. The bill requires the heads of departments and independent agencies in the executive branch of state government to determine if there is discrimination on

the basis of vaccination status and take remedial action regarding such discrimination.

6. The bill adds vaccination status as a prohibited basis of discrimination with regards to discrimination against an employee, prospective employee, patient, or resident of an approved treatment facility providing treatment of alcoholic, drug dependent, mentally ill, or developmentally disabled persons on several bases.
7. Current law prohibits discrimination on several bases in the provision of vocational rehabilitation or mental health services. The bill adds vaccination status to the prohibited bases of discrimination.

--Wisconsin United For Freedom wants to ensure those who need access to mental health services are not denied based on their vaccine status.

8. Current law prohibits state agency rules from discriminating against a person on several bases. The bill adds vaccination status as a prohibited basis of discrimination.
9. The bill prohibits an insurer from discriminating against an individual on the basis of vaccination status and also prohibits motor carriers, automobile insurers, transportation network companies, and real estate brokers and salespersons from discriminating against an individual on the basis of vaccination status.

Wisconsin United For Freedom also supports AB299, which forbids the state, any governmental entity, and any business or legal entity engaged in any enterprise in the state from requiring any person to provide proof that the person has received a vaccine against the SARS-CoV-2 coronavirus, which causes COVID-19, as a condition of receiving any services, transacting any business, accessing any building, or participating in any function. We support AB316 as well, which forbids the state and any governmental entity from discriminating against any person based on whether the person has received a vaccine against the SARS-CoV-2 coronavirus, which causes COVID-19, or is able to show proof of having received such a vaccine.

We would encourage an amendment to both of these bills to include not just Covid-19 vaccination, but all vaccinations.

We support AB303, which prohibits any business or legal entity engaged in any enterprise in the state from discriminating against any customer, client, or potential customer or client based on that person's vaccination record. We appreciate that this bill is not specific to only one vaccine.

We support AB347, which would prohibit the University of Wisconsin System institutions and technical colleges from requiring testing for, or vaccination against, the 2019 novel coronavirus.

We are strong proponents for health freedom in our state. We believe in medical privacy. We believe that our medical decisions need to remain between ourselves and our trusted healthcare providers. We believe in equal treatment, in preserving our American dream, and we are against discriminatory policies becoming the norm. We believe in health choice, and we believe in informed consent.

Just two days ago, it was Memorial Day – a day to honor those that have fought and died for our country – so that we may remain free. I told my children that our goal in life, is to try and live a life those heros could be proud of, and that we make sure their sacrifice was not in vain. Those sacrifices were not made for money, power, fame or glory. Those sacrifices were made to sustain the American way of life – freedom. Freedom does not consist of restricting and discriminating against ANY Americans.

Thank you for your time.

## References

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<sup>1</sup> <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-pfizer-biontech-covid-19-vaccine-emergency-use>

<sup>2</sup> <https://www.dhs.wisconsin.gov/news/releases/021521.htm>

<sup>3</sup> <https://content.govdelivery.com/accounts/WIDHS/bulletins/2e220f6>

<sup>4</sup> <https://www.dhs.wisconsin.gov/covid-19/deaths.htm>

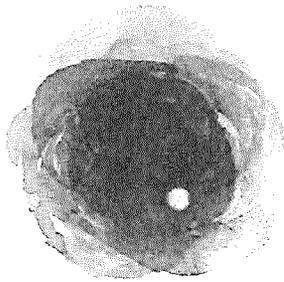
<sup>55</sup> <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/symptoms.html>

<sup>6</sup> United States Department of Health and Human Services (DHHS), Public Health Service (PHS), Centers for Disease Control (CDC) / Food and Drug Administration (FDA), Vaccine Adverse Event Reporting System (VAERS) 1990 - 05/21/2021, CDC WONDER On-line Database. Accessed at <http://wonder.cdc.gov/vaers.html> on Jun 1, 2021 10:57:37 PM

<sup>7</sup> United States Department of Health and Human Services (DHHS), Public Health Service (PHS), Centers for Disease Control (CDC) / Food and Drug Administration (FDA), Vaccine Adverse Event Reporting System (VAERS) 1990 - 05/21/2021, CDC WONDER On-line Database. Accessed at <http://wonder.cdc.gov/vaers.html> on Jun 1, 2021 10:59:27 PM

<sup>8</sup> [AHRQ Electronic Support for Public Health–Vaccine Adverse Event Reporting System \(ESP:VAERS\) Dec 1, 2007-Sep. 30, 2010](#)

<sup>9</sup> <https://www.congress.gov/106/crpt/hrpt977/CRPT-106hrpt977.pdf>



**Pro Life**  
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**Testimony in Support of Assembly Bill 299:** prohibiting proof of vaccination for COVID-19 as a condition of receiving business and government services

**Testimony in Support of Assembly Bill 303:** prohibiting businesses from discriminating against customers due to their vaccination record

**Testimony in Support of Assembly Bill 309:** prohibiting discrimination on the basis of vaccination status

**Testimony in Support of Assembly Bill 316:** prohibiting the government from discriminating against any person based on whether the person has received a vaccine against COVID-19

**Testimony in Support of Assembly Bill 347:** prohibiting University of Wisconsin System institutions and technical colleges from requiring students or prospective students to be tested for, or vaccinated against, COVID-19

**Assembly Committee on Constitution and Ethics**  
**By Matt Sande, Director of Legislation**  
**June 2, 2021**

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Good morning Chairman Wichgers and Committee members. My name is Matt Sande and I serve as director of legislation for Pro-Life Wisconsin (PLW). Thank you for this opportunity to express our support for Assembly Bill(s) 299, 303, 309, 316, and 347, legislation that prohibits vaccine discrimination against Wisconsin citizens.

Some of the bills (AB 303 & AB 309) apply generally to all vaccines and all epidemics, and some (AB 299, 316, & 347) only to those associated with the 2019 novel coronavirus. We prefer the former, particularly AB 309 which provides the most comprehensive protection against vaccine discrimination. But the remaining four bills are a good step in the right direction and will set a good precedent. Accordingly, we support passage of all five bills.

As Operation Warp Speed races forward in the production and deployment of safe and effective vaccines for the novel coronavirus, it is imperative that we lay down firm ethical parameters around this effort. On October 13, 2020, the national Personhood Alliance (PA) published its official position on vaccine ethics, the culmination of two months of work by PA affiliate representatives from eight states, both Catholic and evangelical, and independent physician reviewers including Alan B. Moy, MD, President and Scientific Director of the John Paul II Medical Research Institute in Iowa.

As a founding board member of the Personhood Alliance, I participated in crafting the position throughout August and September 2020 as a working member of the PA Vaccine Ethics Committee. Our position was formally approved by the PA Board of Directors and subsequently by the PLW Board of Directors.

**The Personhood Alliance/Pro-Life Wisconsin vaccine ethics position 1) opposes the production and testing of vaccines using the remains of aborted human beings, and 2) opposes forced or coerced vaccination.** Concerning coercion, our position specifically *“affirms the rights of all people to refuse medical treatment and to reject violations of their and their family members’ bodily integrity, moral conscience, and Constitutional protections through forced or coerced vaccines.”*

Assembly Bill(s) 299, 303, 309, 316, and 347 reinforce our vaccine ethics position. For the many Wisconsinites who earnestly avoid any entanglement in the abortion industry, discriminating against them for refusing a vaccine produced from or tested using aborted fetal cells is repugnant – a total violation of conscience. The Pfizer/BioNTech, Moderna, and Johnson & Johnson Covid-19 vaccine development and deployment are a case in point. While both the Pfizer and Moderna vaccines were ethically derived/produced, both were unethically tested using HEK293 aborted fetal cells harvested from the kidney of a preborn baby aborted in the Netherlands in 1973. The Janssen/Johnson & Johnson Covid-19 vaccine used the abortion-derived cell line PER.C6 in its development and production. PER.C6 is a proprietary cell line owned by Janssen, a subsidiary of Johnson & Johnson, that was developed from the retinal cells of an 18-week-old aborted fetus in 1985. One can see this all clearly on the Charlotte Lozier Institute website at <https://lozierinstitute.org/update-covid-19-vaccine-candidates-and-abortion-derived-cell-lines/>

Are there ethical alternatives? Dr. Alan B. Moy questioned, “Could Pfizer [and Moderna] have tested and validated their vaccine without using HEK293? The answer is yes. There are other immortalized human and non-immortalized human cell lines that could have been used. I have highlighted other alternative human cell lines that are ethically non-controversial.” These include HEPG2 (immortalized human cell line from a hepatic cancer), HeLA (immortalized human cervical cell line), alveolar cells (cells derived from induced pluripotent stem cells), and human adult stem cells.

This list of ethically derived human cell lines is readily available and can be used at all steps in the process. Importantly, the John Paul II Institute headed by Dr. Moy is developing its own ethically produced and tested coronavirus vaccine using perinatal human umbilical cord and placental cells. These are adult-type stem cells that do not involve the creation or destruction of human embryos. CureVac of Germany is also producing an ethical mRNA COVID-19 vaccine. To be sure, there are ethical coronavirus vaccines in the pipeline.

The Personhood Alliance/Pro-Life Wisconsin standard is high, eschewing both unethical *production and testing*, because if we continue to allow the use of aborted human beings in therapeutic development, *in any manner*, legal abortion will continue unabated. Government and the pharmaceutical industry will never stop using aborted babies in vaccine development and medical research unless the faithful, unequivocally, say no to their end products. The connection between abortion, biomedical science, and human trafficking must be completely severed. Accordingly, many pro-life Wisconsinites reject the use of the Pfizer, Moderna, and Janssen/Johnson & Johnson COVID-19 vaccines and would vehemently oppose any discriminatory coercion of their use.

And whether a vaccine is ethically produced and tested, it is unethical, and highly offensive, for the state, a business, or any entity to discriminate against individuals who may strongly resist it

for a variety of health, conscience, religious, or personal reasons. Vaccines can kill or severely harm people with auto-immune disorders, who may not even know they have such disorders. The fact that vaccine injury and death is an acknowledged medical reality demands that a person's choice to avoid the health risks for himself/herself be respected.

We are entering a time of unprecedented coercion. COVID-19 testing is already required for international travel. Will COVID-19 vaccination soon be required to engage in daily activities of American life? Domestic travel, sporting events, restaurants & grocery stores, going to work, going to church, how about the basic exchange of goods and services in person? Privileges for the vaccinated; punishments for the non-vaccinated?

Such requirements are discriminatory and divisive, dividing citizens and families into "separate but equal" groups. One would think we are long beyond this type of segregation in America. Regrettably, the Archdiocese of Chicago just announced that parishioners may only return to Mass unmasked if they can provide "proof of vaccination."

Persuasion is the way vaccine campaigns must be conducted, especially in America where our civil liberties are sacrosanct...where personal autonomy and informed consent are bedrock principles. Coercion severely undermines the public trust and tramples on our cherished rights, including our First Amendment right to freely exercise our religious beliefs, our Fourteenth Amendment guarantees of liberty, equal protection, and due process of law, and our Article 1, Section 18 Wisconsin constitutional guarantee of freedom of worship and liberty of conscience. These bills protect our right to make our own health decisions, our right to follow our conscience, and our right to freely exchange in commerce.

Thank you for your consideration, and I am happy to answer any questions committee members may have for me.

June 2, 2021

RE: AB299, AB303, AB309, AB316, AB347

Representatives and Committee,

Thank you for representing Wisconsinites. I appreciate you allowing me to speak today.

I know that this past year and a half has presented unique challenges for many. As we move forward, we must keep Constitutional and medical freedom in mind as we make critical decisions.

As a registered nurse, mother of 3, and concerned Wisconsinite, I ask you to support bills AB299, AB303, AB309, AB316, and AB347.

These bills are essential. They will preserve medical freedom and prevent medical discrimination. No one should have to choose between their bodily integrity and the pursuit of employment, education, or free enjoyment of services in society.

Recently, businesses, schools, and places of employment have started coercing and even forcing people to choose between their ability to participate freely in society or receiving an experimental medical product with no long-term safety studies. Many entities are deceptively advertising that receipt of the Covid-19 vaccine protects others. The experimental vaccines do not offer protection for infection or transmission. The manufacturers state the products are "effective" because they purportedly lessen symptoms in the recipient. If the "benefit" is only to the person receiving the shot and not to others, then there must be choice in whether or not to receive it.

The Covid-19 vaccines currently available have not undergone studies to demonstrate long-term safety, including evaluations for carcinogenicity (ability to cause cancer), mutagenesis (ability to cause genetic mutations), and impact on fertility.

Some of the products have been researched and developed using aborted fetal cell lines. Forcing these experimental medical products onto Christians or persons of other faiths that hold life sacred will result in religious freedoms being grossly violated.

It is especially unthinkable that we would coerce children, teens and young adults into getting these experimental products. We already have younger and younger populations suffering from autoimmune disease, chronic illness, and cancer. Now, we are seeing teens getting blood clots and dying from heart attack after getting the shot.

Contrary to misinformation shared in recent times to deceptively reassure the community (such as "this technology has been around for the past 10 years, etc."), scientists have not demonstrated safety in the use of mRNA technology widely in the human population. Up until

this point, animal studies using mRNA technology have not fared well and resulted in illness and death.

Now, that the emergency-use injections are being used on a wide-scale in people, injuries and deaths reported to the Vaccine Adverse Events Reporting System (VAERS) have skyrocketed. Vaccine and other pharmaceutical injuries are already vastly underreported. In many cases, people are told that a reaction is a coincidence and that it is impossible for an injury or death to be related to the shot.

This ignorance should be considered criminal considering that there have been other pharmaceutical products released to market that have resulted in injury and death and removed after it is too late. For example, Vioxx, a pain reliever once deemed safe and recommended widely by physicians, resulted in sudden heart attacks and subsequently taken off the market. Thalidomide, a medication widely administered to pregnant women, was discontinued after some time due to an emergence of serious birth defects associated with it. Babies were born with missing limbs and damage to internal organs.

It is absolutely critical that people have a right to choose what goes into their body. Each one of us is biologically unique; not everyone responds the same way to a pharmaceutical product or medical procedure. For example, we would never tell someone that they must take penicillin or another medication if they have not responded safely to it. Many people have experienced anaphylactic and other reactions to pharmaceutical products after being told they are safe. All pharmaceutical products carry risk. Further, with the PREP act, Covid-19 vaccine manufacturers are not held liable for injury or death. This alone should cause us to pause.

Covid-19 vaccination is a widespread medical experiment for which we may not realize the consequences until it is too late. When we use coercion, force, or discrimination concerning experimental medical products, this is reminiscent of times past when certain groups of people were wrongly considered diseased and segregated. We must preserve lessons learned in history and avoid the same grave mistakes that result in destruction of life and liberty.

Please join me in supporting medical freedom by saying yes to these important bills.

Thank you,

Michelle Standlee, RN

Committee members, THANK YOU for this hearing.

*My name is  
Amy Weigand*

I am an RN. I have worked in long term care facilities and in two hospitals. I have NEVER gotten the flu vaccine. I am thankful my former employers allowed religious exemptions. The time is here that we must have legal protection so employers, schools, government agencies and businesses cannot discriminate based on vaccine status or proof of it. They have no real right to even ask.

I am in support of these bills. This is about FREEDOM. I was at home watching online when there was another hearing related to prohibiting a vaccine mandate and know that this committee heard many wonderful testimonies about the hazards of the COVID gene therapy so called vaccine. You learned about the very real risk of **antibody dependent enhancement** following this vaccine. I won't go into this further, but just say this to remind you of the previous hearing and all the great information brought forth there.

I testify for FREEDOM, not to be reckless and harm others as I have been accused of, but FREEDOM to be responsible for my own health and the health of my family.

**This so called vaccine is about money for big corporation and the control of people, and not about health.** If the vaccine, and all the debate about COVID **was about health** we would be hearing about checking vitamin D levels and how to maintain a therapeutic level that supports, among other things, our immune health- something I often reminded my hospitalized patients to beware of. Vitamin D levels can become therapeutic by an inexpensive supplement, and increased by sunshine which is free. There is no money to be made through this safe and simple action. This is only one way to enhance health.

If the vaccine, and all the debate about COVID **was about health** medications that **WORK** would be available for sick people like a young 29 year old man I know from another state. He came down with Covid and was very very sick. His family tried in vain to find a doctor who would prescribe either Hydroxychloroquine OR ivermectin. His mom eventually found someone who gave him his own stash of Hydroxychloroquine AND he took SHEEP IVERMECTIN. It was after that that he turned the corner and began to get better. One doctor told him she could not give him Ivermectin but if he could not breathe he should go to the hospital. We treat ANIMALS better than humans who are created in God's image.

That same young man? His friend's best friend DIED after getting one of the vaccines.

We were on vacation in Florida. Our waitress told us her father died one month earlier, the day after

receiving the Moderna vaccine. She began to cry.

A 12 year old girl was in a vaccine trial. She has not been the same since receiving this vaccine. She cannot walk and needs a feeding tube at this time. I know an elderly woman who was hospitalized with clots after her first Moderna dose. Miscarriages, even a 7 month old unborn baby died after the mother were injected with this gene therapy.

*Well over 4000 reported deaths on Vaers site.*

The expense of these injuries is unimaginable. The cover-up of these deaths and injuries is shameful. Follow the money.

*Estimated to be about 10% of reality.*

These bills must become law. We need this protection.

*Several doctors, nurses  
other healthcare workers -  
what R we doing to our  
h.c. workers?*

**If less than HALF the time, money and effort was spent on health enhancement education and implementation of good protocols to enhance health instead of expensive, barley tested, experimental therapies like the Covid vaccine and all the media hype and government coercion along with it, many people would be here today who have died as a result of this Covid fiasco.**

Nursing shortage. I am currently not working due to egregious mask requirements implemented when Governor Evers overstepped his authority and mandated masking statewide. I would like to return to work at some point but cannot without legal protection for myself.

Many nurses will not take this vaccine. We need nurses!!

*Healthcare workers especially  
need protection at the State level due to federal money tied to protocols  
such as # vaccinated.*

Family members very concerned about being forced to take a vaccine to work. They will move on to another job rather than risk their health or life.

Thank you for hearing my testimony.

Mary P Weigand RN  
West Bend, WI

*The states must  
Step it up to  
ensure our  
God given + Constitutional  
freedoms.*



**WISCONSIN FAMILY ACTION**  
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**TESTIMONY IN SUPPORT OF ASSEMBLY BILLS 299, 303, 309, 316, & 347**  
**ASSEMBLY COMMITTEE ON CONSTITUTION AND ETHICS**  
**WEDNESDAY, JUNE 2, 2021**

**JULAIN K. APPLING, PRESIDENT**

Thank you, Chairman Wichgers and committee members, for the opportunity to testify on Assembly Bills 299, 303, 309, 316, and 347. Wisconsin Family Action supports these bills that address a critical issue in our state. We are grateful for the authors who have taken the lead on these bills and for the co-sponsors who have stepped up to lend support.

At the outset, I want to be perfectly clear that we take no position on whether or not an individual should take the COVID-19 vaccine or any other vaccine for that matter. We are not in any way dismissive of the virus. Like virtually everyone in our state, we have been affected by its reach in our own families and organization. We are not making any kind of judgment in this testimony as to the efficacy of or the necessity for the vaccine. That is not the point or purpose of these bills.

The bills taken as grouping each do what we believe needs to be done: prohibit any effort by any entity to require any COVID-19 vaccination or to require proof of one having had said vaccine.

One issue we do have with any vaccine, including the COVID-19 vaccine, is whether or not the research and/or testing has involved the use of the cells or tissue or any body part of an aborted baby. And that reality does play into our position on these bills because people should be able to choose not to take a vaccine that in its development violates a person's core, deep-seated beliefs and convictions. That choice should be protected—and we believe it is—by the First Amendment of the US Constitution and by Article I, Section 18 of our Wisconsin Constitution, which gives unequivocal protection to the right of conscience:

*Article I, Section 18, Wisconsin Constitution*

*Freedom of worship; liberty of conscience; state religion; public funds. SECTION 18. [As amended Nov. 1982] The right of every person to worship Almighty God according to the dictates of conscience shall never be infringed; nor shall any person be compelled to attend, erect or support any place of worship, or to maintain any ministry, without consent; **nor shall any control of, or interference with, the rights of conscience be permitted**, or any preference be given by law to any religious establishments or modes of worship; nor shall any money be drawn from the treasury for the benefit of religious societies, or religious or theological seminaries. [1979 J.R. 36, 1981 J.R. 29, vote Nov. 1982] [emphasis added]*

We believe deciding to take a vaccine is a personal matter, even a matter of conscience. Individuals might also involve a doctor in their decision, but even that choice is up to the individual. No vaccine should ever be forced on people, not even during a declared “emergency.” As you will hear today and as you know, vaccines are potent pharmaceuticals. Every vaccine has a risk-benefit associated with it, and people are entitled to determine for themselves whether they want to assume the risk for any benefit the vaccine may bring.

In a country where the rule of law is supposed to be at the heart of how we do government, we cannot set aside the Constitution, either the US Constitution or our state constitution, even during a health crisis. To the contrary, constitutions are meant to ensure protections even during the worst of times. Giving government

officials at any level of government the authority to mandate a vaccine or proof of vaccination threatens the rights of individuals. These bills appropriately restrict that authority and ensure that the rule of law is respected.

When it comes to employers, we firmly believe employees do not forego their constitutional or legal rights when they sign on to work at a given company. Receiving a vaccine or having to provide proof of vaccination should not be a condition of employment. Consider the precedent that would be set if this prohibition does not happen or if such discrimination is permitted. Right now, COVID-19 is the virus we are fighting. Tomorrow it could be something different for which scientists develop a vaccine. We could have situations where a person would need to get multiple vaccines just to have a job. To not prohibit this vaccine mandate and having to provide proof of vaccination would put us on the proverbial slippery slope—which seems to always take us further and take us faster than we ever imagined.

For those who would say that Wisconsin has three vaccine exemption options and that should be sufficient to cover the current vaccine situation, thereby making these bills unnecessary, we respond that we have learned over the last year that once a state or local official declares an “emergency,” safeguards and options we thought were available can be quickly set aside, legally or not. We have no confidence that these exemptions apply in general, say, to an employee or to an individual citizen seeking service at a business, or that if they do apply more generally, that they would be upheld during a declared emergency. Simply put, we need these specific safeguards.

Frankly, our only concern with all of these bills, with the exception of AB 309, is that they are specific to the COVID-19 vaccine. We believe they should be more generally applicable so that we do not have to revisit this issue for any future health crisis we face in the state. AB 309 appropriately makes vaccination status non-specific so that we are not back here next year seeking similar protections from possible vaccination mandates and/or proof of such vaccination regarding another virus or disease.

Individuals and families are being asked to deal with a great deal right now. They should not have to be concerned that they will be violating a law if they decide not to take the COVID-19 vaccine and therefore have no proof of such vaccination, and they should not have to be concerned that their employment would be in jeopardy should they decline the vaccine. Enacting the measures included in these bills would ensure authority would not be abused, would uphold the rule of law, and would help families avoid additional stress. We urge this committee to pass these bills quickly and move them to the full Assembly where we hope they will receive swift passage.

Thank you for your attention and thoughtful consideration of our position on these bills.



**VACCINE  
CHOICE**  
WISCONSIN

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**Submission to the Wisconsin Assembly Committee on Constitution and Ethics Public Hearing on  
6/2/2021 at 10:00 am – AB309, AB299, AB303, AB316, AB347**

**By Judith Jolly, RN, BSN – Co-Founder – Vaccine Choice Wisconsin**

**[www.vaccinechoicewi.org](http://www.vaccinechoicewi.org)**

Dear Representative Wichgers, Representative Theisfeldt and members of the Assembly Committee on Constitution and Ethics. Thank you for taking the time to hold a hearing today on several good bills that would ensure that discrimination based on a person's vaccine status does not become a reality in Wisconsin.

My name is Judith Jolly and I am a wife, mother of two, and a resident of Pardeeville Wisconsin. I am a registered nurse with a Bachelor of Science degree in nursing who has been in active practice for over 26 years. Additionally, I am the Wisconsin State Director and the Director of Diseases and Vaccine Website Content for the National Vaccine Information Center, the nation's oldest vaccine safety and informed consent advocacy organization. I am here today representing Vaccine Choice Wisconsin – an organization dedicated to ensuring that vaccination remains a choice for all Wisconsinites, from conception to final heartbeat.

I am speaking in support of AB309 and would like to thank Representative Moses and Senator Jacque and all the co-sponsors for introducing this legislation. I would also like to thank Rep. Magnifici, Rep. August, Rep. Krug, Senators Felzkowski and Stafsholt for introducing AB299, AB303, AB316 and AB347.

I support all of the bills that are being heard today, however, AB309 is the most comprehensive bill, and its passage will ensure that discrimination based on vaccination status does not happen here in Wisconsin. AB309 is about preventing discrimination. Discrimination against a subset of the population who have chosen to make a personal medical decision to decline one or more vaccine products, based on multiple factors that may include personal or family health history, personal risk versus benefit, personal or religious beliefs, and more. Moreover, this bill does not prevent anyone who wants to get a vaccine from getting a vaccine. It simply offers some much-needed protections in the law to protect individuals who wish to decline one or more vaccines and ensures that they are not discriminated against and excluded from society.

Vaccination is a medical procedure that comes with risks. For some, the risk of this procedure outweighs any potential benefit, and in most cases, we do not know in advance who will be seriously injured or die as a result of vaccination. This is why vaccination, like every other invasive medical procedure, must be a choice. And one where the choice does not come with a penalty. Discrimination against people who chose not to get one or more vaccines, whether it be the experimental COVID-19 vaccine, or a fully licensed vaccine, is real. Almost daily, we hear media stories, and statements from public health officials, shaming, bullying, and marginalizing individuals and families who do not wish to get every single CDC recommended vaccine. Individuals who dare to question vaccine safety or effectiveness, or who chose to decline a vaccine product are given the "anti-vaccine" label, dismissed as conspiracy theorists, called public health threats, censored on social media, and denied employment and educational opportunities.

Can we not learn from our history? When we create a two-tier system, we open the door to the dehumanizing of a subset of our population. And history has shown that nothing good comes from these actions. Open up a history book and read up on the atrocities that have occurred to populations as a result of discrimination. If Wisconsin legislators do not act now, we will continue to progress down this slippery slope.

In New York, they have created a vaccine pass for people that allows vaccinated people special privileges. The governor of Washington has mandated that houses of worship and sporting events implement "vaccinated" sections, where only vaccinated people are allowed. Oregon has mandated that businesses and places of worship check proof of vaccination status before permitting entry to individuals who are not wearing face masks. Here in Wisconsin, signs are appearing outside of stores telling people who have not received the experimental COVID-19 vaccine that they must put a face mask on in order to enter. While many of these policies are specific to COVID-19 vaccines, it doesn't take much to add additional vaccine requirements. While our governor has stated that no one will be mandated to receive a vaccine, unless protections are written into law to prevent discrimination, we can't be certain that persons who wish to decline a vaccine for whatever reason will not be denied an education, a job, housing, or the ability to enter a place of worship or purchase food for their family.

I have two teenage children, one who was significantly harmed by vaccines as a young child. Despite his medical history, he does not get a medical exemption to vaccination. He is near completion of his high school curriculum and looking at options for higher education. Given that many colleges are choosing to discriminate against persons who are not fully vaccinated, it is likely that he will be limited on what schools he can attend, if in-person learning options are even an option for him. And even if he were granted an exemption to vaccination, it would likely come with requirements forcing him to mask, be tested and even require him to be segregated from others. Many families, like mine, who had one child harmed by vaccines, have opted not to have siblings receive one or more vaccines due to fears that they could also be harmed. However, there's no medical exemption for siblings of vaccine injured children. At one time, my daughter wanted to be a nurse. She has since changed her mind, because there are no colleges that will permit individuals into their nursing programs without proof that they have received every single vaccine recommended by the CDC for healthcare workers.

More than 50 universities across the U.S. have announced that they will require COVID-19 vaccination in order to attend in-person classes or on campus activities. Colleges such as Brown University, Princeton University, Rutgers University, University of Notre Dame, University of Pennsylvania, Yale University and more. No deserving student should be denied the opportunity to attend the college of their choosing based on their willingness to receive a vaccine. And introducing policies that single out individuals who choose not to receive a vaccine, such as requiring them to mask, or be tested for an infection, is discrimination.

My family lives in Canada. I have not seen my 79-year-old mother, my 3 sisters, or any of my nieces and nephews in over 18 months. The Canadian Prime Minister has already stated that he supports a vaccine passport, and plans to only open the border to vaccinated individuals. I don't know if I will ever be permitted to travel to see my family in Canada if I decline to receive the COVID-19 vaccine. While I know that these bills cannot help my situation, I feel that this committee needs to be aware of the restrictions being placed on people who do not wish to receive a liability free pharmaceutical product.

I have been a registered nurse for over 25 years. I am currently self-employed and not at risk of being mandated to receive a vaccine as a condition of employment. I could, however, be at risk of losing my ability to practice nursing should steps be taken by the Wisconsin Department of Safety and Professional

Services, or the Wisconsin Board of Nursing opts to introduce rules requiring vaccination as a condition of licensing. I have friends in the health care profession who are terrified that they will be forced to choose between taking a liability-free pharmaceutical product that comes with a risk of permanent injury and death, or their livelihood. Here in Wisconsin, we have had front-line health care workers – workers who have risked their own lives to help others during this pandemic- be terminated by their employers because they did not wish to receive the COVID-19 vaccine. One day you are a hero, the next you are terminated for making a personal health decision.

Our public health agencies have been making misleading statements to the public by making claims that those who are vaccinated won't get sick or be capable of spreading the illness on to others and they use this argument to support vaccine mandates and as a justification for placing restrictions on healthy individuals. This is not fact. The reality is, most vaccines, including the COVID-19 vaccine, may stop individuals from developing symptoms of illness for a period of time, however, they are frequently unable to stop the spread of infection. This means that vaccinated people may still be contagious to others but show no symptoms and as a result, they can unwittingly spread infectious pathogens to others. This is the case with all of the COVID-19 vaccines that are currently available under the FDA's Emergency Use Authorization. According to the FDA, there is no data to confirm that any of the COVID-19 vaccines will stop people from spreading illness on to others.

This can be quite dangerous to those who are immunocompromised. Symptoms of illness are what prompt a person to take precautions to minimize exposure of a potential infection to others. Vaccines can mask symptoms, thus putting others at risk. This is the case with vaccines for other illnesses such as meningitis, pertussis, and more. Additionally, vaccinated persons who exhibit symptoms of illness may also mistakenly believe that the vaccine they received offers them full protection from that infection, and will put others at risk by going to work or into the community.

Vaccines are not 100 percent effective and unlike natural immunity, they do not offer long-term or lifelong protection. How many of you here today who were vaccinated as a child for measles, mumps, rubella, polio, etc. have any idea whether you are still protected from disease? I can tell you that despite having vaccines as a child, and having additional booster doses above what is normally recommended due to being a health care provider and an immigrant, I do not have antibodies that show I am immune to many of the illnesses that I have been vaccinated for. And yet, my shot record could potentially allow me to move around freely in society, even though it is possible that I could become infected and spread illness on to others. Yet despite the evidence that both vaccinated AND unvaccinated may be capable of spreading infection, it is only those who have chosen not to receive one or more vaccines who are singled out and discriminated against.

I have heard arguments that employers should have the right to decide what is best for their business. But what is often missing in this discussion is the fact that vaccination is a medical procedure that changes your body and can cause permanent long-term health issues. Requiring a vaccine is not the same as requiring that an employee wear steel-toe boots or a hair net. You can take those off when you leave your place of employment. You can't take the vaccine out of your body when you leave work. And giving employers the ability to enact policies that treat people differently based on vaccination status is discrimination. I have seen firsthand where hospitals have forced healthy employees who do not wish to receive a flu shot wear a mask for 6 months during flu season, all while permitting vaccinated employees with symptoms of an active illness to work without any restrictions. As facemask restrictions begin to lift in many communities, and businesses begin enacting policies to allow vaccinated employees to remove facemasks, it will quickly become apparent who has chosen not to receive a vaccine. This has the very

real potential of putting individuals at a significant risk of harm by fellow employees and even members of the public. Imagine if employers were permitted to force people with HIV or Hepatitis B, or C to wear a badge stating that they carried a virus that could potentially cause an infection to others.

I have also heard arguments that there are vaccine exemptions in place for employees. This is very misleading. While vaccine exemptions for medical, religious, or personal reasons are available to daycare and K to 12 school students (Chapter 252.04), and during a declared State of Emergency (Chapter 252.041), protections to prevent *discrimination* on the basis of a person's vaccine status are lacking in Wisconsin. There are currently no employment protections, or protections to ensure access to housing, medical care, life or health insurance, or higher education for persons who have chosen not to receive one or more vaccines in Wisconsin law. Without protections under the law, there are no guarantees. This is why a comprehensive vaccine discrimination bill is needed now.

Failure to pass AB309 into law would leave employed individuals vulnerable to discrimination because there are currently no state or federal employee protection laws prohibiting employers from mandating vaccines. The U.S. Equal Employment Opportunity Commission affirms the legal right of an employer to exclude the employee from the workplace even if an employee cannot get vaccinated for COVID-19 or another vaccine because of a disability or sincerely held religious belief and there is no reasonable accommodation possible. While the U.S. Department of Labor, Occupational Safety and Health Administration (OSHA) allows employees to decline Hepatitis B Vaccines, and OSHA and many labor unions have expressed opposition to annual influenza vaccination policies that do not include religious and/or personal objection exemptions, there are far too many gaps in protection for employees to refuse vaccines for work. If there were adequate vaccine exemptions in the workplace, why were health care providers at the Rock Haven Nursing Home in Janesville fired for refusing the COVID-19 vaccine?

Some employers want to mandate vaccines, and yet it remains unknown whether those same employers would cover medical expenses should a vaccine they mandate cause harm. And we know that vaccines are capable of causing injury and death. They were causing so much harm that civil lawsuits for damages by vaccine victims were costing pharmaceutical companies millions and they threatened to stop selling them. This resulted in Congress granting nearly complete immunity to vaccine makers for the damage that these products caused. If you are injured by a vaccine, you must file for compensation with the federal government, and yet 2 out of 3 cases are denied. It's worse for people injured from the COVID-19 vaccine, because they have to file in a claims program that does not compensate for pain and suffering, and only about 8 percent of people who file are ever compensated. Anyone who is aware that getting a vaccine may result in permanent harm, with little legal recourse for damages, may decide that the benefit of vaccination does not outweigh the potential risk and decline. For example, a healthy college student, who may have little to no risk of serious harm from developing COVID-19, or might have already had COVID-19, may feel that there's no benefit to receiving the vaccine due to the risks associated with it. But unless we put protections into the law to ensure that they are not discriminated against, they might be barred from attending in-person classes or required to mask for their entire college education. Even if they are not sick and even if they have previously had the illness and recovered.

Vaccine injuries are real. Discrimination against those of us who do not wish to receive every single CDC recommended vaccine is real. And it's a growing problem. You have the opportunity today to ensure that history does not repeat itself. Protect all Wisconsinites by passing AB309. Discrimination is wrong and should not be tolerated in Wisconsin.

Constitution and Ethics Committee  
Wisconsin State Capitol  
2 East Main Street  
Madison, Wisconsin 53703

June 02, 2021

Karen Sharkey  
3109 N Menomonee River Parkway  
Wauwatosa, Wisconsin 53222  
#262.424.3457

Dear Representatives,

My name is Karen Sharkey and I am writing to express my *strong support* of bills AB299, AB303, AB309, AB316, and AB347.

I have been disabled for the past 13 years, and, over the years, have come to realize just how all-encompassing health is. A wise woman once said "Health brings freedom few realize, until they no longer have it." How true this is!

And although I offer this information to you of my own accord, let me be clear: my health information is no one else's business but my own. Health information is as personal as it gets, and to even presume that it is anyone else's business is a major violation of privacy. With the mask mandate, and as someone who is unable to wear a mask due to health reasons, I experienced *countless* incidents of discrimination, almost wherever I went, no matter how peaceably I would go about my business. I was treated as "other than", as "different," and even as "dangerous", simply because if I wore I mask, I would risk passing out. And although we can all agree, one would never say to someone in a wheelchair "You can't come in here unless you can walk, otherwise you'll have to shop online," or "Why can't you walk? Your legs look fine to me!" Even the thought of doing something like this is shocking. And yet, this is, in essence, what happened with the mask mandate. If this happened over something so nominal and non-invasive as a mask, I cannot imagine the consequences of the types of discrimination that could arise if it is not made clear that our state will not cow-tow to this type of dangerous group-think in regards to vaccines.

In a world where everything must be politically correct and we do not allow even the appearance of discrimination for any other reason, it is only common sense to **insure that personal health choices be proactively protected**. To not protect this freedom of choice is not only violating HIPPA privacy laws and opening up the door to discrimination of the worst kind, but it is downright unethical.

As of May 28, 2021, according to VAERS (the Vaccine Adverse Events Reporting System) there have been 262,521 total adverse events reported from the COVID-19 vaccine... broken down as:

**4,406 DEATHS**

**4,590 LIFE-THREATENING EVENTS** (Anaphylaxis, paralysis, blood clotting disorders, spontaneous late-term miscarriages and still-births, and infertility issues, to name a few.)

**3,299 PERMANENT DISABILITIES**

(And this from a reporting system that admits *gross under-reporting*.)

In 2011, the Supreme Court ruled that vaccines are "unavoidably unsafe" - and this was in reference to vaccines that had undergone years of studies, (unlike the COVID vaccine that has been pushed past animal trials because, in trials, all the animals were dying).

Where there is risk there *MUST* be choice.

Vaccines contain ingredients that different peoples' bodies react to differently. Just as not everyone can take the same antibiotic (which passes through the digestive system and which you can stop taking), not everyone's bodies can handle the ingredients in these vaccines (which you cannot reverse or stop taking, and many of which cross the blood-brain barrier). Furthermore, dozens of aborted fetuses are used in the making of a single lot of vaccines. For many with various religious beliefs, this alone is reason to choose not to receive the COVID-19 vaccine.

In a world where the scientific gold standard is a double-blind, placebo-controlled study, ironically, there have been ZERO double-blind, placebo-controlled studies done on any vaccine EVER. Yet compared health outcomes of the vaccinated versus unvaccinated are astoundingly better in the unvaccinated.

Vaccine manufacturers also hold ZERO liability for any injury or death caused by or correlated to their products, and these companies stand everything to gain.

Lastly, COVID-19 survival rates, per the CDC, for the *entire population from birth to 82 is 99.8%*.

Considering all of this, I urge you to do as your title calls you, and REPRESENT the people of Wisconsin in voting yes to these bills that seek to protect health freedom and health choice.

Liberty is defined both as "*the power of choice*" and also as "*The condition of being free from oppressive restriction or control by a government or other power.*"

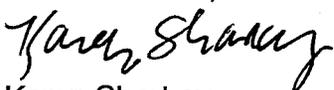
Henri Frederic Amiel said "In health, there is freedom. Health is the first of all liberties." And John Adams said "Liberty once lost is lost forever." Let us not lose all that those before us wisely held so dear and fought so hard to gain.

I stand before God and you today, urging you to do what is right and good and true. Representatives, this is a call to protect ethical, constitutional law. May you stand up to preserve the *rights* of the citizens of Wisconsin, as is your duty, and to allow *us* to protect our health, as is our responsibility.

Thank you for your time and consideration in seeking to do what is right, good, and true.

Vote YES for AB299, AB303, AB309, AB316, and AB347

in Christ alone,



Karen Sharkey  
2 Chronicles 7:14



Wednesday, June 2<sup>nd</sup>

Today's hearing in the Assembly Committee on Constitution and Ethics is EXTREMELY important. While you are waiting to speak, or while listening to others give testimony, there is something else you can do while you are at the Capitol today! While these bills are moving forward in the Assembly, we still need these bills to move forward in the State Senate. So please take this opportunity to visit YOUR State Senator's office today and let them know how important these bills are. If you are unsure who your State Senator is, enter your address in this website: <https://maps.legis.wisconsin.gov>. We have provided the list of Senate bills and their descriptions below.

- **SB5** - Relating to: prohibiting mandatory vaccination for employment.
- **SB336** - Relating to: prohibiting discrimination based on vaccination status.
- **SB383** - Relating to: prohibiting proof of vaccination for COVID-19 as a condition of receiving business and government services.
- **SB337** - Relating to: prohibiting businesses from discriminating against customers due to vaccination record.
- **SB342** - Relating to: prohibiting discrimination based on whether the person has received a COVID-19 vaccine.
- **SB375** - Relating to: prohibiting University of Wisconsin System institutions and technical colleges from requiring testing for, or vaccination against, the 2019 novel coronavirus.
- **SB150** - Relating to: immunization-related mail.

All you need to do is find your State Senator's office on the table on the backside of this page, go to their office, enter and ask if your Senator is available. Let the staff know that you are a constituent of the Senator and that you wish to speak to them regarding several bills that are coming up through the pipeline in the State Senate. As always, please remember that you can connect whatever personal stories or speak to why these bills are personally important to you. We have provided a simple script on what to say if you are nervous! But speak from the heart and let your Senator know why these bills are important!

Hi my name is \_\_\_\_\_,

I'm a constituent of Senator \_\_\_\_\_ and I'm here to ask for their support on SB5, SB336, SB383, SB337, SB342, SB375, and SB150. All of these bills are pieces of legislation that protect health freedom.





District	Party	Name	Office Location	District	Party	Name	Office Location
16	Democrat	Agard, Melissa	126 South	9	Republican	LeMahieu, Devin	211 South
14	Republican	Ballweg, Joan	409 South	17	Republican	Marklein, Howard	316 East
23	Republican	Bernier, Kathy	319 South	11	Republican	Nass, Stephen	10 South
25	Democrat	Bewley, Janet	206 South	29	Republican	Petrowski, Jerry	123 South
28	Republican	Bradley, Julian	323 South	32	Democrat	Pfaff, Brad	22 South
3	Democrat	Carpenter, Tim	109 South	15	Democrat	Ringhand, Janis	108 South
2	Republican	Cowles, Robert	118 South	19	Republican	Roth, Roger	313 South
8	Republican	Darling, Alberta	122 South	26	Democrat	Roys, Kelda	3 South
27	Democrat	Erpenbach, Jon	130 South	31	Democrat	Smith, Jeff	19 South
12	Republican	Felzkowski, Mary	415 South	10	Republican	Stafsholt, Rob	15 South
18	Republican	Feyen, Daniel	306 South	20	Republican	Stroebe, Duey	18 South
1	Republican	Jacque, André	7 South	4	Democrat	Taylor, Lena	5 South
13	Republican	Jagler, John	131 South	24	Republican	Testin, Patrick	8 South
6	Democrat	Johnson, LaTonya	106 South	21	Republican	Wanggaard, Van	316 South
33	Republican	Kapenga, Chris	220 South	30	Republican	Wimberger, Eric	104 South
5	Republican	Kooyenga, Dale	310 South	22	Democrat	Wirch, Robert	127 South
7	Democrat	Larson, Chris	20 South				



**HERE'S WHAT THEY DON'T WANT YOU TO SEE.**

I found these staggering stats late last week on the CDC VAERS log:

In one week, the reported adverse reactions climbed from 192,954 to 227,805. Deaths rose from 4,057 to 4,201; hospital visits jumped from 11,572 to 12,625; office visits from 32,803 to 39,153; urgent care from 25,063 to 29,707; severe allergic reactions from 9,175 to 10,799; heart attacks from 1,262 to 1,390; blood clots from 939 to 1,065; and Bell's palsy from 1,112 to 1,273. Miscarriage increased from 275 to 328. And it is estimated that these numbers are less than 1% of the actual.

The CDC stats updated yesterday now reveal 4,863 deaths (662 more deaths in one week). I will update the other categories in a future email.

After the Occupational Health and Safety Administration (OSHA) released guidance stating that employers who require employees to get the COVID shot may be held liable to injuries, the Biden administration pushed back. This past weekend, OSHA said it does "disincentive employers" from requiring the shot, so until May 2022, OSHA will not require employers to report adverse reactions or deaths!

OSHA is supposed to protect employees from dangerous workplace situations. But under Joe Biden, OSHA will not enforce the law and will shut its eyes and ears to injuries and deaths arising from the shot.

You may have heard of the alleged success of Israel pushing the Pfizer shot. But all you hear is how many people got the shot. What you don't hear is the shocking number of injuries and deaths. And what you don't hear about is the vaccine passport (Green Passport) and the tracking app.

Israel's tracking app is similar to Communist China's COVID apps!

Other countries pushing the vaccine passport include China, South Korea, Singapore, Israel, Spain, Greece, Portugal, Iceland, Croatia, Cyprus, Romania, Georgia (the nation), Poland, Lebanon, Seychelles, Estonia, Malta, Montenegro, Belize, Ecuador and Slovenia. In addition, Canada, Thailand, Bulgaria and Malta are considering the vaccine passport, according to The Sun. Australia is also very likely.

Vaccine passports and tracking apps must not become the "new normal."

**DEMAND FREEDOM! NO VACCINE PASSPORTS OR TRACKING APPS!**

Gov. Gretchen Whitmer decreed that Michiganders will not be freed of her mask mandates or shutdown orders until 70% have the COVID shots.

Oregon and Washington are already implementing "vaccinated only" special privileges, while revoking rights for the non-injected. Dr. Fauci is playing along, recommending the country be bifurcated between vaxxed and non-vaxxed individuals.

America was founded on personal liberty—the idea that an individual can think and decide the course of his own life. We are endowed by our Creator with inalienable rights, which include life and liberty.

We are a nation of FREE PEOPLE. And we must remain so. But if the vaccine passports are implemented, we will be a free people no more.

Help us stop this runaway train. Tell governors and legislators—We will NOT tolerate Vaccine Passports or Tracking Apps! Select here or the button below to SEND YOUR FAX NOW!

For over 30 years, Liberty Counsel has defended religious freedom, the sanctity of life and the family. We continue to defend the brave pastors who have been arrested, criminally charged and face massive fines and jail time just for opening their churches right here in America.

Help us defend freedom for all by ~~DOUBLING~~ the impact of your gift with the Challenge Grant.

Anne Franczek, West Allis, WI  
In support of Assembly Bills 299, 303, 309, 316, 347