

BOARD OF HEALTH FOR MADISON AND DANE COUNTY

Registration to Appear

Name Sarah Hillman

Date: 1-8-20

Item: 58498

Delavan WI 53115

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

and

- Wish to speak
- Do not wish to speak
- Available to answer questions

Comments: _____

At this meeting, are you representing an organization or a person other than yourself? Yes No

(If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

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If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? Yes No

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: Sarah Hillman

BOARD OF HEALTH FOR MADISON AND DANE COUNTY

Registration to Appear

Name Renee Stodola

Date: 1/7/20
Item: _____

Address _____
Deerfield, WI 53531

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

and

- Wish to speak
- Do not wish to speak
- Available to answer questions

Comments: _____

At this meeting, are you representing an organization or a person other than yourself? Yes No

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

To the Board of Health of Madison and Dane County:

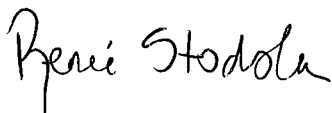
My name is Renee Stodola and as of March 7th of this year I will have been an employee of PHMDC for the past 13 years. I am a humane officer in the Animal Services Department. I have had a career as a humane officer for nearly 22 years. My job is to enforce animal laws. Much like a police officer, I spend most of my time in my vehicle responding to calls. I am rarely in an office setting, nor do I provide health care services.

I became a humane officer due to my love and respect for animals. I chose a profession where I could help improve the lives of animals. I also make personal choices to improve the lives of animals and to prevent animal suffering outside of work. I have been practicing a vegan lifestyle for almost 27 years. I do not consume, wear or use animal products or bi-products of any kind. I make concerted efforts to research the products I use or consume to make sure they do not conflict with my creed of veganism. I've done research on available flu vaccines and none of them are vegan. They either contain eggs, insects or mammalian cells.

PHMDC's internal flu vaccination policy was changed in 2019 to exclude being able to obtain a waiver from receiving a flu shot for personal conviction or creed without the signature of a clergy member. Although the number of vegans in the United States and around the world continues to increase, veganism is not an organized religion and therefore obtaining a clergy member's signature is not applicable. The waiver I turned in and was approved for the past several years was therefore denied. I now face the dilemma of either being forced to violate my personal beliefs by getting a non-vegan flu shot every year I work for PHMDC or risk losing my job. I find it ironic that my deep respect for animals, which motivates me to be the best humane officer I can be, is now putting me at risk of losing my job.

I share my situation with you not only in the hope that you will reconsider PHMDC's internal flu vaccination policy, but also in hope that you do not approve the Immunization Policy Position Statement proposed tonight. Although I don't have children of my own that would be affected by this proposed position statement, I know what it feels like to be forced to comply with a PHMDC policy that goes against my deeply held personal beliefs. Even if you aren't a vegan, or don't have children affected by this, ask yourself what you would do if the Health Department continues to limit our rights and forces policies like this upon the general public. Ask yourself what you would do if you had to choose between a job you love, and what is best for your physical, mental and spiritual health. I hope you vote against approving this position statement and I hope that I can continue to serve the people and animals of Dane County without sacrificing everything I believe in.

Sincerely,

A handwritten signature in cursive script that reads "Renee Stodola". The signature is written in black ink and is positioned below the word "Sincerely,".

Renee Stodola

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Kim Smith
Address _____

Date: 11/8/2020
Item: _____

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

and

- Wish to speak
 Do not wish to speak
 Available to answer questions

Comments: #58498 - Immunization policy position statement

At this meeting, are you representing an organization or a person other than yourself? Yes No

(If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY

Registration to Appear

Name

Amberlee Olsen

Date:

1-8-20

Address

[Redacted]

Item:

[Redacted]

Fitchburg

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

Support

Oppose

Neither Support Nor Oppose

and

Wish to speak

Do not wish to speak

Available to answer questions

Comments:

Oppose Resolution to Remove Personal Belief Exemptions

At this meeting, are you representing an organization or a person other than yourself?

Yes

No

(If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

[Redacted]

Are you being paid for your representation?

Yes

No

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Yes

No

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Yes

No

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Are you registered as a lobbyist with (check any that apply)

City of Madison

Dane County

Other

[Handwritten Signature]

Signature:

BOARD OF HEALTH FOR MADISON AND DANE COUNTY

Registration to Appear

Name: Erin Runk
Address: MT Horech, WI

Date: 08 Jan 2020
Item: 58498

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

and

- Wish to speak
- Do not wish to speak
- Available to answer questions

Comments: Policy Statement for Immunization

At this meeting, are you representing an organization or a person other than yourself? Yes No

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Sarah Coule
Address Madison

Date: 1-8-20
Item: _____

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

and

Wish to speak
 Do not wish to speak
 Available to answer questions

Comments: oppose resolution Removing religious & philosophical vaccine exemptions

At this meeting, are you representing an organization or a person other than yourself? Yes No

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Sherby Lemke
Address Watworth county

Date: 11-8-2020
Item: 58498

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

and

Wish to speak
 Do not wish to speak
 Available to answer questions

Comments: immunization policy position statement

At this meeting, are you representing an organization or a person other than yourself? Yes No

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Heather Telson

Date: 08 Jan 2020

Address

Item: 58498

Michelle V

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

and

- Wish to speak
 Do not wish to speak
 Available to answer questions

Comments: _____

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY

Registration to Appear

Name Scott

Date: 1/8

Address 53703

Item: 6a

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

Support

Oppose

Neither Support Nor Oppose

and

Wish to speak

Do not wish to speak

Available to answer questions

Comments:

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Maria DeCarrelle
Address
Arlington

Date: 11/9/2020
Item: Immunization Policy
PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- | | | |
|---|-----|--|
| <input type="checkbox"/> Support | | <input checked="" type="checkbox"/> Wish to speak |
| <input checked="" type="checkbox"/> Oppose | and | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Neither Support Nor Oppose | | <input type="checkbox"/> Available to answer questions |

Comments: _____

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Sarah Cortright
Address Madison, WI

Date: Jan 8, 2020
Item: _____

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

and

Wish to speak
 Do not wish to speak
 Available to answer questions

Comments: _____

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Madison Elmer
Address Walworth WI 53184

Date: Jan 8 2020
Item: _____

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

and

- Wish to speak
- Do not wish to speak
- Available to answer questions

Comments: _____

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Katherine Arnaud-Leblanc
Address Brooklyn, WI 53521

Date: 1/8/2020
Item: Immunization
Policy Statement
PLEASE PRINT CLEARLY

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

and

Wish to speak
 Do not wish to speak
 Available to answer questions

Comments: _____

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Wade Anunson, DC

Date: Jan 9, 2020

Address _____

Item: _____

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

and

- Wish to speak
 Do not wish to speak
 Available to answer questions

Comments: _____

At this meeting, are you representing an organization or a person other than yourself? Yes No

(If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Unipractic Society of Wisconsin (Not A paid lobbyist)

Are you being paid for your representation? Yes No

Are you appearing as part of your other paid duties for this person or organization? Yes No

(If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", go on to the next question.)

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY

Registration to Appear

Name Sarah Schneider

Date: 1/8/20

Address

Item:

Madison, WI 53719

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- Support
Oppose
Neither Support Nor Oppose

and

- Wish to speak
Do not wish to speak
Available to answer questions

Comments: ca. 58498 Immunizations

At this meeting, are you representing an organization or a person other than yourself? Yes No

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(If you answered "yes", STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no", go on to the next question.)

If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? Yes No

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other

Signature:

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Kaiden Schneider
Address

Date: 1/8/20
Item: _____

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- | | | |
|---|-----|--|
| <input type="checkbox"/> Support | | <input checked="" type="checkbox"/> Wish to speak |
| <input checked="" type="checkbox"/> Oppose | and | <input type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Neither Support Nor Oppose | | <input type="checkbox"/> Available to answer questions |

Comments: #58498 - Immunization policy

At this meeting, are you representing an organization or a person other than yourself? Yes No

(If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Myriah Medina
Address Madison WI 53711

Date: 1/8/2020
Item: _____

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

and

Wish to speak
 Do not wish to speak
 Available to answer questions

Comments: _____

At this meeting, are you representing an organization or a person other than yourself? Yes No

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY

Registration to Appear

Name Lisa Judav
Address Cambridge WI

Date: 1/8/20
Item: Vaccines

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- Support
Oppose
Neither Support Nor Oppose

and

- Wish to speak
Do not wish to speak
Available to answer questions

Comments:

At this meeting, are you representing an organization or a person other than yourself? Yes No

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other

Signature:

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Alison Bird
Address _____

Date: 8/11/2020
Item: _____

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

and

- Wish to speak
 Do not wish to speak
 Available to answer questions

Comments: Please Oppose the removal of vaccine
exemptions

At this meeting, are you representing an organization or a person other than yourself? Yes No

(If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear



Name TORI WUSCOW

Date: 1/8/2020

Address _____

Item: _____

MADISON, WI 53719

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

and

- Wish to speak
- Do not wish to speak
- Available to answer questions

Comments: _____

At this meeting, are you representing an organization or a person other than yourself? Yes No

(If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Are you being paid for your representation? Yes No

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Leah Evensen
Address _____
Madison, WI 53719

Date: 1/8/20
Item: _____

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- | | | |
|---|-----|--|
| <input type="checkbox"/> Support | | <input type="checkbox"/> Wish to speak |
| <input checked="" type="checkbox"/> Oppose | and | <input checked="" type="checkbox"/> Do not wish to speak |
| <input type="checkbox"/> Neither Support Nor Oppose | | <input type="checkbox"/> Available to answer questions |

Comments: _____

At this meeting, are you representing an organization or a person other than yourself? Yes No

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Brenda Staudenmaier
Address Madison WI

Date: 1-8-20
Item: GA 58498

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose
- and
- Wish to speak
 Do not wish to speak
 Available to answer questions

Comments: Personal + Religious exemptions are important to protect against corporate + pharmaceutical exploitations.

At this meeting, are you representing an organization or a person other than yourself? Yes No

(If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name KRISTIN HEIN
Address LAKE MILLS

Date: JAN 8, 2010
Item: _____

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

and

Wish to speak
 Do not wish to speak
 Available to answer questions

Comments: THIS Resolution is a gross overreach. Where there is RISK there must be choice. Mandating 49 vaccines by 18 is unethical.

At this meeting, are you representing an organization or a person other than yourself? Yes No

(If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the name of whom you represent and go on to the next question.)

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other

Signature: Kristin Hein

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Nika Engler
Address Lake Mills WI 52551

Date: 1/8/2020
Item: _____

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- Support and Wish to speak
 Oppose and Do not wish to speak
 Neither Support Nor Oppose Available to answer questions

Comments: Where there is risk there should be choice, and the decision should be up to the parents no matter what.

At this meeting, are you representing an organization or a person other than yourself? Yes No

(If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the name of whom you represent and go on to the next question.)

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name- KONNOR ARNAUD-LEBLAN

Date: 1/4/2020

Address

Item: _____

Brooklyn, WI 53521

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

and

- Wish to speak
 Do not wish to speak
 Available to answer questions

Comments: _____

At this meeting, are you representing an organization or a person other than yourself? Yes No

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: 

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Jessamyn Kovacs
Address Madison, WI 53718

Date: 1/8/19
Item: _____

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

and

Wish to speak
 Do not wish to speak
 Available to answer questions

Comments: _____

At this meeting, are you representing an organization or a person other than yourself? Yes No

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY

Registration to Appear

Name Tyson Vitale

Date: 1/8/20

Address

Item: VACINES

Madison, WI

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

Support

Oppose

Neither Support Nor Oppose

and

Wish to speak

Do not wish to speak

Available to answer questions

Comments: _____

At this meeting, are you representing an organization or a person other than yourself? Yes No

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Jon Teute
Address _____
OREGON, WI

Date: 01-08-2020
Item: Vaccine Waiver

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- Support and Wish to speak
 Oppose and Do not wish to speak
 Neither Support Nor Oppose and Available to answer questions

Comments: _____

At this meeting, are you representing an organization or a person other than yourself? Yes No

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other _____

Signature: _____

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Kevin Senarathy
Address [Redacted]

Date: 1-8-20
Item: _____

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

Support
 Oppose
 Neither Support Nor Oppose

and

Wish to speak
 Do not wish to speak
 Available to answer questions

Comments: Can't handwrite much (medical issue)

At this meeting, are you representing an organization or a person other than yourself? Yes No

(If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the name of whom you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other

Signature: [Handwritten Signature]

BOARD OF HEALTH FOR MADISON AND DANE COUNTY
Registration to Appear

Name Paul Smith MD
Address [Redacted]
Oregon, WI 53575

Date: 1/8/2020
Item: Immunization Policy

PLEASE PRINT CLEARLY

Please check the appropriate boxes:

- Support
 Oppose
 Neither Support Nor Oppose

and

- Wish to speak
 Do not wish to speak
 Available to answer questions

Comments: I am in support of removing all non-medical exemption waivers for school and child care attendance

At this meeting, are you representing an organization or a person other than yourself? Yes No

(If you answered "no", STOP. You need not complete the rest of this form. If you answered "yes", provide the name of whom you represent and go on to the next question.)

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If you are being paid for your representation, or if your appearance is part of other paid duties, do you understand that the City of Madison and Dane County require registration of paid lobbyists? Yes No NA

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Are you registered as a lobbyist with (check any that applies)?

City of Madison Dane County Other

Signature: Paul Smith MD