

**WRITTEN PUBLIC COMMENT TO
COMMUNITY VACCINE ADVISORY COMMITTEE (CVAC)
Submitted from December 22, 2020 through January 4, 2021
PART 1**

Jeanne Plumb, MD

I am a Family Physician in California and have been closely watching the proposed rollout for the COVID19 vaccine in California. I would like to voice my support of the Proposed Phase 1b Tier 1 designation. I feel strongly that education and childcare, emergency services, food and agriculture and elderly 75 yo and older should be included in the Tier 1 of Phase 1b. In a balance to preserve the health of our most vulnerable elderly, education and essential services, the proposed Tier 1 appears to meet this goal. There has been discussion of some cities following alternative designations and I feel this would further fragment consistency and equity within our state. I support the state mandating this rollout consistently within all counties. Thank you very much.

Linda Andron-Ostrow, LCSW

1. Teachers whose districts are not going to go back regardless of them being vaccinated should not be included in the next group
2. Social workers who provide direct service to families in their homes should be considered along with teachers.
3. Direct service providers who provide caretaking to both the elderly and the disabled should be considered essential.
4. Physicians should be given discretion in regard to people who are close to age cut off's and have underlying conditions. It should not strictly be according to the number on your drivers' license.

Tom Kuekes, Bakersfield

Keep it SIMPLE. I suggest the following priorities:

1. Health care workers including EMS first responders WHO INTERACT WITH PATIENTS (not administrators and clerks)
2. Nursing home residents
3. Adults 65 and older
4. Everyone else

Dinesh Nagar MD, Medical Director Solano County Jail

I am a jail medical provider in Solano County and as such we have and will continue to provide care as frontline providers to jail inmates with COVID. We have had many members of our staff acquire COVID, and in light of this other members step up and provide excellent care. We consider ourselves frontline providers as we are physicians and nurses seeing numerous COVID cases daily. When questioning our local public health office in Solano we were told that we were not part of 1A group to receive the vaccine and that the order is deemed by the State. This is very surprising as we diagnose, treat and screen daily and will continue to do so. I look forward to your response.

Ana Sanchez MD

Healthcare workers are supposed to have first priority for COVID vaccination, however, it doesn't look like the distribution system prioritizes equitable distribution. It leaves out workers who are not employed by the major health systems, and some of these workers face a high risk of COVID infection.

Once hospital employees have been vaccinated, the health systems will begin vaccinating their ambulatory care employees. Hospitals will not provide the vaccine to healthcare workers who are employed by independent doctors, even if they receive patients for admission from those doctors' offices. Communities of color have been the most affected by this virus, and independent doctors provide a large share of their healthcare. These offices might be small, but their impact on the health of these communities is great. It's possible this was not taken into account when plans for vaccination were made, and this might explain why no mention has been made of how healthcare workers who are not employed by health systems will be able to receive the vaccine. I employ two medical assistants and would not be able to provide OB-GYN services to my patients without them. Our patients are mostly low-income women from Santa Ana and Anaheim, the two cities in Orange County that are most affected. The three of us work as a team to provide prenatal care to many COVID+ women, since the 18-34 age group has the highest infection rate. We don't usually know it at the time because many young healthy women are asymptomatic. Many healthcare workers who have chosen to serve underserved populations also come from these same communities, so they face additional risk. Both of my employees have family members who have already been infected: a brother, a son, a daughter-in-law, a couple of uncles, several cousins. Will the Community Advisory Committee please make sure that ALL healthcare workers have risk-based priority to the COVID vaccine, regardless of employer?

Lysa Nguyen, MD

My name is Lysa Nguyen and I am a family medicine physician working at a private clinic in Orange, California. I am writing this letter in support of all physicians having access to the covid-19 vaccine, in particular those physicians in private practice who are not associated with a large hospital.

I work with 4 other physicians and 3 nurse practitioners providing comprehensive care to a diverse population ranging from children to adults and the elderly with high risk, co-morbid conditions. From the start of the pandemic our office has not closed and has provided much needed care to our community. Because of this, we have repeatedly been exposed to covid-19. Though we are not working in the hospitals, we are swabbing patients and providing outpatient care to those with covid-19 in hopes of helping our local ERs from being inundated. We are part of the larger medical team who deserve to be vaccinated. Unfortunately, since my colleagues and I are not affiliated with a major hospital, we are unable to find access to the covid vaccine. Many other private practice physicians are stuck in the same predicament- we are the “forgotten physicians”. I am writing in hopes that we can fairly provide access to ALL physicians who are fighting this pandemic together.

Susanna Tran , MD

We are a small private practice in Los Angeles with a few doctors and staff. We have been seeing patients since March. With the vaccine distribution, it seems as if only those who are affiliated with a hospital have access. We have echo techs who have close exposure to patients daily. When do you think vaccines will roll out to include private practice in the community?

Jessica Hollingsworth, MD

I have some serious concerns about the wording of the California Department of Health’s vaccine prioritization guidelines for phase 1A. In fact it is actually causing a squandering of vaccine to inappropriate persons creating potential for harm to the community and worsening the burden on our health care systems. By stating that vaccine can be reprioritized to “facility type” and listing acute care settings as a “type” priority this is opening the door to reprioritize vaccine in ways not intended by the federal government.

(<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CDPH-Allocation-Guidelines-for-COVID-19-Vaccine-During-Phase-1A-Recommendations.aspx>) Specifically, in San Diego county, officials have used this loose guideline to justify vaccinating ALL employees affiliated with an acute care facility (large conglomerate hospitals) regardless of role, and have pointedly left out private and contracted health care workers from vaccine distribution. In San Diego vaccine has been given to IT workers, billing administration, tele-workers, PR staff, engineering department, etc that are affiliated with a hospital conglomerate but do not have and never will have responsibilities that involve direct patient care contact with COVID+ or otherwise ill patients.

(https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/vaccines/phases.html)

What the CDC actually states is that health care personnel in health care settings who have direct or indirect exposure to patients be prioritized, they recognize that preserving capacity to care for patients with covid-19 or other illnesses is critical. They say that public health authorities and health care systems in charge of distributing the vaccine need to work together to ensure COVID

19 vaccine access to personnel who are not affiliated with hospitals.
(<https://www.cdc.gov/mmwr/volumes/69/wr/mm6949e1.htm>)

The also say that HCP working in smaller facilities that might not have their own vaccination clinics, should be invited to participate in vaccination clinics serving staff at larger facilities. (<https://www.cdc.gov/vaccines/covid-19/implementation-strategies.html>) So far I haven't seen any effort for this to be done.

On a personal level, I am an anesthesiologist who is an independent contractor, I don't have an official affiliation with a specific hospital or health system. I am in a high-risk occupation in that I perform aerosolizing procedures (intubations and airway management) on patients daily. My husband is a psychiatrist in private practice who has numerous face to face patient encounters daily, with a vulnerable population who would greatly be impacted if he were unable to provide their care due to COVID infection. My husband and I both emailed the San Diego medical society and the SD public health department, my message was returned by a nurse who stated I should reach out to my primary care provider about when I could access the vaccine...this thought is laughable when my primary care provider is unable to access the vaccine for himself!

There are countless private and independent contracted physicians and their staff, who do not have official hospital affiliation, throughout our state, who care for vulnerable and high-risk patients. They are working as wound care doctors in skilled nursing facilities, at primary care offices that have morphed into mini urgent care clinics, stabilizing and providing services to our vulnerable mental health population, and working in operating rooms, like myself, performing respiratory aerosolizing procedures such as intubations. These health care personnel were not only unjustly last in line to get PPE resources, but are now being deprioritized for vaccine access.

My colleagues and I have shown up to the vaccine distribution clinics hosted by local hospitals and have been turned away for lack of hospital affiliation. Meanwhile, non-clinical hospital personnel with zero patient contact are being vaccinated. ACIP's ethical principles for ensuring allocation of vaccine, in order to maximize benefits and minimize harms, promote justice, and mitigate health inequities is not being done. I'm asking that you please re-evaluate and re-word your directive to be more consistent with what is recommended by the CDC/ACIP to avoid squandering of this scarce resource at the county level.

Nina Kapitanski, MD, FAPA, QME

I am a physician practicing in Palo Alto, CA (Santa Clara County) requesting information on how physicians in private practice in the community not affiliated with a clinic or hospital can get vaccinated?

I would very much appreciate guidance on accessing resources.

Terese Harris MD FACOG

I'm writing to see if there is any plan to vaccinate community physicians who are treating Covid 19 patients? I am an Urgent Care physician caring for Covid patients to keep them out of the hospital. Will there be a day for the rest of us very high-risk people? Thank you.

Debora L. Sawyer, MD, Kaiser Permanente

Our organization will offer member appointments based upon health and socio-economic risk factors following the 1b phase. To match appointment offers to our vaccine supply, we will be identifying eligible members and offer an appt.

Age 75+ is easy to identify and offer appt.

How may we identify essential workers to allow them access to book a covid vaccine appt?

As health plan, we don't have member occupation available.

Will the State Announce when each essential worker should call for appt? We can't have all essential workers call the same week for example.

Nicholas Birtcil, Executive Director, Osteopathic Physicians and Surgeons of California

The COVID-19 pandemic has changed the environment in which the medical community provides care. The Osteopathic Physicians & Surgeons of California (OPSC) commends the Community Vaccine Advisory Committee and its work to ensure rapid and safe distribution of approved COVID-19 vaccines in California.

OPSC represents more than 9,000 DOs in California. Like MDs, DOs are fully educated physicians, licensed to practice all aspects of medicine. DOs have a patient-centered approach to health care, using all resources of modern medicine to prevent, detect, and treat disease. DOs are licensed and regulated under the Osteopathic Medical Board of California (OMBC). DOs are represented in all physician specialties, but because of the focus of their medical training, many DOs practice in primary care settings. Additionally, a significant number of our members practice outside of a hospital and are located in rural settings.

As the initial wave of vaccines are being administered, a number of questions and concerns have come to our attention that we request your committee address:

- 1) How will physicians not affiliated with a health facility or hospital receive doses of the vaccine? Who is responsible for getting these doses to the physicians?
We request the committee address how and when these physicians and will receive the vaccine.
- 2) When and how are physicians in rural settings expected to receive the vaccine?

3) We respectfully request that medical students who are seeing patients (both in a hospital or non-hospital setting) be prioritized in Phase 1a.

As the Community Vaccine Advisory Committee seeks to break down barriers for equitable vaccine implementation, we respectfully request that these issues are addressed to ensure community physicians throughout California have access to the vaccine as soon as possible. Additionally, we request those medical students seeing patients be prioritized with other health care professionals in Phase 1a.

Finally, we also recommend medical schools be considered as vaccine administration centers. Each facility is fully staffed, is equipped with modern storage technology, and in the case of California's osteopathic medical schools, located in areas that do not enjoy the same level of access to care. These schools could help play a pivotal role in getting the vaccine to Californians in a safe and efficient manner.

OPSC appreciates your consideration of these issues and looks forward to working with the Committee.

Rinku Shrivastava, MD, Chabot Family Associates, Inc

I have a medical office Chabot Family Associates Inc. located in Castro Valley.

I am looking for Covid vaccination for me and my staff.

Also, I am interested in getting Moderna vaccine allocation to be able to administer it to my established vulnerable patient population roughly about 200 doses.

Layli Jamali, MD, AHF- West Side Clinic, Beverly Hills

I am Layli Jamali, Infectious Diseases Physican at AIDS health foundation (AHF) at west side clinic in Beverly Hills. We do see patients in this clinic on daily bases including walk in patients. We have not heard anything about vaccine distribution in our clinic.

Please advise how we can get Covid- 19 vaccines for employees in our facility.

Tricia Kho, MD

Hello there, besides the frontline health workers, I feel next in line would be doctors who are not associated with hospitals. Urgent care/family practice and pediatric stand-alone practices need access. So do the dentists. In addition, I feel all teachers need priority in vaccinations from preschool through college. Children and young adults are unlikely to be sick but their teachers are vulnerable. Once they are vaccinated, I feel classes can resume again in person. I am seeing an epidemic of depressed children who need their peers.

Ps. I already received my shot through my hospital. Am just worried about my outpatient colleagues.

Kensley Davis

I wanted to inform you about my mother who is a 70-year old black woman physician who cannot get the COVID-19 vaccine. She works on the grounds of St. Francis Hospital but cannot get the vaccine because she does not have hospital privileges with the hospital.

Her employer contracts with St. Francis but my mother is not an employee of St. Francis. Her clinic is on the grounds and she parks in the doctor's lot. She has patients in St. Francis ICU as we speak!

For the 30 years that I have been alive. my mother has worn pantsuits and dresses to work. Since April she has been wearing scrubs with a cross pendent attached to her white coat.

She has not missed any days in this pandemic and continues to show up and treat elderly and low-income black and brown patients.

Her patients have died of covid and it is not letting up. Please help me to get my mother vaccinated. She has dedicated her life to medicine and serving the sick.

Andrea Long, MPT, CSCS, MFDc

I am a physical therapist who works at an outpatient clinic in Oakland. The clinic where I work is not associated with a hospital/healthcare organization. I work with post surgical patients, patients who are elderly and patients who have significant underlying health conditions. I do not have a job which can socially distance. I spend 30+ minutes in close contact with each of my 10-15 patients per day. I am at very high risk for contracting COVID.

I ALWAYS wear a mask and I ALWAYS wear my face shield. I wash my hands between each patient. I sanitize my table and all high touch objects between each patient. How/When/Where can I get the COVID vaccine? I know of physical therapists in other states who have already had their first dose. PLEASE prioritize physical therapists as critical health care providers. I risk my own health and the health of my family each day I walk into the clinic.

California Physical Therapy Association

On behalf of nearly 10,000 physical therapists, physical therapist assistants, and students of physical therapy represented by the California Physical Therapy Association (CPTA), I am writing in support of the CDC Advisory Committee on Immunization Practices' Recommendation for Allocating Initial Supplies of COVID-19 Vaccine, wherein health care personnel and residents of long-term care facilities should be offered the COVID-19 vaccine in

the initial phase of the vaccination program. We fully support ACIP's recommendation and urge you to prioritize those populations in the state's plan for vaccine distribution and administration.

In addition, CPTA recommends that the California Department of Public Health recognize physical therapists and physical therapist assistants who work in other facility-based and community settings, including hospitals, congregate settings, patients' homes, clinics, and schools, as essential health care personnel who also must be prioritized for purposes of COVID-19 vaccine distribution and administration in California in tier 1a or 1b, depending on the providers' healthcare setting. We would also encourage CDPH to provide information or guidance on how private clinics not associated with a healthcare system will be notified when they are eligible to receive the vaccine.

Physical therapists and physical therapist assistants are identified by the U.S. Department of Homeland Security as essential critical infrastructure workers. Physical therapists and physical therapist assistants are working on the front lines of the pandemic, in hospitals, congregate settings, skilled nursing facilities, patient's homes, clinics, and schools. Controlling the spread of COVID-19 is crucial in these settings; moreover, physical therapists and physical therapist assistants are often treating patients who have chronic disease and are considered high-risk, vulnerable populations. Also important is the fact that physical therapy represents a more proactive approach to long-term patient care management and prevention of unintended consequences of chronic disease, resulting in reduced hospital admissions and readmissions. This can be instrumental during public health crises, such as COVID-19, when hospital beds are at a premium and need to be prioritized for those in life-threatening conditions as a result of the pandemic.

Recognizing physical therapists and physical therapist assistants who are not affiliated with long-term care facilities in the development of California's vaccine distribution guidance is critical. The expansion of telehealth payment and practice policies in California, including permitting rehabilitation services to be furnished via telehealth by physical therapists and physical therapist assistants, has demonstrated that many needs can be safely and effectively met via the use of technology and that patients can have improved access to skilled care by leveraging these resources. However, if and when California ends the allowance of telehealth delivery of these services, in-person care will once again become the only treatment modality available to patients, rendering access to the vaccine is critical for health care professionals who are treating patients in their homes, offices, and other settings.

Last, we encourage the CDPH to consider the entire health care ecosystem – including physical therapists and physical therapist assistants who work in acute care hospitals, assisted living facilities, critical-access hospitals, home health agencies, inpatient rehabilitation facilities, long-term care hospitals, private practices, physician [We only received page one of this letter.]

Megan Bayless, MD, FAAP

I am a practicing pediatrician in Ladera Ranch. We are actively testing and treating patients with COVID-19 at my office. I practice outpatient pediatrics only without hospital affiliation. I am

very concerned that there does not seem to be a plan in place for healthcare providers like myself who do not fall under the hospital umbrella for COVID-19 vaccination. We are also at risk of contracting this illness and therefore not being able to provide care to our communities. Small practices that are testing and treating COVID-19 patients are helping decrease numbers in the already overrun ERs by continuing to provide a medical home for our patients. Where can we turn to wait our place in line for the vaccine? Because, as it stands, there is no line for us.

Susan Cox, M.D.

I am a community based physician, seeing patients in office and doing cancer surgery - at times around the nose and mouth. I am 64 years old. I am not on staff at my local Hoag hospital but my two partners are. They are both receiving the vaccine next week. I asked Hoag Hospital if I could also but was told no - for those affiliated with the hospital only. I would like to know what the process will be for me to sign up to get the vaccine and which agency will administer it. Neither the Orange County health department or the Orange County Medical Association web sites address this question. Thank you for your assistance.

John Lin

I'm an anesthesiologist working solely at a surgery center in Fremont so I don't have hospital privileges. I understand getting vaccines first to hospital workers working in the ICU and the emergency dept, however, I'm also involved in high risk activities every day including intubations and GI endoscopic procedures. Not all patients are tested prior to entering the facility. We've had multiple staff and patients test positive for COVID recently, especially with the higher community prevalence. We are doing just as many cases as local hospitals, so my potential exposure is extremely high.

So my question is where am I on the priority list? Where do I go to get the vaccine? If I have to wait until pharmacies and Walmart and Costco begin administering vaccines, will they prioritize healthcare workers?

Shirley Pepke

I am a cancer patient and heard from the oncology nurses today that they have no idea when they will be offered vaccines. Because they work closely with immunocompromised patients every day, they should be high priority!

Nilu Patel DNAP, CRNA, CANA President and Melanie Rowe MSNA CRNA CANA Practice Director

The California Association of Nurse Anesthetists (CANA) concurs with the State's prioritization of frontline healthcare personnel and residents of long-term care facilities for the first phase of

the COVID-19 vaccine distribution. We understand that this unprecedented vaccine distribution is extremely complex. We write to you today to seek clarification regarding non-hospital affiliated medical professionals and the timeline for their eligibility to receive the SARS-CoV-2 vaccine. We would like to learn about the coordinated efforts to vaccinate high-risk medical professionals such as CRNAs that work in non-hospital settings.

For more than 150 years, Certified Registered Nurse Anesthetists (CRNAs) throughout the nation administer every form of anesthesia for all types of surgeries and procedures. California CRNAs are licensed to practice independently in all settings, without physician supervision, when anesthesia services are necessary. During this pandemic, CRNAs deliver anesthesia and provide life-saving care for critically ill patients impacted by the COVID-19 virus. In the hospital setting, CRNAs are on the front lines responding to emergencies that require intubation for patients needing a ventilator for respiratory support. Every intubation is characterized by the CDC as an aerosolizing generating procedure and is inherently high-risk for the transmission of the SARS-CoV-2 virus (¹CDC, 2020).

In the outpatient setting, CRNAs are in the same high risk of exposure to SARS-CoV-2 through their work. CRNAs are in close contact with a patient's airway during anesthesia delivery. Every airway manipulation for general anesthesia or sedation for a procedure increases our potential exposure to the SARS-CoV-2 virus through droplet or aerosol routes. Some outpatient facilities test for SARS-CoV-2 and will only proceed with a procedure if the patient is negative. However, we know that SARS-CoV-2 carriers can be asymptomatic and that patients who test negative may not quarantine themselves afterward and can unknowingly become positive on their appointment day. Our risk is great despite employing best practices such as donning appropriate personal protective equipment, adhering to safety precautions including hand hygiene practices and following infection prevention and control protocols (²AANA, June 2020).

Furthermore, many CRNAs provide anesthesia services for Gastrointestinal (GI) centers that perform diagnostic procedures to screen for cancer among other preventable medical issues. It is well known that GI centers perform aerosolizing procedures such as endoscopies that are inherently high-risk for SARS-CoV-2 transmission. While many GI physicians are affiliated with hospitals and are eligible to receive the vaccine, the CRNAs that administer the anesthesia at GI centers are not affiliated with a hospital, thus unable to receive the vaccine. The outpatient ambulatory surgery and GI centers are maintaining a full schedule now, unlike what we saw a few months ago when "elective" procedures were halted.

We recognize that CRNAs in the hospitals are prioritized and we appreciate that our CANA members working on the front lines in hospitals have been receiving the Covid-19 vaccine since the first day it became available in California. While we respect the colossal efforts employed with vaccine distribution, CANA must inform the CRNAs that are not affiliated with a hospital, when and where they can receive the vaccination.

In closing, California has over 2,500 CRNAs and more than 200 registered nurses (RNs) enrolled in one of the five graduate university programs to become a CRNA. Combined, they represent over 2,700 qualified RNs ready to assist the CPHD by administering the vaccines (³ AANA, Dec.

2020). We believe that a healthy anesthesia workforce is crucial for keeping California patients safe.

Ken and Silvana Blum, Santa Monica

In deciding who will get the corona vaccine, I think you need to include RN nursing school students who, as you know, do their clinicals at hospitals. Even if a nursing student does 1x/week clinical, the student absolutely needs the vaccination.

Jane Schmitz, ATP, ATP Source

I am an ATP (Assistive Technology Professional) which is someone who sees patients in nursing homes, hospitals and in patient homes for custom wheelchairs. I am a self employed (contractor) and am wondering how I get information on how and when I qualify for the vaccine.

I live in Alameda but service patients in all of Northern California.

Joanna Miller

Good afternoon. This is Joanna Miller, from the White House. Hoping you are well! A doctor that saved my life from the Virus (along w/ my two parents and several colleagues), Dr. Sabine Hazan, has been running an FDA-cleared clinical trial for her treatment protocol. She wants her lab to help distribute vaccines in California. Her lab, Progenabiome, is located in Ventura, California, and she has the appropriate freezers. Can she be looped in?

Vicki Timerman, Administrator Allergy & Immunology Medical Group, Vista

We are a small medical office in North San Diego County. We treat patients with asthma, allergies & immunology problems. We do our best to keep patients healthy and out of the hospitals.

As the only full-time location in this part of the county, we treat quite a few patients: those who are insured, not insured; those covered by Medicare & Medi-Cal.

We have seen a few patients who we referred to the ER and turned out to be positive to Covid-19. All of our staff (11 total) have had one or more Covid tests due to known exposure.

We have been very lucky and none of our staff have contracted the virus, even with many possible exposures. Our office sees from 50-70 patients on average per day. We follow all CDC guidelines and use PPE supplies, which I am have helped us minimize the chances of any staff getting Covid-19. We have screeners for the patients also.

Due to our exposures and the fact we have been open and expect to stay open during the pandemic, we would like to be vaccinated as soon as possible. How can we arrange this? We don't want to take vaccines from any front line workers in the hospital of course.

Carmen Cossio RN, BSN

I am an RN working as a frontline worker on Covid units in various hospitals in LA and Ventura County. Because I don't work at one hospital or staffed at one hospital but work for a private medical staffing agency I have not been offered any Covid vaccinations and hospitals I work at will only inoculation their staff. I feel this is an injustice and a large population of per diem nurses helping out more than one hospital are getting the run around and treated unfairly. We should have access to this vaccination right now but not one person has an answer for us. The company I work for Core Medstaff has not informed any of their workers who often work more than full time hours for them when their turn will be. Please let me know what programs or resources are available to us ignored Frontline workers who have lost their lives during this pandemic and have been forgotten about. Thank you.

Mary McCune, Community Programs & Regulatory Affairs Director, California Dental Association

On behalf of the California Dental Association and nearly 36,000 California dentists and their teams providing essential health care, we respectfully submit the following two proposals to help address the limited capacity the state has in administering COVID-19 vaccines.

During a typical flu season, the state vaccinates approximately 20 million individuals (half of the state's population) within a three-month timespan. The logistics of providing COVID-19 vaccines is significantly different for many reasons, including the need to vaccinate as many people as possible, recall patients for a second dose weeks later, a shortage of doses being shipped to the state, and most importantly, a shortage of providers eligible to administrate the vaccine.

The California Community Vaccine Advisory Committee has publicly stated that California intends to have all Phase 1a healthcare providers, approximately 3 million people, immunized by the end of January 2021. According to the Bloomberg Vaccine Tracker ¹website, California had administered 128,000 doses by December 21st. In order to reach the first 3 million targeted individuals by the end of January, that would required 575,000 doses to be administered each week until then.

Although the state will most likely receive enough doses in this timeframe, it is becoming increasingly clear that most counties will miss this target. This is evidenced most recently by Marin County's plans to vaccinate all three tiers of Phase 1a by the end of March 2021 and Sacramento County not being able to begin vaccinating Phase 1a Tier 2 until February 2021. These anticipated plans are in spite of the state receiving enough first doses to vaccinate Phase 1a, approximately three million people, by the end of January 2021.

Phase 1a Tier 1 might be considered the easiest population to vaccinate logistically because most eligible individuals work in a health care system that is equipped to vaccinate and efficiently file any required state and federal registry paperwork. The same does not hold true for many sites included in the remaining tiers and anticipated groups to be included in Phase 1b (including agricultural workers). In order to effectively administer vaccine doses in an expeditious manner to the entire population of California, the state should consider the following additional actions.

PROPOSED SOLUTION 1: CDPH ACTION TO EXPAND SCOPE

One way the state can address this workforce shortage is by having the California Department of Public Health exercise its ability to utilize all appropriate health care workers to administer the vaccine. This can be done through Cal. Gov. Code Section 8659, which permits an enumerated list of health care professionals to practice outside of their licensed scope of practice in public health emergencies. Dentists have an additional section in their practice act, Cal Bus. & Prof. Code Section 1627.5, which also grants the authority to provide care outside of scope during declared states of emergency. CDA believes that a state entity such as CDPH, DCA or the Dental Board of California should additionally provide explicit guidance on which out-of-scope services can be provided by whom, to whom and with what required training.

PROPOSED SOLUTION 2: DCA WAIVER TO EXPAND SCOPE

Earlier this week the Department of Consumer Affairs issued Waiver DCA-20-103, which permits pharmacy technicians to obtain training and administer COVID-19 vaccines under supervision by a pharmacist. While the scope of practice for a pharmacy technician does not explicitly prohibit the administration of vaccines, DCA waived Ca. Bus. & Prof. Code Section 4115 subsection (c) which prohibits the ability to perform any tasks requiring the professional judgment of a pharmacist.

CDA believes similar waivers can be made for other health professionals, including dentists, in order to expand the number of providers and locations Californians can receive the COVID-19 vaccine. For dentists specifically, a waiver could be provided to waive Cal. Bus. & Prof. Code Section 1625 by waiving the limit care a dentist can provide to explicitly include the administration of the COVID-19 vaccine.

VACCINE TRAINING REQUIREMENT CONSIDERATIONS

To the extent that either CDPH or DCA is able to expand the workforce eligible to administer vaccines, it is also important that providers new to vaccine administration have completed the appropriate training. It is also important to understand the foundations that each health care professional already has when evaluating training requirements.

For example, dentists receive extensive training in anatomy, pathology, pharmacology and autoimmune response as part of their dental education. Additionally, dentists are already trained to provide injections in objectively more complex areas of the mouth that commonly have gag reflexes, major blood vessels, nerves and a moving tongue. With this foundational knowledge, CDA recommends that the CDC courses that cover vaccine administration techniques², contraindications, adverse reactions and handling vaccine records would satisfy any additional required training needed to be completed prior to beginning to administer vaccines.

VACCINE REPORTING REQUIREMENT CONSIDERATIONS

While larger health systems may already have an efficient workflow established to complete any required reporting and paperwork for the COVID-19 vaccine, independent practitioners or providers new to administering vaccines will consider the requirements a heavy administrative burden that may inhibit them from signing up to participate as a vaccine provider.

Earlier this month CDA facilitated the delivery of a proposal from Henry Schein to the Governor's Office, CHHS, and CDPH, attached, to serve as a central administrator for the registration and coordination for registering, tracking and sending out reminders to patients for second doses. This proposal would both help dentists and other health care providers administer vaccines once they are explicitly permitted to do so, and would also help all providers seeking to administer vaccines who aren't part of a larger health system.

If CDPH already has plans to streamline the distribution of the vaccine broadly to all types of providers, it should be possible to customize Henry Schein's proposal to fit the needs of the state and providers, such as limiting the service to completing the required vaccine paperwork to any applicable state and federal registries.

During declared emergencies, such as this COVID-19 pandemic, every available resource must be deployed in order to save lives and mitigate suffering. Dentists and other untapped health care professionals have the potential to be invaluable to not only increase the health care worker surge capacity but also help immunize the state as quickly as possible. Thank you for your continued collaboration in this and all other efforts during the pandemic. This is what the state and the practice of dentistry has prepared for, and we are ready to meet this challenge together.

¹ <https://www.bloomberg.com/graphics/covid-vaccine-tracker-global-distribution/>

² <https://www.cdc.gov/vaccines/ed/courses.html#general-recs>

Chaya Kamath, DDS

Since dentists are at extreme high risk to Covid 19 due to aerosols generated during dental procedures, it is extremely disappointing that dentists are not in California vaccine tier IA list. This is a shameful oversight that can have a significant impact on dental professional as well as their patients.

Mary Hoffman, RDH

I am emailing because I am disgusted and disturbed by the distribution of the Covid 19 vaccine.

I am Dental Hygienist and my husband is a Dentist in Menlo Park. We see patients daily that have to remove their masks for extended periods of time. My husband was exposed to a patient for 2 1/2 hours who tested positive the next day.

I don't understand how people that we know (lab techs who don't have contact with patients,

dermatologists who see patients with masks on, and administrative people employed at hospitals) have received the vaccine before Dental Staff who are in direct contact with patients daily?

I am perplexed and surprised that we are in tier 3 of phase 1 and behind people who have little or no exposure to patients directly.

I would love to get an answer.

Second comment from Ms. Hoffman:

I am a Dental Hygienist and my husband is a Dentist in Menlo Park.

I am writing to understand the vaccine distribution that your group of MDs have developed.

My understanding is that the front-liners and assisted living facilities would get the vaccine in Phase 1a.

That is far from what is happening. We have patients, friends and family who are doctors working entirely on zoom, Dermatologists, Radiologists, OBGYN nurse practitioner, Lab tech, and a 19 year old working part time in the pharmacy at Walgreens that have ALL received the vaccine. All of these people either don't interact with a patient directly or have contact with patients who wear masks.

How is that at a higher risk than Dentists, Dental Hygienists, or Dental Assistants who see patients for an extended amount of time WITHOUT masks?

Our entire office has been exposed several times and we have had to shut down the office and have everyone quarantine and test to do our part to quell the virus.

We have been pushed down to TIER c after it appears ALL medical workers and have to wait for teachers, grocery clerks, and restaurant employees to get there vaccination before we are allotted ours.

HOW does that make sense ???

The Dental professionals Who ARE HEALTH CARE WORKERS have been clearly misplaced in the distribution by all of you MDs.

Please explain to me your rationale.

Meir Shamy DDS

Dentists are also in the front lines of COVID. It does not make sense that this group is not considered essential. We take all the necessary precautions recommended. But we work in the mouth. Maximum exposure. Maximum risk comparable to first line responders in the ICU. Are we not essential workers? Please have dentists and staff get vaccinated ASAP.

Dr. Jenniffer Rojas

Please consider dentists for early vaccination. We are obviously working with unmasked people all day long, and creating aerosol all day long. It's the nature of the job.

Kum Hing Jow

Why are dentists on a higher priority for vaccinations? These health care providers work within 1-2 inches away from a patient's mouth and noses on a daily basis for upwards to 20+ different individuals.

Their work entails aerosols and droplets.

Why are they not front line health care workers?

Dr. Jim Block, Fremont

As a practicing health care provider for 30+ years here on the East side of the Bay Area, I have been disappointed in my medical colleagues. I am a practicing dentist who is right in the "wheelhouse" of these respiratory viruses as we are providing care in the shedding zone. We provide this care because this is what we "signed up" for when we became dental providers. My medical colleagues have continually been "afraid" to see many patients in person. Instead using Teledoc (and other virtual means) to provide "care!"

The dental community is every bit as much of a frontline professional as anyone. We are putting our lives on the line every day. We believe dentist should receive the vaccine with the first group so that we can continue our selfless care to our patients.

Paul Ordal, Vice President, Government Relations and Public Policy, Masimo Corporation

On behalf of Masimo Corporation, I respectfully request that the Committee include medical device manufacturers in the initial phase of vaccinations. Medical device manufacturers like Masimo are directly involved in responding to the COVID-19 pandemic by developing, manufacturing, distributing, and servicing the technology being used by frontline healthcare workers and patients across California and the world.

Masimo Corporation is global medical technology company that develops and produces a wide array of industry-leading monitoring technologies, including innovative sensors, patient monitors, and hospital automation and connectivity solutions. Our corporate headquarters is in Irvine, California. We are proud to be part of the vibrant and innovative life sciences sector in California.

In response to the COVID-19 pandemic, Masimo developed Masimo SafetyNet, a secure, home-based patient management platform combining hospital-grade tetherless pulse oximetry,

continuous temperature measurement, and a remote data capture and surveillance platform. Designed to help hospitals accommodate surges in COVID-19 patient volume and help lower-acuity patients recover at home and in other alternate care spaces, Masimo SafetyNet allows clinicians to keep an eye on their patients' physiological status—including oxygen saturation, respiration rate, pulse rate, and temperature—from afar, at all times. Numerous facilities in California, the United States, and around the world are using Masimo's technology to provide the best possible care to patients, including those with COVID-19.

We appreciate everything the Committee is doing to facilitate the equitable allocation of COVID-19 vaccines. I would be happy to answer any questions or provide additional information.

Thank you for your consideration and your leadership during this public health emergency.

Jennifer Lee

Hello, I'm with a Clinical Research site in San Francisco currently working on COVID trials. How can our staff with direct contact to Covid patient subjects be eligible for current/next round of vaccines? We cannot find Research facilities on any distribution lists.

See article attached and link to another article, both which name us as working on Regeneron vaccine studies.

[Research Researcher \(PDF\)](#)

Dima Hilal, Group President, Applied Medical

Applied Medical employs over 3,000 individuals in the state of California, including those who were previously identified by the Advisory Committee on Immunization Practices (ACIP) COVID-19 Vaccine Work Group as essential workers and potential candidates to be offered a COVID-19 vaccine in Phase 1b of the vaccination campaign. The ACIP defines essential workers as those working in the food and agriculture, food service, transportation, education, energy, police, firefighters, manufacturing, IT and communication, and water and wastewater industries, thereby including team members at our company.

Under state and federal guidelines, Applied Medical is categorized as an essential critical infrastructure company due to manufacturing vital medical devices for our global healthcare partners. In addition to manufacturing critical medical devices used in urgent and emergency surgeries, Applied Medical's rapid response efforts during this crisis includes manufacturing nasopharyngeal (NP) swabs for COVID-19 testing and personal protective equipment (PPE) in the form of face shields.

Many of our team members also have underlying medical conditions including obesity, diabetes, heart disease, kidney disease, and other conditions placing them at high-risk for complications

from COVID-19, while others are over the age of 65. Members of these groups may also be candidates for early vaccination under preliminary guidance from the Advisory Committee on Immunization Practices (ACIP) COVID-19 Vaccine Work Group.

Our headquarters includes an onsite health clinic and wellness center that offers an important access point for those who stand to be prioritized recipients of forthcoming COVID-19 vaccines. Our Board Member, Dr. Otto Yang, is a professor of medicine and chief of infectious diseases at UCLA and consults closely with us on our COVID-19 response and vaccination protocols. Our care is provided through our partnership with direct healthcare provider MemorialCare, who can readily assist in administration of a COVID-19 vaccine in Phase 1b, Phase 1c, and Phase 2. In fact, because of our standing relationship, MemorialCare has the valuable ability to help verify underlying medical conditions.

Utilizing the healthcare infrastructure and access points that MemorialCare already has in place with Applied Medical to help immunize workers clearly offers significant strategic benefit. MemorialCare has completed the CDC COVID-19 Vaccination Program Provider Agreements in preparation of participating in immunization programs and administering COVID-19 vaccinations within your jurisdiction. Please let us know what we can do to ensure we receive a direct allocation of the vaccine for our team members.

Todd Brinton, MD, Corporate Vice President, Chief Scientific Officer, Edwards Lifesciences

Edwards Lifesciences is the global leader in patient-focused medical innovations for structural heart disease, as well as critical care and surgical monitoring. Driven by a passion to help patients, we collaborate with the world's leading clinicians and researchers to address unmet healthcare needs, improve patient outcomes and enhance lives. Edwards' global headquarters are in Irvine, California, where we employ approximately 5000 individuals and our team designs and manufactures our hand-sewn surgical and transcatheter heart valve replacements. Many of our medical technologies are designated by the U.S. FDA as a Class III medical device which defines them as a lifesaving, life-extending device. As the global leader, we supply more than 50% of the U.S. and the world with these critical technologies. Throughout the COVID-19 pandemic, our team never stopped and remained committed to ensuring continued access to our lifesaving technologies as an interruption in our supply chain could lead to global shortages, impacting patient care.

We respectfully request that the state consider certain aspects of the medical technology industry workforce in the development of vaccine allocation decisions. Specifically, we request that our workers who perform critical functions working side-by-side with health care professionals on the front lines be included in Phase 1a based on their risk of exposure and to ensure continuity of patient care throughout the healthcare system. Manufacturing, research and laboratory employees throughout the medical product supply chain should be included in Phase 1b "critical workers".

Similar to the state ordinance that deemed our employees "essential workers", we also fall under the definition of "essential" in the U.S. Department of Homeland Security's Cybersecurity &

Infrastructure Security Agency's definition of essential critical infrastructure (Essential Critical Infrastructure Workers Guidance Version 4.0).¹ Updated on December 16, 2020 stating, *"this guidance may be used to support prioritization decisions related to COVID-19 vaccines, especially in the early stages when the vaccines are in short supply."*

Health Care Industry Representatives (HCIR)

Medical technology company representatives, also referred to as Health Care Industry Representatives ("HCIRs"), are often required to be present in patient care settings to provide technical support for the safe and effective application of medical technologies. The National Academy of Science Consensus Study statement includes "access should not be defined by professional title, but rather by an individual's actual risk of exposure to COVID-19." Consistent with that approach, certain HCIRs have an exposure risk to COVID-19 positive patients and may work across

numerous hospital systems and supporting procedures in multiple institutions. Vaccinating HCIRs during California's Phase 1a would decrease the risk of becoming vectors between institutions.

For Edwards, HCIRs include our clinical field employees who work directly with clinicians in the operating room or catheter lab during all procedures using our technology to assure the safe and effective use of our life-saving medical technologies. Under the CDC Advisory Committee on Immunization Practices (ACIP) guidance, these clinical field employees fall under Phase 1a as essential health care workers.

Medical Technology Manufacturing/Distribution Personnel

Medical technology personnel with roles in research and development, manufacturing and distribution should be included among the Phase 1b allocation for Critical Workers in High-Risk Settings. Edwards is a global leader in the supply of life-saving medical technologies used in the treatment of diseases affecting each of the four valves in the heart. For example, the Edwards SAPIEN 3 Transcatheter Heart Valve treats severe aortic stenosis (AS) – a serious, often fatal, condition with limited treatment options. Patients with AS experience a rapid descent in health status. Approximately 50% of these patients will die within the first two years after becoming symptomatic without treatment, and an estimated 20% of them will die if they delay their treatment even two months.

The Essential Critical Infrastructure Workers Guidance Version 4.0 provides that certain businesses are deemed "essential businesses" and states "[t]his exemption shall be construed broadly to avoid any impacts to the delivery of healthcare, broadly defined." Our employees are indeed performing work that enable providing essential lifesaving, medical technologies to fragile patients around the globe.

Employer Attestation Confirming Vaccination Eligibility

An attestation letter by an HCIR's employer on company letterhead concerning the nature of their work and exposure risk should be sufficient to confirm eligibility for vaccination during Phase 1b. For medical technology industry manufacturing and distribution personnel, an employer attestation on company letterhead concerning the nature of the individual's work should be sufficient documentation to confirm vaccination eligibility during Phase 1b.

We appreciate your leadership and commitment to keeping our communities safe and look forward to working together to ensure the equitable distribution of the COVID-19 vaccine.

¹ From page 8: “Workers, including laboratory personnel, that perform critical clinical, biomedical and other research, development, and testing needed for COVID-19 or other diseases...workers at manufacturers (including biotechnology companies and those companies that have shifted production to medical supplies), materials and parts suppliers, technicians, logistics and warehouse operators, printers, packagers, distributors of medical products and equipment (including third party logistics providers, and those who test and repair), personal protective equipment (PPE), isolation barriers, medical gases, pharmaceuticals (including materials used in radioactive drugs), dietary supplements, commercial health products, blood and blood products, vaccines, testing materials, laboratory supplies...”

Steven Bucher, Director of Clinical Business Development – Northern CA

I am with National Seating and Mobility, we are a Durable Medical Equipment company that specializes in complex wheelchairs. I have employees (Assistive Technology Professionals and Technicians) that interact with the public and have been doing so since the Shelter in Place went into effect on March 17, 2020.

Since these are essential workers, I am wondering how NSM can be considered for phase 1a or 1b for the vaccinations? I have 17 locations throughout California and have contacted the state to find out how but have not been successful in seeing how I can get my front line workers vaccinated.

If you could help me by letting me know if I need to register with the state as front line healthcare workers, I would be forever grateful. I do look forward to hearing back from someone regarding how I can get my people vaccinated.

Kristin De Fife, PhD, Senior Vice President of Operations & US Site Head, Ajinomoto Bio-Pharma Services

We are writing to request priority access to COVID-19 vaccines for Ajinomoto Bio-Pharma Services employees after the needs of our local frontline healthcare workers are met.

Ajinomoto Bio-Pharma Services provides biopharmaceutical contract development and manufacturing outsourcing services for our client companies that are providing life-saving and life-improving drugs to their patients.

We have been and are critical partners in the fight against COVID-19. We are currently manufacturing COVID-19 therapeutics for CytoDyn, Dynavax and Humanigen. In addition, we are manufacturing a critical raw material required for the Moderna vaccine. We have also partnered with FEMA to supply saline test vials for COVID-19 testing.

Moreover, Ajinomoto Bio-Pharma Services is a key member of the following Critical Infrastructure Sectors: the Healthcare & Public Health Sector (as manufacturers of

pharmaceuticals) and the Chemical Sector (as a participant in the global supply chain for pharmaceuticals). Because of Ajinomoto Bio-Pharma Services' contributions, the Department of Homeland Security's Cybersecurity and Infrastructure Security Agency's (DHS-CISA) and our state and local government recognize our team members as vital to the critical infrastructure of the United States. You can learn more about Ajinomoto Bio Pharma Services at our website www.ajibio-pharma.com.

While Ajinomoto Bio-Pharma Services has gone above and beyond to try to keep our team members healthy, we can only fully succeed with your help (which the public supports).

From the beginning of the pandemic Ajinomoto Bio-Pharma Services has gone above and beyond the CDC and local guidance to take proactive measures to protect our team members. This has included offering additional paid and unpaid time off, face coverings and PPE, Plexiglas barriers, health screeners, technology and resources to allow those who can work remotely to do so, and more. Yet, community transmission of the virus remains the largest threats to our workforce. Giving our team members vaccines is the only way to ensure that we can continue to work around the clock so that our pharmaceutical clients can meet the needs of their patients.

There is tremendous support from the general public for the essential nature of the work performed by ABPS and similarly situated employees. Since June 2020, the Advisory Committee on Immunization Practices (ACIP) has convened 10 public meetings to review evidence-based information regarding the vaccines and how to allocate limited supplies. Based on these public meetings and the expert work groups (who met 28 times), they recommended that non-healthcare frontline essential workers (such as our on-site team members) get vaccinated after frontline healthcare workers. Moreover, 71% of adults support companies and employers partnering with public health agencies at local and state levels to aid in distributing the coronavirus vaccine. The full survey data are here.

If vaccines are limited, we are ready to implement the ACIP and CDC's guidance on sub-prioritizing COVID-19 vaccines among essential workers

Our employees have gone above and beyond to meet extraordinarily high demand for products indispensable to pandemic response. We respectfully ask that you prioritize vaccines for our team members in Phase 1b, as outlined in the Centers for Disease Control and Prevention's (CDC) COVID-19 Vaccination Program Interim Playbook first.

Highest priority (Phase 1b)

After frontline healthcare workers receive vaccines (Phase 1a), the CDC recommends and the public supports that frontline essential workers and persons aged 75 and older should be next (Phase 1b). This includes Ajinomoto Bio-Pharma Services team members who must work on-site to support our critical manufacturing. For example, our visual inspection associates who inspect each vial before it can be released for patients, our quality and drug product associates who are on the floor executing every drug product fill operation, our warehouse workers who box product and move it from the warehouse for shipment, and those who provide oversight and safety throughout the process. Without these team members, our operations grind to a halt.

Medium Priority (Phase 1c)

Once Ajinomoto Bio-Pharma Services frontline essential workers who must perform their duties on-site have been offered vaccines, we request that vaccines be made available to Ajinomoto Bio-Pharma Services other essential workers per the CDC's recommendation. This includes team members in transportation, logistics, and information technology, who otherwise did not meet the criteria for Phase 1b.

Lower Priority (Phase 2)

After Phase 1b and 1c, Ajinomoto Bio-Pharma Services recommends offering employees who do not meet these criteria but are still supportive of the critical work that Ajinomoto Bio-Pharma Services does to get vaccinated. This includes team members who are able to work remotely (partially or fully) and in isolation.

We look forward to partnering with you to help reinforce the importance and safety of vaccinations and ensure our essential team members can access and receive vaccinations as they become available. We appreciate your service and consideration.

Christopher Healey President, Grifols Shared Services North America, Inc.

Thank you for your service to California during these challenging times. I am writing to request priority COVID-19 vaccination status for Grifols employees in the state who are essential to the production of life-saving medicines and anti-SARS-CoV-2 therapeutics and diagnostics.

Grifols is a leading supplier of specialized medicines made from human plasma and highly sensitive screening and clinical diagnostic technologies. Our plasma medicines are essential for the treatment of a variety of rare and chronic conditions, all of which place patients at high-risk for complications from SARS-CoV-2. Grifols is also a leading manufacturer of screening assays and platforms used to test approximately 75 percent of the nation's blood supply for infectious agents. Consequently, the Grifols family of companies¹ is considered part of the "critical infrastructure industry" in accordance with the President's Coronavirus Guidelines for America.²

Moreover, Grifols is proudly working in partnership with the Food and Drug Administration, National Institutes of Health, and Biomedical Advanced Research and Development Authority to combat COVID-19. This partnership involves the collection of convalescent plasma from qualified COVID-19 survivors at our plasma donor centers in California. We use this plasma to manufacture an anti-SARS-CoV-2 hyper-immune globulin that is rich in antibodies specific to the virus. This promising therapy is currently being evaluated in hospitalized patients as part of an international, multi-center clinical trial administered by the NIH. Grifols has also developed a Transcription-Mediated Amplification molecular test that detects the SARS-CoV-2 virus in plasma, blood, and respiratory samples. Manufactured in San Diego, this technology has a sensitivity equal to or superior to other molecular tests and allows for the testing of pooled samples which multiplies testing capacity.

Across California, Grifols employs over 2,600 employees at four manufacturing facilities in Los Angeles, City of Industry, Emeryville, and San Diego, as well as 15 plasma collection centers throughout the state. Ensuring the continuity of our operations is critical to the patients and healthcare providers who depend on our life-saving plasma therapies, investigational COVID-19 medicines, and diagnostic technologies. With a high concentration of “essential workers” at each of our facilities, Grifols is happy to consider work-based immunizations for our employees at select locations. This will help reduce volume at hospitals, physician offices, and other California vaccination locations.

We look forward to working with you and other relevant partners at the state and local level to facilitate vaccinations at the earliest possible time. We note our trade association, the Plasma Protein Therapeutics Association, recently made a similar request to the Committee.³

¹ Grifols Family of Companies includes Grifols Shared Services North America, Inc., Grifols Diagnostic Solutions Inc., Biomat USA, Inc., Talecris Plasma Resources, Inc., Interstate Blood Bank, Inc., Biotest Pharmaceuticals Corporation, Grifols Therapeutic LLC, Grifols Biologicals LLC, Grifols USA, LLC, Grifols Viajes USA, LLC, Grifols Worldwide Operations USA, Inc.

² Krebs, Christopher. U.S. Department of Homeland Security. (2020, March 19) *Memorandum on Identification of Essential Critical Infrastructure Workers during COVID-19 Response*.

Cory C Garner | President | West Region | Airgas USA, LLC

Throughout the COVID-19 pandemic, Airgas, an Air Liquide company, has ensured a safe, reliable supply of medical oxygen across the United States, especially to those areas of most critical need such as California. Leveraging our experience and expertise as part of a global company, we quickly moved to increase production, inventory and distribution capabilities, while targeting our medical asset management, such as shifting excess cylinder assets to areas with the greatest need and preparing our portable assets to serve oxygen in mobile treatment centers as needed.

Our operations personnel, drivers and medical gas providers are on the frontlines and their work is vital to combatting COVID-19. We have put many measures in place to ensure our associates can safely perform their work. As you know, this work is particularly important at this time when large swaths of California are experiencing an unprecedented escalation of hospitalizations due to COVID-19. Hospitals and other healthcare facilities in the area are caring for patients with essential medical treatments such as ventilator support and high-flow oxygen therapy, which can involve an extremely high utilization of medical oxygen.

To ensure that we can continue to support these needs, we urge that you include our essential workers in the highest Phase I category allowable. In particular, this includes:

- Bulk and microbulk drivers with specialized hazmat certification that deliver medical liquid oxygen in large volumes to hospitals and care facilities, which is then administered to patients.
- Cylinder drivers deliver gaseous medical oxygen in smaller-volume cylinders to hospitals and care facilities, which are then administered to patients.

- Technicians manage a hospital's cylinder logistics, removing that workload and expertise from hospital staff.
 - Cylinder fill plant operators continually work in the production process that compresses oxygen into cylinders for medical consumption.
 - Air Separation Unit operators oversee production plants that produce oxygen in bulk liquid form for medical consumption.
 - Liquid carbon dioxide and dry ice production operators who produce dry ice used in COVID-19 vaccine cold transportation and food production both locally and nationally.
- These are specialized roles that cannot be easily replaced when interruptions occur due to potential COVID exposures/infections.

We recognize these decisions are difficult, and we thank you for the consideration of our request. We appreciate your leadership and efforts to protect the public as we continue to face this unprecedented health crisis.

Jimmy Jackson, Senior Vice President & Chief Policy Officer, Biocom California

As you may remember, Biocom California submitted the attached letter on December 18. But as California secures more vaccine stock and broadens the communities which can be vaccinated, it becomes even more vital that life science companies are prioritized in the state's vaccine allocation prioritization.

A successful response to the pandemic falls heavily upon California's life sciences sector. From continuing development of vaccine candidates, to constant development and production of new tests to detect COVID-19, to the evolving development of treatments to treat those infected, to the production of medical devices and materials used for testing, production of components used to transport and administer vaccines and treatments, or devices used in critical care settings to keep people alive,

California's essential workforce definition¹ clearly includes the life science industry in its "Health/Public Health" section, specifically numbers 6 through 8. Yet the state has yet to prioritize these vital workers for vaccination. Outbreaks in the life sciences will have a catastrophic cascade throughout the healthcare system, both in the COVID-19 space (for the reasons cited above) and for chronic diseases such as diabetes and even cancer. As such, Biocom strongly urges you to consider the essential workers within this sector as those who will be eligible to receive the vaccine in Phase "1c" of California's vaccine allocation.

I should note the need for prioritization of these workers has not been an issue in most states for a simple reason: California has four of the largest and most robust life science clusters in the country. There are more life science companies in either the Bay Area or Los Angeles, Orange or San Diego Counties than there are in most regional clusters of states in the U.S. California's dominance in this area places a unique responsibility on the state to prioritize these workers.

Biocom California is proud to represent the life science industry which has been so integral to the fight against the pandemic, from diagnostics and tools companies, those working on

therapeutics, to companies working on vaccines, as well as the companies responsible for the syringes and delivery units they are being administered with. Utilizing this life science ecosystem, we will control this pandemic. But we must prioritize those who are allowing us to continue our progress in this herculean effort. Thank you for your consideration of this request.

Wayne Woodard, Chief Executive Officer, Argonaut Manufacturing Services

I was given your name from Jimmy Jackson, the Sr. Vice President of Policy with Biocom California. This is a trade association that we proudly belong to.

As the founder and CEO of a Molecular Diagnostic and Bio Pharma contract manufacturing company here in Carlsbad Ca. I am writing to you today to ask for your help and support.

Argonaut Manufacturing Services is a services company dedicated to manufacturing and distribution for innovators of Life Sciences and Bio Pharma companies. We support several EUA approved covid-19 test companies with their manufacturing and distribution needs. For months now we have been working to make COVID-19 diagnostic kits and kit materials for everyone.

We have had our share recently of COVID-19 run through the company but it kills our ability to deliver with contact tracing and quarantine protocols when it happens. I think you can see the problem I face. We have only 150 workers here at Argonaut Manufacturing Services Inc. working every day to bring support to communities here in the US and abroad. Can you please consider adding Life Sciences contract manufacturing companies like our into the 1C prioritization allocation of vaccines. The contract manufacturing market in Molecular Diagnostics is a small group of companies but we deliver huge leverage in the challenges this pandemic brings.

Scott Mendel, President & Chief Executive Officer, GenMark Diagnostics, Inc.

My name is Scott Mendel and I am the President & Chief Executive Officer of GenMark Diagnostics, Inc. We manufacture molecular diagnostic tests that are used in hospitals to diagnose the most critically ill patients. Our respiratory test detects 21 different pathogens, including SARS-CoV-2 that causes COVID-19. GenMark serves hundreds of customers worldwide, with the majority in the United States. Our tests are used at all the UC Hospitals, Rady's Children's Hospital, and Kaiser Permanente to name a few of our California customers. We are an extension of the healthcare provider community, since without our tests, hospitals will not be able to efficiently triage patients and conserve bed/ICU bed capacity.

Unlike many other business, we are part of the critical healthcare sector and since we manufacture the diagnostic tests here in Carlsbad, our employees must work onsite versus remotely. Since the pandemic began, our teams have worked tirelessly to support the huge surge in testing required in the fight against COVID-19. We believe our employees should be prioritized right after healthcare workers, because without tests like ours, hospitals will be unable to determine if a patient has COVID-19 or some other less severe virus. This helps determine

therapy, as well as manage ICU and hospital bed capacity, which is especially critical during this outbreak.

We look forward to your support in vaccinating our employees as soon as possible, so we can continue to deliver our diagnostic test to help fight against COVID-19. Thank you very much for considering our situation.

I have included a link to a recent UT San Diego article that might be helpful:

<https://www.sandiegouniontribune.com/business/story/2020-10-13/with-flu-season-ahead-genmark-launches-single-test-for-covid-plus-20-other-respiratory-ailments>

Larry Mimms, CEO – ProciseDx Inc.

On December 11, 2020, the Advisory Committee on Immunization Practices (ACIP) released a revised recommendation on initial allocation of the vaccine, placing workers in direct health care and long-term care facilities (LTCF) in the initial “Phase 1a” allocation, as they unquestionably should be.

California’s essential workforce definition clearly includes the life science industry in its “Health/Public Health” section, specifically numbers 6 through 8. We would urge you to consider essential workers within this sector as those who will be eligible to receive the vaccine in Phase “1b” of California’s vaccine allocation.

As a diagnostics manufacturer with just 30 employees, ProciseDx Inc. (based in San Diego) has made exceptional efforts through the pandemic period both to keep their employees safe whilst ensuring uninterrupted progress on Covid diagnostics development and our other diagnostic product distribution.

Including essential workers within the life sciences, such as ProciseDx Inc. employees, in the “1b” vaccine allocation will ensure that Diagnostic Manufacturers continue to make our contribution to minimizing the impact of Covid on Californians and residents of other US States.

Ingrid Lebert, Head of Government Relations, Pharmavite

I watched the last CVAC meeting last week (where the latest draft proposal was outlined for the group), and wondered if you could help clarify an issue?

My company’s sector index—Healthcare / Public Health (#8)—in “Essential Critical Infrastructure Worker” isn’t included in either phase 1b or 1c. Yet all other categories are included (1b, 1c).

I want to assume we’d be included phase 1b (or maybe we’re already in 1a?!), but looking to get clarity on that. *Where might dietary supplement companies be included for vaccine distribution?*

I know you're inundated with requests and questions, but any help/insight you could provide would be greatly appreciated!

Malena Flores, Healthcare Administrator, Hotel California By The Sea, Newport Beach

I am writing this email regarding COVID vaccines. I have been informed that licensed residential and certified outpatient program employees like Hotel California by the Sea are some of the top candidates for the vaccine.

If you have any information about how our facility employees can get the vaccines it would be greatly appreciated.

Priya Martindale, Director of Operations and HR, Westwind Recovery

Westwind Recovery is a drug and alcohol treatment center based in Los Angeles, we currently have 6 sober living houses and 2 inpatient facilities. We have continuously been open through this pandemic helping as many addicts and mental health clients as we can. We would like to register for the Covid Vaccine so we can ensure our clients and employees are vaccinated and we can continue our purpose in helping individuals who are struggling with drug and alcohol or mental health issues.

I have a total of 50 front line employees that have continued to take all safety precautions necessary and come in to work regularly to ensure we are open to help our community through these difficult times.

Please let me know how I can go about registering to receive the vaccine.

Dr. Valerie Hobbs, DAOM, Dipl OM (NCCAOM), Director of Postgraduate Doctoral Programs, California Institute of Integral Studies, San Francisco

Last September, I received from your office the confirmation that acupuncturists are considered essential as a health care providers under Executive Order N-33-20.

I would like to enquire now as to the prioritization for vaccination of acupuncture health care providers. My interest is specifically within clinics attached to training programs.

We have determined that our supervisors and student interns, as well as students in practical training, must come within 6 feet of others in order to perform tasks required of them. Although we screen and require masks and face shields during close contact activity, and we will be requiring testing of our personnel as recently ordered by the San Francisco Dept of Public Health upon our return to clinic in January, we cannot require testing of patients.

As we were not specifically mentioned in prior executive orders, I would appreciate any clarification you might provide.

Matthew Bauer, L.Ac., President, The Acupuncture Now Foundation

The Acupuncture Now Foundations is a California based international non-profit dedicated to educating the public, health care providers and healthcare policy makers about the practice of acupuncture. I am writing to urge your committee to not overlook those healthcare providers working in private practice, including Licensed Acupuncturists, who don't have affiliations with hospitals or large medical groups where they would have the opportunity for early tier COVID-19 vaccination.

During this crisis, California's 13,000 Licensed Acupuncturists are in even greater demand as many medical providers are limiting the patients they see and services they provide including for those with chronic pain. These limits combined with the limits to prescribing pain medications due to the opioid crisis have left many people desperate to find health care providers willing to see them who can ease their pain; something acupuncture is well known to do. Licensed Acupuncturists are filling a critical void by providing care to these patients but are not being formally recognized by policymakers as essential healthcare providers worthy of early vaccination consideration.

Although California Licensed Acupuncturists are legally considered to be "primary care providers" they were not specified in the list put together by California's State Public Health Officer of "Essential Critical Infrastructure Workers" under the section of "Health Care/ Public Health". While this list was not intended to be all inclusive, this oversight, together with the fact that nearly 90% of Licensed Acupuncturists work in private practice without hospital affiliations, gives no clear path for these health care providers to obtain early tier COVID-19 vaccinations. In December, 2020, the Acupuncture Society of New York had to go to their state Supreme Court to get New York Licensed Acupuncturists formally recognized as essential health care workers.

As some of your committee members may not be familiar with the role Licensed Acupuncturists serve in our healthcare system I offer a few examples: In 2020, acupuncture was approved as a treatment for chronic low back pain under Medicare and the Whole Veteran Act was passed. That legislation includes acupuncture as one of the services under review for accessibility and availability in the report to be delivered to Congress by the Department of Veterans Affairs. A program by Kaiser Permanente of Southern California has been referring thousands of chronic pain patients to a network of Licensed Acupuncturists for over 10 years. Many of these patients responded poorly to conventional pain management approaches but have been found to respond well to acupuncture. I personally treat dozens of these patients a week and don't know what will become of them if I am unable to keep my practice open due to COVID-19 exposure.

Although seldom recognized, Licensed Acupuncturists are out there in the trenches, giving hands-on care treating people suffering from intractable pain whose physicians may be unable to see them or even prescribe stronger pain medications. Having the opportunity to be vaccinated during the same timeframe as other essential healthcare providers will help Licensed

Acupuncturists keep their practices open and to continue to provide their badly needed services. And the same could be said for other care providers that work primarily in private practice settings such as Chiropractors.

I urge this committee to recommend Licensed Acupuncturists be approved as Tier 1B or 1C category. I also strongly recommend that the best way to get the word out regarding vaccination Tier assignments and resources to Licensed Acupuncturists or similar providers is via their state licensing boards. In California these licensing boards, including the California Acupuncture Board, operate under the California Department of Consumer Affairs.

I thank you again for the very difficult work your committee is taking-on making almost “Sophie’s choice” decisions about what stage different groups will have vaccinations available to them. I am not asking for special consideration for Licensed Acupuncturists, only that they be recognized as being just as essential as the many other categories of healthcare providers and support staff already specified as such.

Adam Griffin, L.Ac.

I’m curious when individuals like myself will have access to the covid vaccine? I am a licensed California acupuncturist that sees patients on a daily basis. For many of my patients I am their front line healthcare worker. I would like to stay safe and accessible to my patients in this time of need. There are many similar allied healthcare professionals that are unaffiliated with hospitals. Where do we stand in the current queue?

Jeffrey Poage, MD, President, California Society of Anesthesiologists and Michelle George, President, California Ambulatory Surgery Association

We are writing to request that the anesthesiologists and healthcare practitioners in ambulatory surgery centers (ASCs) across the state are prioritized for distribution of the COVID-19 vaccine as soon as possible. ASCs are currently part of Phase 3 of the vaccine distribution plan under “other clinics,” but we urge you to elevate the priority level for these healthcare practitioners, especially anesthesiologists who are at the greatest risk of COVID-19 infection during intubation.

Many anesthesiologists are on the front lines of the COVID-19 – their role as specialized physicians expanded from perioperative and pain medicine to emergency response, critical care, and crisis management. At the same time, many anesthesiologists have been working solely in the ASC setting to ensure that patients receive non-COVID care and surgical procedures. Given that asymptomatic spread appears to be the major driver of transmission of COVID-19 and given the fact that anesthesiologists are intubating patients on a daily basis, it is very important that ASC-based anesthesiologists and healthcare workers are vaccinated at the same time as hospital-based healthcare practitioners.

As hospitals deal with the direct impact of the surge of COVID-19 cases, ASCs can continue to meet other important health care needs of California residents and provide patients with necessary procedures and treatments during the weeks ahead. While our state works to get the COVID-19 surge under control in the weeks ahead, we cannot allow patients' healthcare needs to go unmet – medical care delay or avoidance could increase morbidity and mortality risk associated with treatable and preventable health conditions.

Thus, in order to ensure that ASCs can continue to serve as a critical component of the California healthcare infrastructure, we strongly encourage you to place higher priority on vaccinations for the anesthesiologists and healthcare workers at ASCs. For questions, please contact Bryce Docherty at bdocherty@tdgstrategies.com.

Dr. Kevin Keck

Dr. Kevin Keck contacted the Director's Office asking to speak to a representative from our department who oversees the COVID vaccine distribution. He is a hospice physician and his facility (Bristol Hospice-Sacramento) is currently handling COVID cases and would like to ensure he and his staff receive the vaccine promptly.

Chaplain Linda Hodson

The hospice nurses and home health aides I work with are caring for many Covid positive patients who have DNRs and are discharged from hospitals to a lower level of care for end of life. Please remember these people who give so much to bring comfort to those who are dying and need the vaccine to protect themselves. Thanks so much for your consideration.

Cathleen Hallinan

I work in a private practice medical office as an essential worker with 3 doctors, 3 Medical Assistants and 3 Administrative employees. Can we register for Tier 1 COVID vaccines or will we be contacted when vaccines become available in medical offices North County SanDiego?

Jennifer Ledon, MD

I am a Mohs surgeon in Orange County and since I am outpatient and not affiliated with a hospital, I am being told that I cannot get the vaccine until March. I was told this by CVS pharmacy. I see patients face to face and as I operate to remove skin cancers I am frequently very close to patients WITHOUT their masks on.

After the first shut down I saw many patients with large skin cancers that were neglected solely due to the pandemic. Just this last week I removed two melanomas.

Because I am not hospital affiliated does not mean I am not a high risk healthcare worker. What is the plan for us? Where do I go for my vaccine?

Jean Katow, MD

Private ophthalmology practices: When are we going to get the vaccination?

The first doctor to die in China was an ophthalmologist. The doctors and back staff are within 6 feet (most likely 2 feet) of patients with red eyes who are possibly COVID-19 positive. We are also in contact with their bodily fluids and sometimes for 15 minutes and more. We need to be considered now.

Kristine Shultz, Interim Executive Director, California Optometric Association

Thank you for the opportunity to provide comments. While the vaccine guidelines prioritize “specialty clinics” like optometry offices in Tier 3, only health care personnel that are affiliated with a hospital or health system currently have access to the vaccine. Instead of vaccinating those at most risk for COVID-19 first, California is vaccinating everyone working at a hospital, including those working from home with no direct patient contact. The well-reasoned guidelines the CDPH spent so much time developing for vaccine prioritization are not being followed.

We are not asking for optometrists to be vaccinated first. All we are asking for is clarity in the guidelines as to when optometry is eligible for a vaccine and a reasonable process for notifying those health care providers who are providing direct patient care, but do not work at a hospital. Performing an eye exam forces an optometrist to be very close to the patient’s face for several minutes. Tonometry (blowing a puff of air into the eye to measure eye pressure) makes an eye exam a “aerosol generating” procedure that puts optometrists and their staff at a high risk for infection.

We have been told by the CA Dept of Public Health that messages on the timing of access to a vaccine for Tier 3 will likely be sent by local health departments, PCPs, health plans, and the media. We have reached out to local public health departments and they have no idea how this will happen. The health plans representative stated publicly that health plans have no way to identify who is eligible for a vaccine.

The California Optometric Association would like to offer our help in reaching out to optometrists in a way that is consistent with the state guidelines, when there is enough vaccine. Our database includes all optometrists who are licensed in California. We have gathered more details about optometrists than is available from the State Board of Optometry list of licensees. We would be happy to get a message out to optometrists in each county broken down by type of facility (long term care/nursing homes first), location (underserved communities first), and age. We stand ready to help get the word out to optometrists when there is enough vaccine available to reach Tier 3.

Stephanie Tsang

My name is Stephanie Tsang, an optometrist who is pregnant and will remain working closely with patients.

I understand optometry is considered tier 1a, phase 3.

Can you please confirm this and let me know how to proceed?
Is there a registry to make sure our clinic is part of the distribution plan?

TuongVy Vu, O.D.

I am writing to inquire about vaccination for optometrists and our staffs in the office. We are located in Riverside county, the city of Lake Elsinore. We see patients every day and we are as close as 5 inches away from our patient's face.

Please advise.

Erin Newman, Au.D., Audiologist

I am a healthcare provider with direct patient contact. Each visit with a patient is about 45 minutes long with much of that time spent right next to the patient (within inches, not feet). I have been checking Orange County's Healthcare agency website which states the following:

Where can I go to get my vaccine?
If you fall into Phase 1A, please contact your employer or your long-term care facility for further details.

As an audiologist, I fall into Tier 3 (Specialty Clinics) and share space with other self-employed healthcare providers. I cannot find any information regarding where I will be able to get my vaccine when tier 3 is up. No one has an answer. My personal physician has messaged me that I need the vaccine, but the vaccines St. Joseph Heritage Medical group has is for their employees only. Why have people like me been forgotten?

CAPT Stu Newman, US Navy (ret)

Firstly, I wish to thank you and your staff for all your efforts in protecting the County's health to date, and the no doubt difficult working conditions imposed upon all of you during the pandemic.

We want to identify a potential gap in the current plan for Covid 19 inoculations. My wife is an independent Health Care provider as an Audiologist who contracts with a small medical clinical

services company in Santa Ana. She is 60 years old, and neither the company nor her doctor has any information on independent health care providers accessing the Covid 19 vaccine. We understand her status puts her in the category of specialty clinics as Phase 1A, tier 3 <https://ocCOVID19.ochealthinfo.com/phased-approach-vaccine-distribution>

However, we have yet to see HOW she, as an independent Health care contractor and not an employee, will get the vaccine, or how she (and others in her category) will be counted, allocated and inoculated. The company she works for claims to have no knowledge or capability to access, allocate or deliver the vaccine since she is not an employee, and her primary care doctor office simply tells her to go to her employer.

While there may not yet, today, be enough vaccines to complete her category of Phase 1A, Tier 3 we are concerned that there is no provision for her category to actually get the vaccine once it is available. Waiting until that category is allocated its share of the vaccine before including these providers into the planning process would obviously delay getting inoculated. Additionally, we wonder how the County will even know how many licensed providers in her situation (i.e. independent provider, not working at a hospital or large medical facility) need to be included, and where that allocation will be placed for inoculation.

Please let us know exactly how her specific category of providers will be allocated and inoculated. I'm 66 years old and concerned not just for my wife, but obviously for myself as well. I have previously served on the OC Grand Jury and have seen firsthand how easy it is for gaps to occur in such issues.

Joanne Sedlock, MSN, CRNA

I am a 1099 CRNA without a home hospital. I have privileges at Mission Community Hospital in Panorama City. I understand that hospital employees take precedence over contract employees for the Covid 19 vaccinations. Where does someone in my situation obtain a vaccination? I have contacted CANA and AANA for advice on this. AANA advised me to contact CA State Dept of Health.

Can you provide me with guidance to obtain this vaccine? I realize the uncertainty of the availability of the vaccine and it is very early in the process of distribution.

The IMIA Board of Directors and The IMIA COVID-19 Task Force

The International Medical Interpreters Association (IMIA) is watching with interest as states and healthcare organizations work on their plans for distribution of the long-awaited COVID-19 vaccine. Healthcare and community interpreters across the nation need to be included in these plans at the appropriate level, as the Oregon Health Authority (OHA) has done (the OHA vaccination sequencing plan can be viewed [here](#)).

We understand that supplies are limited and that priorities must be established. With this in mind, as all state and county Health Departments and agencies work on their plans, we would

like to request the proper inclusion and categorization of healthcare and community interpreters to receive the vaccine.

Throughout this healthcare crisis, interpreters have worked alongside nurses, doctors, and health workers, among others, to ensure that patients with Limited English Proficiency (LEP) have the same access to healthcare and information as their English-speaking peers. Their work in facilitating communication and cultural understanding is essential to the provision of quality healthcare services. Many interpreters are exposed daily to the virus at the same level as the healthcare professionals they work with to perform their critical interpreting tasks.

Many remote interpreters are using this modality since their in-person work ended because of the pandemic. Medical interpreters shall be considered essential healthcare personnel as interpreters are required to be in person as well depending on the circumstances.

Thus, we would like to kindly reiterate our request that these healthcare and community interpreters receive the same priority for the vaccine as all the other front lines healthcare workers. They are entitled to protection for themselves and their families.

Ximena Blanco Fernandez

I'm Ximena Blanco, I work as a medical interpreter for on-site appointments. Since I don't work for a hospital or clinic in particular, I was wondering if I can get in the waitlist for the vaccine as part of the essential workers

Anonymous

The CDPH Duty Officer received a page from Reporting Party (RP) Sonya Rama who lives and works in San Francisco County. The RP is a self-employed, independent contractor and certified medical interpreter. The RP states that herself and others in her profession are not considered front-line healthcare workers and are not included in the first round of vaccine distribution, partially due to not being directly employed by a healthcare facility. The RP states this is unacceptable, and her job should be considered for vaccination distribution because she risks her health in order to perform in-person essential job functions in the healthcare industry.

The RP states that often times, the sites that she has to perform her job are unsafe and do not adhere to COVID-19 social distancing protocols, and she is responsible for procuring her own PPE. The RP states that not only is she at risk for catching COVID-19, but she could also potentially be responsible for the spread of COVID-19 in a healthcare facility setting due to not being vaccinated.

The RP would like assistance in getting the COVID-19 vaccine for herself and others in her profession. The RP states she has also been in touch with the San Francisco County Public Health Department.

Candace Palmerlee

I am writing to express concern that there is a sector of health care workers who I have not seen included in the distribution schedule. This group includes physical therapists, chiropractors, manual therapists seeing patients on doctor referral, psychotherapists, and occupational therapists among others. These therapists are all continuing to see patients and clients, often in small exam rooms. Much like primary care providers, they are not frontline to covid-19, but there is risk to seeing asymptomatic and presymptomatic people. Thank you for your consideration.

Jeannie Choe, LM, CPM, IBCLC, Licensed Midwife, Certified Professional Midwife, Board Certified Lactation Consultant

Hello and thank you for your hard work in helping to distribute COVID-19 vaccines throughout CA! I'd like to know where CA Licensed Midwives, who are healthcare workers, fit into the order of priority. Without larger institutional representation, we bear the risk of remaining unvaccinated while working very closely with patients in situations where distancing is impossible. So that we may continue to safely provide care and keep our low-risk patient population out of hospitals, we hope you will be able to help us secure a place in the first phase of distribution alongside other healthcare workers who do not routinely work directly with COVID patients.

Kirstin Soares, LM, CPM, Gentletouch Eastbay Midwifery

I am a homebirth midwife licensed by the medical board of California to care for pregnant women and infants. I am an essential worker. I am self employed.

How can I get vaccinated since I am not an employee of a large institution? How can my colleagues get vaccinated? We are home health workers.

Please give us guidance as we are frequently with vulnerable women and children during childbirth. I welcome any guidance you can give.

Michelle Rey, LM, CPM

I am a frontline, independently licensed healthcare provider as a Midwife. I am not affiliated with any hospitals as most of my co-Midwives. How are we able to access the vaccine? I currently have three positive Mamas and feel that we should be vaccinated as we care for pregnant woman and newborns.

I live in Los Angeles

Please advise.

Cynthia Tremblay

I am a Nurse Practitioner who is working at the Imperial Beach border Patrol Station, I am inquiring about how I go about securing a COVID 19 vaccine? I am on the frontlines of administering care to immigrants crossing illegally. If you cannot help me could you please refer me on to someone who may have an answer to my question? Being outside the hospital route I am wondering how other frontline workers are able to secure a vaccine.

Ps Our company is not advocating for us in Washington and has instructed local managers to reach out to the California Public Health Dept.

Frederick B. Axelrod, MD, President/CEO, Medical Director, LifeStream Blood Bank,

LifeStream Blood Bank is a nonprofit, local blood bank that provides life-saving blood products and 24/7 transfusion medicine consultation to more than 80 Southern California hospitals in six counties.

We join AABB, America's Blood Centers and the American Red Cross in supporting the CDC's definition of "healthcare personnel" and the recommendation by the Advisory Committee on Immunization Practice (ACIP) to prioritize healthcare personnel, including blood center employees, for the purpose of allocating the COVID-19 vaccine.

Throughout the COVID-19 pandemic, LifeStream's Tier 1 Healthcare Personnel have continued to work with diligence and care, exemplifying daily our organization's commitment to ensure a safe, adequate blood supply for the patients we serve.

These Tier 1 Healthcare Personnel are a critical link to overall community wellness.

To ensure that LifeStream can continue to serve our communities safely and completely in the COVID-19 era, we support these frontline workers being considered Tier 1 Healthcare Personnel for the purpose of vaccine allocation in the State of California.

Melissa Legere, LMFT, SAP, Chief Operating Officer, California Behavioral Health

I am inquiring about the plan for distribution to Residential addiction treatment centers in California.

I did sign the facility up for interest in early October via an email I received. I asked my DHCS analyst for further information and he gave me this contact information. Please let me know if there is anything needed from me to assure we are included in the program.

Robert D. Byrd, Psy.D.

As vaccination priority continues to unfold statewide, I would hope that mental health practitioners, including those in county Behavioral Health Departments, would be prioritized. Mental health practitioners have had the heavy lift of supporting our front line medical workers, communities, children and youth in foster placements and residential care, and our most vulnerable, including vets and the homeless. As mental health providers we are sometimes overlooked when prioritizing care based on front line workers, but the critical need for our services is real, especially as we respond to the trauma, depression, anxiety and exacerbated mental health issues that have resulted from this year long pandemic, isolation and loss of life.

M. Christian Heppinstall

I've read the PowerPoint presentation and wonder in which tier BAART Programs as an OTP Provider falls and when we can expect to receive vaccinations. My corporate office in Texas is asking and I haven't an answer for them. My staff of 23 also would like to know.

On Slides 22 and 24 it looks like OTPs fall into Tier 3? Can you please provide guidance on this and the vaccination schedule?

Natalie Ioffrida, Vice President of Operations, TridentCare

I am the VP of Operations for TridentCare – Pacific Region. I was referred to you all by Dr. Stone at the CDC. We have over 700 HCPs that service residents in LTCFs, Alfs, SNFs with XRAY, US and Phlebotomy services daily through mobile operations and our teams treat all patients – Including if they are COVID-19 positive or suspected. We have been trying to work at the state and county level the last few weeks to get signed up for COVID-19 vaccinations with no success except for in one counties – NV in the Reno area.

Based upon the feedback that we have received at the state and county level, the goal was that our employees would have/ should have been included in the LTCFs plans for vaccinations. However they were not and the LTCFs are not clear that our team members should be and thus have moved forward with not including our team members.

Dr. Stone and I speak regularly as we support such a critically affected segment of the population in relation to COVID-19 and she suggested I reach out to each of you to help us possibly organize COVID-19 vaccinations for our team members directly at this point as they do fall into the CDC recommended Category 1a.

Can you please let me know if you can help us navigate how to get COVID-19 vaccinations to our HCP team members during this 1st phase of distribution?

Dana Becker, L.Ac., Monarch Acupuncture & Wellness

I'm a health care provider and I see many patients daily and am wondering how to get a vaccine?
Thanks!

Matt McAlear Executive Director, California Association for Behavior Analysis

California Association of Behavior Analysis (CalABA) represents providers of ABA including behavior analysts and behavior technicians. On behalf of the members of CalABA we are writing to urge inclusion of ABA providers as health care personnel for purposes of vaccine prioritization.

Providers of medically necessary Applied Behavior Analysis (ABA) services have continued to serve patients with an autism spectrum disorder and other developmental disabilities in homes, schools, clinics, and community settings throughout the Covid-19 pandemic. For many of the patients served by ABA providers and their families, terminating services during this public health crisis would have led to severe consequences such as significant regression, severe injury or hospitalization. Providers continue to selflessly put their own health and safety at risk in order to continue to provide care.

ABA is provided by individuals who work face to face with patients in a variety of settings often in close proximity. In addition, patients often have deficits in self-care skills and personal hygiene making them at greater risk of contracting COVID-19. ABA services are essential to maintaining their health and safety.

CalABA urges the California Department of Public Health to include our community of providers in the definition of health care personnel who should be prioritized to receive the COVID-19 vaccination. It is critical that ABA providers are included with other health care personnel in the first phase of vaccination to protect providers, patients, and their families.

Albert Senella, President and Vitka Eisen, Vice-President, The California Association of Alcohol and Drug Program Executives (CAADPE)

The California Association of Alcohol and Drug Program Executives, CAADPE, is respectfully submitting the following comments regarding the state's distribution of COVID 19 vaccines.

CAADPE strongly believes that SUD providers should be an included sector in the early distribution of vaccines.

The staff who work in substance use disorder treatment facilities are front-line health workers providing essential health services to vulnerable and high risk patients. Many of these programs are residential facilities, which are congregate settings where staff are in close contact with patients who are a high-risk population for the COVID-19 virus.. As written, the CDC's vaccine

administration recommendations are unclear if behavioral health, substance use disorder(SUD) treatment providers are included under the Phase 1 vaccination category.

Providing immediate vaccine access to these providers is critical, given the essential life saving treatment being done every day during the pandemic. There is an urgent need to prioritize support for SUD providers: both to properly protect staff and patients from COVID-19, and to address the pandemic-driven increase in substance use disorder and access to its treatment.

CAADPE supports the CBHDA request (submitted at the 12/23/20 meeting) that the state affirm in writing that substance use disorder and mental health workers are essential health workers within the definition of and guidance for distribution of COVID 19 vaccines in Tier I.

Sally Albayati, Pharm D., Sr. Director of Pharmacy Operations, Pharmaca

I hope this email finds you well and healthy. We operate 16 pharmacy locations in California and are writing to inquire about when and how the COVID Vaccine will be made available to Pharmacy Staff. We have locations in San Diego, Los Angeles and into the North Bay area.

I understand the volume of emails and phone calls that are coming in are a real challenge so thank you for doing what you are doing.

I appreciate any information or advice you may have. If I need to be redirected to another team please let me know.

Christopher Tripp, Continuous Improvement and Safety, INW ProForm Laboratories

My name is Christopher Tripp. I am the Safety Officer of ProForm Laboratories here in Benicia. We are a contract manufacturer of nutritional products, primarily manufacturing soy, pea and milk based powdered meal replacements for customers such as Walmart, Safeway, CVS & Costco in our 250,000 square foot facility.

The company has been around for 30 years now, and we are proud of the business we have built, essentially from the ground up. We employ over 300 employees with an annual revenue of well over 100 million dollars. We are running 6 days a week, 20 hours a day, just to keep up with demand. We aren't going anywhere, and see nothing but growth in our future.

Our team has been successful in implementing safety processes relative to Covid-19 measures, and to this day, we have not had an outbreak in the plant. They have also worked long, hard hours, to barely keep up with the growing needs of our customers. Putting meals on retail shelves doesn't get much more essential, and none of us have waived with regards to keeping this plant running during these trying times.

What steps can we take to help to ensure we are included in the 1b vaccination allocation for Solano County? Who can we reach out to make sure we get on the 1b list?

Michael Nova MD Ph.D, Chief Innovation Officer and Founder. omecare

We (www.omecare.co) are a CLIA/CAP certified COVID PCR testing lab in San Diego, with walk-up service. My staff has been working full-time since the epidemic started. We would like to know how to receive the vaccine as soon as possible...whom do we contact, etc.?

Richard Dang

Please see below for questions I would like to ask the committee:

- 1) What is the difference between pharmacists and pharmacies classified as healthcare workers in Phase 1a versus “pharmacies/drugstores” identified under food/agriculture in Phase 1b?
- 2) How can healthcare workers prioritized in Phase 1a receive a vaccine if they are not associated with a hospital or facility?
- 3) How can pharmacies sign up to become vaccine provider to provided access to vaccines in groups belonging to phase 1a, 1b, and future groups to be identified? There is a major potential to activate these providers to assist with the essential workers and older adults groups. For example, many grocery stores, wholesalers, and chains employee essential food and agriculture workers and also have their own pharmacy operations. It would make sense to tap into that organization’s pharmacies to vaccination their own employees who belong to phase 1a and 1b groups. This strategy would save public health resources for other groups by using existing infrastructure.
- 4) When will the federal retail pharmacy program be activated? If not until Phase 2, that may be too late to utilize resources that are already experienced in providing vaccination services.

U.S. Renal Care Office of the CMO's, Dr. Mary Dittrich and Dr. Geoff Block

U.S. Renal Care (USRC) provides high quality dialysis services to over 26,000 patients nationwide, and to 4282 patients in the state of California. We have over 1011 employees in California, each of whom remain extraordinarily committed to our patients and their families. Our patients are among the most vulnerable in the health care system, most of them having several comorbidities in addition to their ESKD, (End Stage Kidney Disease), diagnosis, which make them highly vulnerable to the effects of COVID-19. Our staff members work in close physical proximity to our patients, a majority of whom require in- person treatment at least three days a week.

We strongly believe that our provider staff satisfy all recommendations to be included in Phase I(a) of the COVID-19 vaccine distribution and should be provided access to the I(a) distribution plans immediately.

Our conclusion of staff classification is based on the Department of Homeland Security's Cybersecurity and Infrastructure Security Agency's (CISA) guidance as "essential," and are listed under the following five different "Essential Critical Infrastructure Workers" headings in the CISA 4.0 guidelines, including:

- Healthcare/ Public Health
- Critical Manufacturing
- Public Works and Infrastructure Support Services
- Hazardous Materials
- Transportation and Logistics

We also make this request on behalf of our patients who meet the recommendations of The National Academies of Sciences (NAS) to include people of all ages with comorbidities that put them at significantly higher risk and, therefore also put their healthcare workers at a higher risk.¹ The CDC lists chronic kidney disease as a comorbid condition associated with increased risk of severe COVID-19 disease. This list also includes obesity (defined as a body mass index greater or equal to 30), serious heart conditions (such as heart failure, coronary artery disease, cardiomyopathies) and type 2 diabetes mellitus.²

Most dialysis patients are living with 4 or more comorbidities, including obesity, heart disease, and diabetes. More than 50% of dialysis patients have diabetes and more than 66% of patients have cardiovascular disease and hypertension according to the United States Renal Data System.³ Dialysis patients also experience a large number of other significant comorbidities, including cerebrovascular disease, malignancy, liver disease, anemia, gout, connective tissue disease, congestive heart failure, and tuberculosis.

It is critically important that dialysis patients, and the health care workers who provide their care, are prioritized among the first phase of vaccinations to ensure that patients can continue to receive the life-saving care they need without the fear of being exposed to a virus that is now demonstrated to result in markedly increased rates of hospitalization and death.

We understand that not every American with these conditions can be vaccinated in Phase I, which is why USRC urges your state distribution process to expressly state that dialysis patients and their health care workers are in Phase I(a) of the vaccine distribution plan given the disproportionate impact COVID-19 has had on this patient population.

As you consider the most equitable options to deploy vaccines, we would like to work with your office and local agencies as a vaccination provider to our employees and our patient population. The strong relationship with our patients coupled with our facility locations and on-site registered nurses make USRC ideal for fast, equitable, and thorough deployment in California to a population clearly in need of early access to the available vaccines.

¹National Academies of Sciences, Engineering, and Medicine 2020. *Framework for Equitable Allocation of COVID-19 Vaccine*.

10. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25917>.

²People Who Are at Higher Risk for Severe Illness - Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html> (accessed: 06/18/2020).

³Lee WC, Lee YT, Li LC, et al. [The number of comorbidities predicts renal outcomes in patients with stage 3-5 chronic kidney disease](#). *J Clin Med*. 2018;7:493.⁴National Academies of Sciences, at 30.

Nicholas Birtcil, Executive Director, Osteopathic Physicians and Surgeons of California

The COVID-19 pandemic has changed the environment in which the medical community provides care. The Osteopathic Physicians & Surgeons of California (OPSC) commends the Community Vaccine Advisory Committee and its work to ensure rapid and safe distribution of approved COVID-19 vaccines in California.

OPSC represents more than 9,000 DOs in California. Like MDs, DOs are fully educated physicians, licensed to practice all aspects of medicine. DOs have a patient-centered approach to health care, using all resources of modern medicine to prevent, detect, and treat disease. DOs are licensed and regulated under the Osteopathic Medical Board of California (OMBC). DOs are represented in all physician specialties, but because of the focus of their medical training, many DOs practice in primary care settings. Additionally, a significant number of our members practice outside of a hospital and are located in rural settings.

As the initial wave of vaccines are being administered, a number of questions and concerns have come to our attention that we request your committee address:

- 1) How will physicians not affiliated with a health facility or hospital receive doses of the vaccine? Who is responsible for getting these doses to the physicians?
We request the committee address how and when these physicians and will receive the vaccine.
- 2) When and how are physicians in rural settings expected to receive the vaccine?
- 3) We respectfully request that medical students who are seeing patients (both in a hospital or non-hospital setting) be prioritized in Phase 1a.

As the Community Vaccine Advisory Committee seeks to break down barriers for equitable vaccine implementation, we respectfully request that these issues are addressed to ensure community physicians throughout California have access to the vaccine as soon as possible. Additionally, we request those medical students seeing patients be prioritized with other health care professionals in Phase 1a.

Finally, we also recommend medical schools be considered as vaccine administration centers. Each facility is fully staffed, is equipped with modern storage technology, and in the case of California's osteopathic medical schools, located in areas that do not enjoy the same level of access to care. These schools could help play a pivotal role in getting the vaccine to Californians in a safe and efficient manner.

OPSC appreciates your consideration of these issues and looks forward to working with the Committee.

Megan Allen

Who do I contact to find out when I can receive the vaccine? I'm a child and adolescent psychologist in private practice in Menlo Park. I see children and adolescents in-person for psychological assessments, however keep my treatment via telehealth. Thanks.

Gabriel Kiss

Constituent understands that you are following certain CDC guidelines about distributing the vaccine. He has people he is responsible for that fall into the 1a or 1b category of the plan. He would like some sort of idea of where they are going to fall in the line of receiving the vaccine. Some of them are in home health care workers. He also has a disabled brother. He says he has talked to the city, the county, the regional centers, etc. and they state they have not received any guidance on this. He feels there should be an action plan available to the public.

Jody Casserly, LCSW, Hospice care social worker, Pasadena

I have seen much about front line healthcare workers and residents/staff of long term care facilities in the first round of vaccines, which is appropriate.

I would like to call attention to the other front lines healthcare workers - hospice and home health staff (nurses, home health aids, social workers, chaplains) who visit patients in homes, skilled nursing facilities, assisted living facilities and board and cares, as well as physical therapists, phlebotomists, etc. These frontline workers are also at risk caring for Covid patients and potentially bringing the virus to vulnerable populations.

Healthcare also happens outside of the hospital setting, which seems to get all of the attention and resources.

Jacob Verduzco, RN, ER Home Health, Inc.

I am reaching out to find out when and where home health care worker can receive the vaccine. We are too in the front lines as hospitals are overwhelmed and sending home patients still active with covid and need assistance from nurses for medical care in the home. We are unable to handle the surge without having our staff vaccinated. We work in an uncontrolled environment with people coming in and out of homes. We would like to know when our timeline would be and how we can get that administered to our staff.

Amy Fox

I am trying to find out if parents who are caregivers for their medically fragile child who is on a ventilator are eligible to receive the COVID vaccine in the phase 1a tier 2 along with home health workers. I have spoken to numerous people in the Department of Health and have not been able to get an answer. It appears that the category of parents who are unlicensed caregivers has not been addressed by the Advisory Committee. I am asking for either an answer to this question or if this issue can be added to the committee's agenda,

Hans Gill, CEO - On My Care Home Health

We are a state, Medi-cal and Medicare licensed Home Health Agency providing nursing, therapy, social work and home health aide services to our patients in their homes. We have 50+ employees who service patients and would like to ensure our health care workers are prioritized. We have not received any contact from the COVAX team so hoping this email gets us on some list for outreach from team in-charge of distribution of the vaccine.

Can you please let us know how we confirm?

Jatearra Ritchie

I was referred to this email by my council for massage therapy. I work medically and was wondering if I will be eligible for the vaccine sooner rather than later? I was also wondering how to go about getting one.

Kirsten McGlynn

I am a home health nurse doing covid positive clinical trials. We are a private home health agency not affiliated with a medical center. How do I get my vaccine? My company said to contact the public health dept.

Andrea Devoto RN, Clinical Supervisor

I understand the Community Vaccine Advisory Committee is meeting today to consider designation for the next group to be vaccinated. I am concerned for not only myself but for our employees in home health care who were designated as TIER 2 to receive the vaccine. My staff has been exposed not only to COVID positive patients but the unknowing family member/caregiver who has subsequently tested positive.

I think we are front line workers too and hope the Advisory Committee would agree. There is no clear plan to reopen schools but you would consider vaccinating teachers before nurses?

Daniel G. DeBusschere, Orinda

Federal guidelines have individuals who are over 75 are to be immediately vaccinated after tier 1 folks.

This group (Over 75) is without a doubt most likely to die from a COVID-19 infection because of age related health issues.

It is disgusting that the California Community Vaccine Advisory Committee does not share this Federal priority in its draft report.

I demand the Advisory Committee place individuals who are over 75 on the Phase 1B recommendations.

Ellen Schmeding, Chair, The California Commission on Aging

The California Commission on Aging (CCoA) is the principal advocate for older adults under California Welfare and Institutions Code. As such, the Commission would like to offer comment on the Allocation Guidelines for COVID-19 Vaccinations During Phase 1A. Our primary concerns are for increased prioritization of isolated and homebound older adults and the persons that care for them. Among our recommendations are:

- Older adults age 75 and over, and particularly those in disproportionately impacted communities, be moved into the Phase 1A, Tier 2 level for vaccination. We appreciate the Community Vaccine Advisory Committee's awareness of the heightened vulnerability of these older adults to infection and death.
- Elevate residential care staff working with vulnerable residents to the Phase 1A, Tier-1 level in order to protect both essential care staff and the residents who depend on them.
- Include in Phase 1 informal caregivers, millions of whom provide essential care to medically vulnerable adults and persons with disabilities, helping them to remain in their homes.

Phase 1A

- HEALTHCARE PERSONNEL
- EMPLOYEES & RESIDENTS of long-term care facilities

1A-Tier 1

- Acute care, psychiatric, and correctional facility hospitals⁺
- Skilled nursing facilities, assisted living facilities, and similar settings for older or medically vulnerable individuals
 - o Include residents in these settings as recommended for Phase 1A by ACIP
 - o Include staff in these settings

- Paramedics, EMTs, and others providing emergency medical services including police and firefighters
- Dialysis centers

1A-Tier 2

- Intermediate care, for persons who need non-continuous nursing supervision, and supportive care
- Home healthcare and in-home supportive services
- PACE—Program for All Inclusive Care for the Elderly
- Community health workers, including promotoras
- Public health field staff
- Primary care clinics, including Federally Qualified Health Centers, Rural Health Centers, correctional facility clinics, and urgent care clinics
- Older adults, age 75 and above, especially those in communities with disproportionate levels of COVID 19
- Family and other informal caregivers serving older adults age 75 and above

1A-Tier 3

Other settings and healthcare workers, including:

- Specialty clinics, laboratory workers, dental/oral health clinics, pharmacy staff not working in settings at higher tiers
- High risk older adults (65+) with pre-existing conditions and their caregivers
- Adults with medical conditions or disabilities that place at high risk of severe COVID-19, and their caregivers

Phase 1B

- ESSENTIAL WORKERS (e.g., Education sector, food & agriculture, utilities, police, firefighters, corrections officers, transportation)

Phase 1C

- Adults with high-risk MEDICAL CONDITIONS
- Adults 65+

Phase 2

- CHILDREN and YOUNG ADULTS 30 and younger
- Critical workers not in Phase 1 or 2

Phase 3

- EVERYONE else living in the U.S.

Claudia Brown, retired 8th grade teacher

Group 1b Tier 1 should be:

- 1) Senior citizens >74 years old

- 2) Senior citizens >64 years old with underlying health issues
- 3) Others with underlying conditions
- 4) Senior citizens >64 without underlying health conditions

Group 1b Tier 2 should be:

- 1) Elementary school teachers grades TK-6
 - 2+) Other necessary workers
- Etc.

Last week, Gov. Newsom stated that schools will be opening for TK-Grade 2. Then after a month or so possibly more elementary grades will open. Nothing was said about middle and high school. Thus middle and high school teachers do not need a high priority for vaccination since they will be continuing distance learning. Additionally, most teachers are younger than 65, especially elementary teachers. The teachers who are 65 or older would be vaccinated with the senior citizen groups. Why should a 28 year old 10th grade biology teacher be vaccinated before a 68 year old cancer survivor with a heart condition and compromised immune system? They shouldn't! And, finally, schools cannot open without an approved plan for safety at schools. How many of the thousands of public and private schools have approved plans as of now? To vaccinate all teachers in the state when who knows which schools will be allowed to open is an illogical way to allocate the vaccines. To risk the lives of senior citizens, and, others with underlying medical conditions, is not worth it. I think your committee should do a careful risk-benefit analysis of senior citizens/others with med. conditions versus teachers and determine where more lives will be saved. Parents may be upset about distance learning, but school can be made up or extended, but dead people can't be brought back to life.

Billy Ray Smith

In the U-K seniors 80 years old and up were put into the 'first' phase of vaccine distribution, regardless of whether they're living in a congregate setting.

Get our independent seniors in phase 1B. You see the statistics. You know the percentage of deaths in that age group.

After 11 months of home confinement, we better vaccinate them and allow them to safely go to the grocery store or see a family member.

Follow CDC recommendations on Jan. 6th.

Susan Burkland

Those of us who are sixty five and older are dying at the highest rate of any age group, yet we have been put behind younger essential worker who are at much less risk of death. Seventy six percent of all deaths in California are those who are sixty five and older. Our age group have worked for forty or fifty years to build this country. Just because we may be retired after a

lifetime of working and raising children, we are not useless. We should be given the respect and consideration that we deserve. At the very least, put our age group who are at high risk at a higher priority, we don't deserve to die after a lifetime of work.

Hugh Cree, Del Mar

You received information for planning purposed for CDC?NIF Federal Government in August 2020! The fact you you are still debating priorities on Jan 6 2021(?), is disgusting, a massive failure of preparedness to hit the ground running, as soon as vaccines arrived.

Everyone cannot be Tier1, the massive lobbying underway now by powerful interests is disturbing, and ripe for pure Politics, CA State pandering to certain groups for political reasons only looming greatly in their, the Community Vaccine Advisory Committee and Gavin Newsom's decisions!

I understand that Vaccine deployment is a massive undertaking, requiring once in a lifetime levels of true leadership and management, which is clearly not being shown to exist in Sacramento, or locally! You are failing us!

I am 75 and I am angry to see the lobbying underway! I can see us most at risk due to age being left behind for the powerful Political interests that drive decisions now!

CA has received 1,762,900 to-date (week 12/28), yet only 335,983 have been administered!

Here in SD County we received 194,025 doses and only 48,120 administered, this for all of Region 6 which we are part of: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/VaccineDoses.aspx>

I can't find any stand-alone SD County reporting, though I have asked Dr. Wooten for where that is being reported.

Clearly the CA State Government, CDPD is not prepared and is failing grossly in it responsibilities which such a small number of administered doses.

Do not fail those of us 75 and over that need immediate protection and access to the Vaccines.

Jeff Holman, PhD, San Diego

In considering only occupation for Phase 1B, the CVAC is making a decision that will result in a significant net loss of Californians' lives. The United Kingdom's Joint Committee on Vaccination and Immunisation approached vaccination prioritization from a blank slate and found that:

“Mathematical modelling indicates that the optimal strategy for minimising future deaths or quality adjusted life year (QALY) losses is to offer vaccination to older age groups first . . . Accordingly, the committee’s advice largely prioritises based on age. “

Source: <https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/joint-committee-on-vaccination-and-immunisation-advice-on-priority-groups-for-covid-19-vaccination-30-december-2020>

The only time the UK JCVI prioritizes occupation before those over the age of 50 is for nursing home workers and frontline health and social workers. The link above shows their detailed findings, with extensive discussion of methodology.

The CVAC has not researched an optimal lifesaving strategy, but rather has chosen to use heuristics and social preferences in the decision of whom to vaccinate first. This rejection of a scientific approach in favor of a social preferences approach will cost lives.

I ask the CVAC to consider carefully their choice in these stark terms, and ask whether Californians might be better served by the CVAC pursuing the UK's strategy - or at least fully disclosing the expected number of lives and years that will be lost by placing social preferences above actual human lives.

Debbie Utley

Dr. Tom Frieden, Former Director CDC, On Twitter:

Jan 1 There’s not enough vaccine now, so we MUST do better protecting the most vulnerable. So far, 1 in 200 Americans over age 65 have died from Covid.

Jan 2 Focus on elderly & HCW

In order to get the hospital crisis under control, can you please define Phase 1b Tier 1 as those over 75, delay decisions about essential workers, and immediately move to phase 1b? With the more contagious variant now in California, we urgently need to vaccinate those at most risk of hospitalization and death. Vaccinating the eldest is the most effective option for saving lives, according to CDC modeling, and it's also the easiest to implement.

By holding more vaccination clinics in areas with at-risk racial and ethnic groups we can also address issues of equity in an effective way. Vaccinating essential workers is *less* effective at saving lives than vaccinating older people or those with high risk medical conditions, and saves fewer people in at-risk racial and ethnic groups as well.

Vaccinating young and healthy essential workers is ineffective, slow, complicated, and a poor solution for issues of equity. Vaccinating young and healthy people in parallel with the eldest will delay protecting those who are most at risk. If we can implement as well as Israel has we can quickly vaccinate those with the most risk. Please switch to the most effective path immediately until we get through this hospital crisis.

Colleen A. Annes, MD, Atascadero

1. I'm a physician with concerns about the covid vaccine prioritization and roll out, in general and in this state. For background, I've handled a measles outbreak in the Netherlands, a meningitis outbreak in FL, and wrote pandemic response plans used throughout the intelligence community before my retirement a few years ago. Some of you I've written to several times since early 2020, for some of you this is my first time so some ground will be repeated in this, my last attempt to get someone to believe in science and advocate for the elderly. I live in San Luis Obispo county, in the SoCal region.

2. The one thing we knew for sure since this began in January 2020 was this virus preferentially kills the elderly. It kills in descending order of age. It is the elderly who fill the ICUs. It also affects those with underlying disease, but no risk is greater than age. Those 65+ are 16% of the population but 80% of covid deaths (in San Luis Obispo county they are 20% of the population and 88% of covid deaths, while 95% of the covid deaths in SLO county are in those over 50--yet I suspect based on other less important risk factors my county is low on the list for vaccine distribution). By April 2020 we knew that unlike other viruses, it dramatically spares the young from risk of death. Any vaccine priority system that ignores the most significant risk of death due to covid (age) defies logic, ethics, and any semblance to following science.

3. Since April 2020 we knew one other thing: covid is spread primarily in the home, among family members especially when bedrooms and bathrooms are shared. Our problem in this state is driven by the large cities, especially Los Angeles. How could any competent physician ignore the risk of spread within the well-known multigenerational multi-family homes in Los Angeles, where several adults, teens, children and grandparents are packed into a two-bedroom one bath apartment? This borders on malpractice, and the fact that Los Angeles entrusted its public health department to a non-physician underscores the steadfast denial of science that is becoming a hallmark of this state's pandemic response. Arrangements should have been made to remove either the sick, or the vulnerable elderly, from those homes temporarily—for the sick it could even be in dorms (universities were closed), convention centers or tents, if not hotels. Lack of planning around these overcrowded homes in Los Angeles county and at the state level resulted in the ICU disaster we now face.

4. Governors in several states, including California, shut down the economy and plunged millions of Americans into abject poverty, wiping out their life savings and the businesses they'd worked their entire lives to build: businesses that provided their families with food, housing, medical care and education. Lockdowns caused lost jobs and permanently shuttered businesses, forcing many separate families to move together into a single overcrowded multifamily home, exacerbating the spread of covid. Then those families were ordered to stay inside those homes. Schools closed despite scientific evidence that small children weren't at risk and didn't spread covid, and that teachers teaching remotely were more likely to catch covid than teachers teaching in the classroom. Hospitals laid off staff, cancer diagnoses and treatments were delayed causing millions of preventable cancer deaths. Alcohol and drug abuse, spouse and child abuse, depression and deaths of despair climbed. These results of lock downs were predictable yet ignored in an egregious lapse of medical and public health judgment. We were told the goal of

all these bad decisions was to protect the most vulnerable: our seniors. And yet, when a vaccine is finally available, one that would protect our seniors, thus allowing a return to normal for everyone else—we deny it to those most likely to die without it. Even for the few you have allowed to move up in priority (those over 75) they must compete with millions of “essential” 20-year-old store clerks for the scarce supply of vaccines. Others, 65-75, will wait many more months then struggle for a place in line beside a 19-year-old McDonald’s worker or prisoner. This is a disgrace.

5. The British National Health Service, using science and ethics, has been vaccinating people starting with those most likely to die and working downward. This is not only the right thing to do morally, it is the fastest way to get the most people vaccinated (seniors and the medically vulnerable don’t need to be convinced), get the economy going again and open schools: once the vulnerable seniors are protected, no matter their job description or incarceration status, we can take careful steps toward re-opening, knowing we won’t have the crowded ICUs and soaring death rates both driven by the elderly. Rather than protect our most vulnerable, the elderly, we tell them to remain sheltered at home. This doesn’t work for several reasons: many can’t afford food or medication delivery so must venture into stores, which have all stopped having special hours for the vulnerable (and which regardless provide little protection). Some work in non-essential jobs to survive. Seniors who have few years left have already spent one of them locked away from friends and family; they are now being told to just continue to waste their few precious months of life alone, prisoners in their own homes. Depression is skyrocketing among the elderly. This is how an ethical country following science is rapidly vaccinating its people: <https://phw.nhs.wales/topics/immunisation-and-vaccines/covid-19-vaccination-information/eligibility-for-the-vaccine/> please learn from them.

6. Roll out of vaccination is hampered by trying to come up with excuses to vaccinate groups other than *those most likely to die: the elderly*. Trying to vaccinate all health care workers, even the young and healthy who have little risk of dying from covid, has resulted in delay of vaccinating those most at risk of death. It has also been met with resistance to vaccination by younger medical staff, which in turn leads to either wasted vaccines, or letting people jump the line to use up doses. Their very public resistance also weakens public confidence in the vaccine. Vaccination should have been given to AT RISK (elderly, underlying disease) medical personnel, who generally would not refuse it, and Skilled Nursing Facility staff and residents, then vaccination clinics for the independently-living elderly set up at hospitals to run *concurrently with vaccinating medical staff*. Nothing will convince the antivaxxers as much as seeing millions of the elderly getting vaccinated. Fear of missing out is a real thing. I’d recommend two tents, one to give vaccinations and one to be observed afterwards. Time blocks could be booked, the National Guard could assist with patient flow and vaccination, as well as vaccination help by public health and school nurses. Leftover vaccines at the end of the day could be used on younger hospital staff not yet vaccinated. This was the system we used in the meningitis outbreak I handled—it was easy to call up to a ward to get staff to use up the few syringes left at the end of the day if most of them aren’t already vaccinated. Additional centers could be set up at pharmacies, convention centers, etc. once a vaccine is available that doesn’t need the same handling as Pfizer’s, but you could easily do Pfizer vaccinations for the elderly at the hospital tent set up I described *starting now*. It keeps them out of the hospital building, socially distanced in open air tents, but close to ER support if needed.

7. I'm making this plea for someone to follow science and ethics for the sake of the elderly. Among them are four close relatives, all aged 79+ with cancer. They all did amazing things for others during their lives, from putting men on the moon, to playing in Carnegie Hall, to teaching, to protecting our nation as a senior FBI agent. They have value and should not be shunted aside in favor of vaccinating a healthy 24-year-old grocery clerk, a 28-year-old teacher who won't step foot into a classroom until next fall, or a 22-year-old prisoner—all of whom will most likely at worst have a few days of sniffles if they catch covid. The excuse that 'if we vaccinate them it will stop the spread to those at risk of death' rings hollow: it is easier to just vaccinate *those at risk of death*. If the abuela in the crowded home, or the elderly prisoner or guard, or the elderly teacher or retiree is vaccinated, they are protected as much as they can be pending widespread vaccination, which will take years. It takes less vaccine and less time to vaccinate the elderly than to make up excuses to vaccinate everyone else *except the elderly* "to protect the elderly." After the elderly are safe, vaccinate the rest to slow the spread. To vaccinate the young preferentially over the elderly isn't striving for herd immunity, it is culling the herd—and that is abhorrent to a civilized society.

8. I will close by pointing out that I've tried to volunteer for vaccine studies, as well as to help with care, contact tracing or with vaccination. Since I'm retired and not licensed in this state I'm apparently not needed. I'm also apparently worthless as a human. Under the current vaccination priority, I myself (at age 64) am literally at the end of the line (age 30-64 in non essential work). After 32 years of military service and multiple wartime deployments, I'm not surprised to find myself in the last group to be vaccinated, but I'm disappointed that I'm not at least on an equal footing with those under 30. I'm several magnitudes more likely to die from covid than those under 30, but under your plan they have priority. By the time I'm eligible for vaccination, 80-90% of the state will be vaccinated before me, and I will have spent more than 21 months in solitary confinement. I fully expect the US will ship all the vaccine overseas just before I'm eligible, as the incoming administration has promised to do. I accept you find no value in my life, but I'm begging you to at least give the highest priority to those over 64—not only for the sake of science, not only for the sake of the elderly, but for ours: turning our backs on the vulnerable elderly is not the approach which we as humans should take. Being a part of that kind of society is more painful than knowing what I'm personally worth to it.

Charlotte Adams, San Diego

Today Dr. Gottlieb addressed the large vaccine inventory on the shelves waiting to be shipped, millions of dosages. In addressing the disparity between number of vaccinations given to date and the volume of vaccine dosages in inventory, he said that the appointed retail pharmacies should be able to proceed to offer the vaccine to the general population based on age groups. This effort can parallel the CDC's more methodically slower procedures of releasing only by identified tiers in society. The CDC approach is slowing down in part because it must overcome resistance. Dr. Gottlieb pointed out that 60,000 million people got the flu vaccine. This group will most likely jump to get the vaccine. Using both approaches will rapidly increase the number of people vaccinated.

As a 79 year old woman without underlying conditions but who cares for a special needs granddaughter who has underlying conditions, I applaud this approach. When I view the Phases with its 1A, 1B, 1C and so forth, I think it will be months before California reaches the identified group of elderly over age 65. Yet this is the group Dr. Burke identified as being most likely hospitalized and dying.

Given the limited staff and ICU capacity of our hospitals, reducing hospitalizations and deaths should be a major focus, and efforts to achieve this goal should not be parsed out, but given a full-on focused effort. With the new mutant strain that is more transmissible, this focus becomes all the more important. If California implemented Dr. Gottlieb's suggestion, the time to dribble through the many groups and confusion about who's in the groups could well be cut in half.

Please consider Dr. Gottlieb's approach as a parallel with the CDC guidance. As he said, "Every vaccination is a public health win." There are millions of us over age 65 who would cheer to get the vaccine!

Thea Koss

I know that there is a planning meeting on January 6. I would hope that you have a plan for those of us who are 75 and over to get the vaccine now

I keep hearing that vaccines are shipped but hear nothing of any plan to get it to us, not how not where. We have lived in fear of going out for 9 months and now there are new strains showing up and I know people have gathered for the holiday and I am getting more concerned. I hope the plan is to get it to us seniors in the next few weeks.

I am also concerned about my veterinary clinic. I feel that they are at risk of catching Covid from patients and also transmitting it to those of us who have to bring animals in.

I would also like to see grocery workers included in an early wave. there are all people that as seniors we have to have some contact putting us all at risk.

Leslie Foster, PhD, Emeritus Professor of Mathematics, San Jose State University

INCLUDE ALL PEOPLE OVER 65 IN PHASE ONE OF CALIFORNIA'S COVID-19 VACCINATION PROGRAM

The proposed California COVID-19 vaccination policy needs to be modified. It is essential that all people aged 65 to 74 years old be offered COVID-19 vaccination in Phase 1. The California guidelines include vaccinations for many essential workers under 65. This is important. However, to save lives California should also focus on vaccinating all people over 65. This is consistent with CDC recommendations, follows the science and will save lives.

The dramatic increase in risk of COVID-19 death for people as they age is well known. For example according to California's COVID-19 dashboard (<https://covid19.ca.gov/state-dashboard/>), 74.5% of the deaths in California from COVID-19 are for people over 65 even though people over 65 only make up 14.8% of California's population (<https://www.census.gov/quickfacts/CA>). We will argue that the mortality for older people will remain high if only selected older people are vaccinated.

In Governor Newsome's Press Conference of December 28 (<https://www.youtube.com/watch?v=M3FEJJeLyxQ>), California's proposed priorities for the order for distributing vaccinations were outlined. The Phase 1B and Phase 1C vaccination order is described in minutes 24 through 26 of the December 28 Press Conference and also at <https://abc7.com/california-coronavirus-vaccine-update-abc-covid-phase-1a-1b/9149919/>. On December 20, the CDC's Advisory Committee on Immunization Practices (ACIP) also made its recommendations for Phase 1 vaccinations (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations-process.html>).

The CDC and California's Phase 1 recommendation differ on one important point. In Phase 1, the CDC's ACIP recommends that the vaccinations should be offered to "people aged 65 to 74 years" in Phase 1C whereas in Phase 1 of California's proposed guidelines the recommendation is to offer the vaccination to "anyone 65 or older with an underlying health condition or disability" but not to all people aged 65 to 74. California's Phase 1C is still being finalized. It is essential that all people aged 65 to 74 years old be offered COVID-19 vaccination in Phase 1C. This is consistent with the CDC recommendation, follows the science and will save lives. So, should California provide Phase 1 vaccinations for all people in the 65 through 74 age group or just those in this group who have an underlying health condition or disability?

The answer centers on whether a partial vaccination policy that vaccinates only people with underlying health conditions will control the increased risk of COVID-19 death associated with age. The science shows that the mortality rate of the 65-74 age group will remain high after a partial vaccination program. Many deaths due to COVID-19 will continue in this age group. **FOR THIS REASON, THE CALIFORNIA VACCINATION POLICY SHOULD INCLUDE ALL PEOPLE IN THE 65 THROUGH 74 AGE GROUP IN PHASE 1.**

An excellent study which validates these conclusions is "Factors Associated with COVID-19-related death using OpenSAFELY" published in August in Nature (<https://www.nature.com/articles/s41586-020-2521-4>). The study's sample size is over 17 million individuals in the English health care system and the identification of pre-existing disease and clinical factors is made by actual (anonymized) electronic patient medical records held in the health care system. Along with age and sex, the study analyzes a wide range of pre-existing diseases and medical conditions including eighteen different categories of diseases, conditions and disabilities. See Table 1 and the Covariates section in the report for details.

The OpenSAFELY study calculates "hazard ratios" and these hazard ratios show that the mortality rate will remain high in the 65-74 age group after a partial vaccination program. A hazard ratio is the ratio of the risk of death of one subgroup of people to the risk of death for a reference group of people. The study calculates hazard ratios in age groups from 18-39, 40-49,

50-59, 60-69, 70-79, 80-89 and 80+ where the reference group is of all people in the study with ages from 50 through 59. For each age group, a hazard ratio is estimated while adjusting just for age and sex and a second hazard ratio is estimated while adjusting for all the other variables. This later hazard ratio measures the increased risk of COVID-19 death relative to the reference group if age is changed while holding all the other variables including health conditions constant. In other words, it measures the increase (or decrease) in risk due to age only with the effects of health conditions and disabilities removed. Following a partial vaccination program that only vaccinates those people in the 65-74 age group who have identified health conditions, the remaining unvaccinated members of the group would still have the increased risk due to with age only. This increased risk will be estimated by the second hazard ratio.

To make the analysis concrete, we can look at hazard ratio for a 65-74 year old age group. This age group is not listed in the OpenSAFELY report, but we can use the published results for the other groups to estimate (using spline interpolation) the hazard ratios for the 65-74 age group (with the same 50-59 aged reference group). The estimated results are

- 65-74 hazard ratio adjusting for age and sex: 4.83
- 65-74 hazard ratio adjusting for all variables including health conditions: 3.77.

The 4.83 estimates that without any protection due to vaccinations, people in the 65-74 year old group have a risk of 4.83 times (or 383% greater than) the risk of younger people in the 50-59 age group. The 3.77 indicates that after a partial vaccination program which vaccinates only those people with identified health conditions, the unvaccinated people remaining in the group would still have the increased risk associated with age only and so would have a risk 3.77 times (277% greater than) the risk of younger people in the 50-59 age group. This is still a substantial risk for the unvaccinated people in the 65-74 age group. This high risk will lead to many deaths in the age group. We argue that this high risk is not acceptable and all people in the group should be vaccinated.

In conclusion, a partial vaccination program for the 65-74 age group, still leaves the unvaccinated people in the group with a high mortality rate relative to people in younger age groups. With a partial vaccination program, many deaths will continue to occur in the 65-74 age group. Therefore, the California vaccination policy should be to vaccinate all people in the 64-75 age group in Phase 1 of the vaccinations. California should follow the CDC guidelines.

Mary Kulick

Vaccinate our elderly now

<https://kvoa.com/news/top-stories/2020/12/25/eight-nuns-die-of-covid-19-complications-in-milwaukee/>

Gemini Janiece McCasland, Esq., Lafayette

I have two aged parents over 80 in need of the Vaccine, who are at high risk with chronic medical conditions. Both of my parents are retired Navy captains, and my father is a veteran of World War II.

I hope your Committee will approve placing the 75+ age group in Vaccine distribution phase 1(b), Tier 1.

This would be consistent with the latest CDC/ACIP guidelines and those of the National Academy of Medicine.

Grace Wang

My Father-in-law is over 90 and has numerous underlying medical conditions.

People in his age group have enormous risk of dying from Covid19. Placing this group in Phase 1(b), Tier 1 is needed to preserve these lives. I believe it is an appropriate public health measure.

For age 75+ please endorse the Governor's expectation of placing this group in vaccine group Phase 1(b), Tier 1, as he mentioned earlier this week.

Karen Jackson

As a scientist, I am dismayed that we are not launching a massive vaccination program for everyone in the state over 65? The Stay-at-Home order issued in California was to reduce the demand on hospitals, especially critical care beds (ICU). I analyzed CDC, and California and Sonoma County Departments of Health data with one question in mind. How do we quickly reduce the hospitalization rate in our state using our new tool of vaccinations? This data clearly shows that vaccinating Californians over 65 will dramatically reduce hospitalizations. Vaccinating 16% of the population would reduce hospitalizations by up to 50% in California. That is every other person in California hospitals. It would take vaccinating 62% of the population, Californians 18 – 64 years old, to achieve a similar reduction. That's approximately 12.8 million doses (65+ - 2 doses) versus 49.6 million doses (18 – 64 – 2 doses) to achieve the same reduction in hospitalizations. This could easily be achieved by moving everyone regardless of housing 75+ to 1a and moving everyone 65+ to 1b from 1c priority. We would also decrease the workload on our hospital staff. Because the 65+ die at a much higher rate than other demographics, we can assume that they are much sicker and require more intensive hospital resources. (10% of the cases – 74% of the deaths). As the surge continues in California, we increasingly hear reports that overwhelmed hospitals are considering the need to triage care. With life expectancy and severity of illness factors in triage we can expect the death rate for our 65+ population to increase dramatically if hospitals have to implement triage. So this proposal not only reduces hospitalizations but deaths in our most vulnerable population.

Not only is this decision scientifically sound but we as Californians, Americans, and fellow human beings have a moral and ethical imperative to protect the most vulnerable in our society. Age is the only clear cut determinate for severity of illness and death with the coronavirus, not preexisting conditions, occupations, or race. The CDC data shows that a 65 year old is 90 TIMES more likely to die from covid than a 29 year old. Every solution to reduce hospitalizations will require time due to the nature of the coronavirus. However, it is apparent that all other methods to reduce the spread by shut downs and public health announcements have failed. Vaccination is our only true way out of this pandemic and vaccinating every Californian over 65 has the highest chance of reducing hospitalizations for the least amount of vaccines. Remember half of all hospitalizations are people over 65. I would also suggest that a clear unambiguous appeal to all California to wear masks at all times unless you are with the people you who with sleep in your house. This is a clear cut definition of who may be safer to be around and who is not. This would eliminate any rationalization that large or even small family and friend gatherings are okay. Most senior Californians have been using this criteria for the danger of exposure since March and it is reflected in the disproportionately low infection rate. Much lower than any other demographic. Of course, they are the most motivated population. They do not want to die at least not of covid. An appeal to not only common good but a common goal would also help. We all depend on each other to make California work. Everyone is essential to our success and wellbeing. Although vaccination is a wonderful new tool in our fight, it will take months for it to roll out. Taking personal responsibility to wear a mask all the times unless you are with people that sleep in your home will help by reducing new cases. Let me be clear. Covid 19 is transmitted by close personal contact. That means spending time with another person without a mask on. With the increase in cases, the likelihood that you will interact without as mask on with someone that is infected also increases especially given the amount of asymptomatic cases. No one, nowhere is safe, is the message. You need to set the example that we follow the rules and put other people's wellbeing before ourselves. Stop giving the message that you can jump the vaccine line if you think you are essential or rationalizing your outings by thinking it was safe at the time.

I know that no choice to priority one group over another has political consequences. But moving Californians over 65 from 1c to 1b really is your best bet at actually reducing the impact on our hospitals. It is scientifically, morally and ethically the right thing to do. And since it is a scientifically, morally and ethically based decision it is easy for you to defend. Set the example we are all waiting for. Follow the science and care for the least in our society. If not you are no better than the Republicans who put politics over science. I urge you to contact the California Vaccine Advisory Committee to support this proposal.

| | Sonoma County Cumulative | California Cumulative | CDC Cumulative | CDC Week of Dec 19th |
|------------------------|-------------------------------------|----------------------------------|---------------------------|--|
| Over 65 | | | | |
| % of Population | 19% | 16% | 16% | 16% |
| % of Cases | 10% | 10% | | |
| % of Hospitalizations | 41% | N/A | 53% - CA | 63% CA |
| % of Deaths | 88% | 74% | | |
| | | | | |
| 18-64 Year Olds | | | | |
| % of Population | 53% | 62% | 62% | 62% |
| % of Cases | 74% | 78% | | |
| % of Hospitalizations | 56% | N/A | 47% - CA | 37% CA |
| % of Deaths | 12% | 26% | | |

All data was obtained from the publicly available Covid dashboards for the Sonoma County Dept. of Health, The California Dept. of Health and the CDC.

Joshua McCasland, Lafayette

I have two aged parents-in-law over 80 in need of the Vaccine, who are at high risk with chronic medical conditions. Both of my parents-in-law are retired Navy captains, and my father-in-law is a veteran of World War II.

I hope your Committee will approve placing the 75+ age group in Vaccine distribution phase 1(b), Tier 1.

This would be consistent with the latest CDC/ACIP guidelines and those of the National Academy of Medicine.

Karen Jackson

I urgently request that you to add age to any prioritization of vaccinations. Age is the only clear cut predictor of hospitalization and death. See Chart 2. An analysis of positive cases and race clearly shows that Hispanics are disproportionately affected by covid 19. See Chart 1. But it also shows that no matter what your race, deaths and hospitalizations dramatically increase with age. We can assume that older Californians are the sickest and use a higher amount of hospital resources because of their higher death rates.

Just a reminder, the stated reason of our current Stay-at-Home order is to reduce hospitalizations. Science does not support placing all essential workers in 1b and older, 65+, in 1c if our goal is the reduce hospitalizations. The data does support making 1b everyone over 65 and all essential workers over 50. That way you will include the majority of Californians most at risk of hospitalizations and/or death. If we prioritize solely on being an essential worker or not, then a

29 year old white store clerk will be a vaccinated before a 67 year old non-working Hispanic. According to the CDC, a 67 year old has a 90 TIMES greater chance of death than a 29 year old, regardless of race. With no public health measures appearing to effectively reduce either cases or hospitalizations, vaccination is our only clear way to reduce hospitalizations and deaths

I urge you to use age and the essential worker designation for prioritizing vaccinations. It is the surest way to reduce hospitalizations.

Chart 1.

| | 0 - 17 | 18 - 34 | 35 - 49 | 50 - 64 | 65 - 79 | 80+ |
|-------------------------------------|---------------|----------------|----------------|----------------|----------------|------------|
| Cases | | | | | | |
| White | 24,983 | 91,528 | 66,365 | 71,015 | 43,026 | 13,872 |
| Hispanic | 130,099 | 311,902 | 223,849 | 156,902 | 50,488 | 22,036 |
| | | | | | | |
| Deaths | | | | | | |
| White | 1 | 38 | 119 | 750 | 2,356 | 4,416 |
| Hispanic | 2 | 270 | 992 | 3,072 | 4,012 | 3,234 |
| | | | | | | |
| % of Cases that End in Death | | | | | | |
| White | | 0.04 | 0.18 | 1.06 | 5.48 | 31.83 |
| Hispanic | | 0.09 | 0.44 | 1.96 | 7.95 | 14.68 |
| Cases | | | | | | |

Chart 2

| | Sonoma County - Cumulative | California Cumulative | CDC Cumulative | CDC Week of Dec 19th |
|------------------------|-----------------------------------|------------------------------|-----------------------|--|
| Over 65 | | | | |
| % of Population | 19% | 16% | 16% | 16% |
| % of Cases | 10% | 10% | | |
| % of Hospitalizations | 41% | N/A | 53% - CA | 63% CA |
| % of Deaths | 88% | 74% | | |
| | | | | |
| 18-64 Year Olds | | | | |
| % of Population | 53% | 62% | 62% | 62% |
| % of Cases | 74% | 78% | | |
| % of Hospitalizations | 56% | N/A | 47% - CA | 37% CA |
| % of Deaths | 12% | 26% | | |

All data was obtained from the publicly available Covid dashboards for the Sonoma County Dept. of Health, The California Dept. of Health and the CDC.

Sree K

Questions to the Committee:

(a) There are at least 2 M Californians who have caught Covid in the last 9 months. CDC estimates the actual rates are 2 to 7 times more. There have been only a few cases of reinfection. Most health experts believe this group probably has some level of immunity although there are no studies at this time to show how long the immunity lasts. Regardless, should this group be vaccinated in the first phase. Why can they not be vaccinated when more vaccines are available hopefully in Spring 2021. This allows 2 + M other Californians access to the vaccines earlier and make progress to herd immunity a little quicker.

(b) All data shows that adults over age 65 are vulnerable and could suffer serious illness and or death many times more than younger age groups. The State does propose that adults over 75 be prioritized. But over 65s will have to wait potentially 2 or more months for their turn. If the overall goal is to protect the vulnerable, should not your recommendation include adults 65 in Phase 1B Tier 1. The older you are more likely you have an underlying health condition. Florida and Texas are prioritizing adults > 65 before essential workers. It is important to vaccinate teachers and agricultural workers, but it is likely many are younger than 65 and possibly with few underlying health conditions. Which is more ethical; a 30 year teacher / 30 year agricultural worker who may be generally healthy or a 65 year old who may or may not be healthy and if infected could suffer severe illness.

(c) There is no science based methodology that can prioritize one group over another. All agree health care workers and those in skilled nursing homes should be the first priority. After that it is an impossible task to decide who is next since every group will claim they should be next. It seems a more practical approach is to use age groups, older to younger and that is consistent with the mortality data. This will eliminate any type of biases or preferences. It is easier to show proof of age than proof of occupation. It is easier to implement, by scheduling vaccination by age.

Edna Emlay, Daly City

Today Vice President Elect Harris's husband received a covid 19 vaccination before my 89 year old brother, my sisters, 87 and 82 years old, my elderly neighbors and my 75 year old husband. Witch one of you said that it was ok for Vice President Elect Harris husband to be vaccinated before my family and neighbors. Shame on them and shame on all of you for taking so long in deciding and advising on what group will be vaccinated next, people are dying, elderly people are dying, hospitals are full of sick and dying elderly people. Please stop the suffering and the deaths.

J. Juric, Orange County

Please prioritize seniors over 65 for the next round of vaccines. They are the ones dying at much higher rates. Vaccinating them next will take the burden off of the hospitals.

Robert L. Nolan, M.D., M.P.H., J.D., Lafayette

I am writing to urge your support for the Governor's statement on December 28, 2020, anticipating that the Elderly 75+ will be included in Vaccine Priority 1(b), Tier 1, without additional limitation.

This priority approval will save lives in this highly vulnerable age group. It will also make more hospital and ICU beds available because these aged elderly commonly experience long hospitalizations with Covid19 before they die.

I respectfully urge you to concur in this recommendation.

Frederick R. Lynch, Ph.D., Associate Professor of Government, Claremont McKenna College, Claremont

I am writing to ask that you consider inclusion of seniors over age 65 for inclusion in the next group eligible to receive Covid-19 vaccines. My reasons are based upon data in sources cited below (from California's COVID-19 website, from CDC, and from UCLA).

According to California's own COVID-19 webpages, those over age 65 top the list of citizens most likely to develop serious complications and death from contracting COVID-19. This is also reflected in national data in CDC data cited below--which is one reason CDC recommended seniors over the age of 75 should be included in the next vaccine group. Giving high priority to seniors over age 65 would most effectively reduce fatalities and also quickly relieve the strain on hospitals and the rest of the health care system since older Californians are most likely to be hospitalized for long periods. That is clearly why nations such as Britain and France are using age as a primary variable in allocating early supplies of COVID-19 vaccines.

As you undoubtedly know, seniors are at greatest risk largely because older humans' immune response is not as strong as those of younger persons. Seniors are also more likely to have co-morbidity factors, especially diabetes, obesity and COPD. (Including Californians over age 65 would also simultaneously include many, though not all, persons with co-morbidity factors since many are chronic, age-related conditions. The argument that seniors can simply "shelter at home" for long periods is more easily said than done. Many seniors, especially low-income and minority live in multi-generational or extended households where contact with children and younger residents is difficult to avoid. Older Americans are more likely to require multiple medical visits to physicians' offices, clinics and labs which expose them to high-risk settings. Those over age 60, especially single or widowed men, are also at greater risk for mental health issues such as depression and suicide, problems that are substantially increased by long-term isolation and lack of interaction, especially with family members. Estimates vary, but many elderly are to some degree postponing medical diagnoses and treatments to avoid health care settings where COVID-19 exposure is more likely.

In terms of California's focus on equity, minority elderly, especially Latinos, are over-represented in terms of deaths among all seniors.(See the UCLA Center for Latino Health studies.)

In summary: to reduce mortality, to alleviate near-crisis proportions in hospital and other care settings, and to preserve lives, health and well-being of the most vulnerable Californians, please include those over age 65 in the next COVID-19 vaccine priority group.

SOURCES:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Cases-by-Age-Group.aspx>

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html>

<https://covid19.ca.gov/equity/>

<https://covid19.ca.gov/search/?q=age%20and%20covid%20deaths#gsc.tab=0&gsc.q=age%20and%20covid%20deaths&gsc.page=1>

<https://www.uclahealth.org/ceslac/workfiles/Research/COVID19/For-Whom-the-Bell-Tolls-COVID-19-Death-Patterns-in-California.pdf>

<https://www.uclahealth.org/ceslac/workfiles/Research/COVID19/05-14-COVID-and-Diversity.pdf>

Melinda Forstey, Chief Operating Officer, Serving Seniors

My name is Melinda Forstey and I am the COO of Serving Seniors, a nonprofit that serves over 8,000 vulnerable seniors throughout San Diego County. Is there an application process for our organization to join the Community Vaccine Advisory Committee?

We understand that there is a chance for public comment before each meeting, but we are also interested in having a better understanding of the most effective way to strategically provide feedback during the process and how each individual member is communicating with the populations/organizations they represent.

Robert L. Nolan, M.D., M.P.H., J.D., Lafayette

I am writing to urge your support for the Governor's statement on December 28, 2020, anticipating that the Elderly 75+ will be included in Vaccine Priority 1(b), Tier 1, without any additional limitation.

This priority approval will save lives in this highly vulnerable age group. It will also make more hospital and ICU beds available because these aged elderly commonly experience long hospitalizations with Covid19 before they die.

I respectfully urge you to concur in this recommendation.

Janiece Belle Simmons, Lafayette

- Please include all of those over age 75 in 1B, Tier 1: California's priority to receive the COVID-19 Vaccine.
- CDC and the Governor have made this recommendation.
- I understand that in California, there are about one million people age 75 and older, but only about 20% reside in nursing homes/assisted living. That leaves 800,000 of us out in the community (the smallest of your proposed 1B sectors).
- It will be very efficient to vaccinate us, since only proof of age and residence would be needed at a clinic, hospital or pharmacy.

Doug Robins

I am requesting that residents of Assisted Living Facilities receive the Covid 19 vaccine when residents of nursing facilities do. Both populations are generally elderly and at high risk, so ranking one above the other makes no sense.

Jennifer Robins

My 86 year old father, who is very clear mentally, but has memory and mobility issues, is living in a memory care facility in Pasadena. There are 100 residents at the facility, currently 44 have tested positive for covid as well as 16 staff! I understand that nursing homes currently have a higher priority status for vaccines than do assisted living facilities. To me there is very little difference between a nursing home and the type of facility my father is in (Regency Park Oak Knoll), which is considered assisted living. There is nowhere else my father, or probably any of the other residents, can live. I am requesting that assisted living facilities be given the same priority as nursing homes when it comes to distribution of the Covid vaccine.

Jerry Estep

Age group 65 to 75 priority: This group needs to be prioritized ahead of the 18 to <65 group and some of the ones in Phase 1B the governor announced due to health issues that are leading to increased deaths in this group.

Thomas Damask

My wife and I both support the proposed phase 1b guidelines with all 75+ year old persons included in Tier 1

Daniel Powell, San Diego

This email is for Gov Newsom please forward. I have been trying to make contact with anyone who is in a position of authority regarding the distribution of the Covid 19 Vaccine with little success. I am a care giver to my 95 year old mother who is receiving care at-home in the Huntington Beach area. Based on the criteria being sent out to the general public she will not be considered until the phase 1b roll out? For the “truly elderly” receiving their care at home to not be prioritized ahead of young healthy workers from the “essential worker list” or lumped in with the 75+ group seems to be an error that should be corrected.

Although I have a great appreciation for the efforts of all the people working during this difficult time I cannot understand why we are not prioritizing the elderly over younger workers. When you look at the data Covid-19 is all but a death sentence at 85 and above, that is just not the case for people under 50 regardless of what they do for a living and all the very elderly are not living in Long Term Care facilities.

I would like to speak with you or one of your representatives at your convenience. Please let me know your availability.

Debra Gonella, Woodland

As you analyze and determine who will be given priority to the vaccine, I encourage you to please give more emphasis to those who are 75 years and older who live on their own.

The latest CDC recommendations include this important and vulnerable group.

California must follow these CDC recommendations.

This group is not supported by the army of paid lobbyists who now fill your email and voice mail messages.

Many individuals 75 and over live in isolation and fear. To say they can “stay home” is both ageist and cruel.

Please support this group and not give priority to the ageist values made more apparent by this horrible pandemic.

PS. I am 60 and can wait for the vaccine!

Ralph Ballart, San Ramon

I am very pleased with the changes in your draft recommendations, especially for Phase 1b.

As your presentation highlighted, the Covid mortality risk for Californians over 65 is astoundingly higher as compared to that of younger Californians. A strategy for vaccinating older Californians earlier minimizes total Covid deaths. This is why Canada, UK, Japan, Florida and Texas are pursuing such an approach to vaccination. It also simplifies the logistics of identifying people for vaccination since almost everyone has an ID that proves their age.

This approach is also the most equitable since older black and Hispanic Californians have mortality rates far higher than older white Californians. Therefore, fewer black and brown Californians will die with the new priorities.

Again, thank you for the recent changes. Saving the most lives is the right approach.

Christine King

It's common sense it should be given by age since older people are most at risk. It's common sense. Save the vulnerable not the economy.

Just follow the U.K. — they've had a plan in play for months. They're done dry runs using the army of how to deploy. They are doing medical, senior homes, then by age — across all professions.

Targeting by profession (after medical and senior homes) is not advisable and will cause resentment and anger in communities, whereas allocating it by age it's a rationale everyone will understand and support.

Vicki Gallay

Please continue the rollout consistent with the CDC's guidelines: the next tranche to include essential workers and individuals over 75, especially those with diabetes, heart disease or other chronic illnesses.

Thank you very much for doing this very difficult job and for allowing public input.

BC Hollis

Gov Newsom in his briefing yesterday cited this statistic:

Since Oct. 1st, 35% of ICU hospitalizations and 65% of deaths have been in those age 61 and older

Given this, why would people 16-64 (with medical condition) be eligible to get vaccine BEFORE people age 65-74 as is currently being considered.

I understand those 75 and older are eligible to get vaccine in Phase 1b - correct?)

And where do people age 65-74 (with medical condition) fall into consideration? I have seen nothing on this category anywhere to date.

PS

Please note that the UK is vaccinating firstly, alongside for example health care workers, those 80 and over. Then they plan to go to those 75 and older along with their next group of 'essential' workers, and continue in 5 year increments down to age 50 (alongside other categories of essential workers) at which point vaccine would be for "general population".

This greatly simplifies when people can know they are eligible (by age factor anyway).

Paul Jepsen

If you want to reduce the number of people who are being infected, then the vaccine should be given to the groups of people who are at the highest the risk of being infected and/or dying. This will also reduce the burden on health care providers. I know there's lots of data that give you that information.

Or if you want to be simplistic, then just follow what the UK is doing. That is their approach.

Janice Rathmann

I am very pleased with the changes in your draft recommendations, especially for Phase 1b.

As your presentation highlighted, the Covid mortality risk for Californians over 65 is astoundingly higher as compared to that of younger Californians. A strategy for vaccinating older Californians earlier minimizes total Covid deaths. This is why Canada, UK, Japan, Florida and Texas are pursuing such an approach to vaccination. It also simplifies the logistics of identifying people for vaccination since almost everyone has an ID that proves their age.

This approach is also the most equitable since older black and Hispanic Californians have mortality rates far higher than older white Californians. Therefore, fewer black and brown Californians will die with the new priorities.

Again, thank you for the recent changes. Saving the most lives is the right approach.

Ian Lee-Leviten

After reading many prior comments it seems that few people are speaking out on behalf of older adults. It feels like that activists or special interest groups are trying to persuade the Committee to focus on the economy and not on reducing death. With the most essential workers having been included in phase 1(a) and proposed to be included in phase 1(b), it's time to refocus attention on preventing death.

Phase 1(c) has the potential to include a very large number of people and I think that within that group the first priority should be given to 65 to 74 year olds who are most at risk of dying. Your December 23 presentation shows that 70 to 74 year olds represent 2 1/2% of cased but account for over 11% of deaths. The Committee should take a look at the UK allocation rules that favor protecting older people rather than younger workers.

David Shih

When we put police and firefighters on priorities, how about those who work in the offices in those professions. Are they still "front line"?

Let's go with a simple, effective, and fair approach. Use age as the only criterion. Like they are doing in the UK.

The virus is especially lethal to the senior citizens, so we can quickly reduce the fatalities and the burden to the hospitals. The implementation will be very simple and fair, as population by age can be easily analyzed and proof of age can be easily verified. We can also avoid all the lobbying by special interest groups, which will make the process fair and clean!

If we make the distribution priorities too complicated, it will cause a lot of confusion in the execution phase.

I suggest we just follow UK's example, simply go with the ages. Over 80, then 75 to 79, then 70 to 74, etc.

The benefits:

First, the older citizens have the higher risk. Second, it will quickly lessen the burden to the hospitals.

Third, it's simple and fair to execute.

About the priority for prisons. I have a simple suggestion:

Put the prison guards on high priority.

Put the inmates on priorities parallel to their corresponding age group of the general population. They don't deserve anything better, or worse.

Darcie Olson, Costa Mesa

I read about the analysis on the vaccine rollout and wanted to provide feedback to the committee.

I feel the target for vaccinations needs to focus on the elderly and those with underlying conditions once the healthcare providers and long-term care facilities are done. Here is my reasoning. It will do no good to vaccinate a 30 year who works as an essential worker (with no underlying conditions) to drive down the current crisis our state is engaged in. Our lack of hospital resources needs to drive our current decisions since we are in such a dire situation. Vaccination of the elderly and those with underlying conditions, whether or not they are essential workers, will drive down hospitalizations at the fastest pace. So many transmissions now are happening through the community and within families.

If the state starts giving out vaccinations to those in essential jobs but of younger age and no underlying conditions it will not help the hospital situation and I think you will see a majority in that group not heeding advice to wear masks and stay at home and they will continue to spread the virus as they have been and many older people and those with underlying conditions will continue to become very ill and some to die.

The Melzers

I wish to address the issue of the next round of vaccine. I would hope your group of health professionals follow the science and give the vaccine to over 65-year-olds which has 80 percent of the deaths and majority of the ICU and hospital patients. I believe the criteria should be based on age not job duties. A 25 year olds Walmart worker should not be given priority over a 65 year old person .

Susan Gaca

In order to maximally affect death rates the vaccine should be given in order of age band from oldest to youngest after completing essential workers vaccine which should come first.. 90 percent of deaths occur in 60 plus age bands.

Ajay Seth

I am male 68 year plus old living in Redondo Beach. When can I expect the vaccination? How would I know that my number has come? Please advise.

Tania Story

Phase 1b: This phase should definitely include people over age of 75.

Edna Emlay

I would hope that all would agree that older people should receive the vaccine first. They are the ones dying and requiring the hospitals beds. Vaccinate the elderly and put a stop to the deaths.

Babette Wald

Please consider those of us who are 65 and older to be vaccinated before educators. Most districts are closed for in person teaching for the remainder of the year as is the California State university system. So most educators don't need the vaccine until this summer.

Laird A. Thompson

In an article in the New York Times (12/25/2020) Dr. Ngozi Ezike, MD, Acting Director of the Illinois Department of Public Health provided the following statistics on the average age of death from Covid-19:

White person: 81 years old

Black person: 72 years old

Latinx person 67 years old

Your current plan is to give the Covid-19 vaccine to those who are 75 years of age and older as a high-priority group. However, notice from the list above that average Latinx Covid-19 patients will not benefit significantly from your current plan and Black patients will not benefit much either. The average patients of color will simply die while waiting for the vaccine, and your plan will primarily benefit White patients.

To provide relief for those people who need the vaccine the most, I strongly urge you abandon your choice of 75 and change the age cut-off for the vaccine first priority group to 72 years of age and older. This would be more equitable.

It was the Center for Disease Control who chose age 75 (and older) for the high priority group. Because they did not justify their selection of 75, I do not think there is anything special about their choice. 72 years of age makes more sense.

Thanks for considering my suggestion.

[NOTE: I am a resident of San Diego even though I use an email address that includes "Illinois".]

Mary Kulick

You need to do like Texas and vaccinate 75 and over 65 and over and anyone with serious health issues NEXT!!!!!! Protect our elderly they are suffering from being isolated in their homes and living places. They don't deserve to be afraid and isolated anymore they need to be protected!!!!!! Help them

Douglas Lee, Oakland

First of all, thank you for the difficult work are doing and the thoughtfulness going into your process.

I reviewed the slides from the 12/23 advisory committee meeting. I support including folks 75+ in Phase 1B. In addition to addressing the risk for severe illness faced by this cohort, I also believe that vaccinating this group will greatly alleviate child care challenges as many of these seniors will once again be able to help take care of grandchildren and other extended family. This in turn will allow many parents to return to the workforce.

Beth White

I feel very strongly that all California adults 65 years and older should be prioritized for receiving the Covid vaccine as soon as possible, hopefully in the next few weeks. Of course, frontline medical professions should be first to receive the vaccine, followed elderly assisted living adults, but then 65 years and older should be eligible for the vaccine especially given the high morbidity rate in the 65 year and older group. Reducing Covid spread amount those that physically suffer most will not only protect the most vulnerable but also free up hospitals and healthcare professionals/first responders. Overloading hospitals especially ICUs creates a dangerous situation for everyone that might need emergency care ——regardless of age.

Raj Patel, R3 Real Estate Developers

We kindly request ages 75 and above to be considered in next COVID vaccine round.

Barb Bonin

Please vaccinate those in the over 65 age groups after health and school providers.

Anne Star, Board of Directors, Pete Brown Junior Tennis Program, PBJTP

I do hope the next tears of vaccines will be given out according to age after front line workers, health care workers and elderly. People aged 55~65 should be getting the vaccine next due to

their age and because they probably have more health issues than younger people. After this group then 45~54 etc.

This would be fair and make sense in the process.

Anonymous

It seems to me that those who are dying or are hospitalized in LARGE numbers should be among the second group to be vaccinated!

Those 75 years old or older have weaker immune systems and usually have other underlying diseases, so their bodies need to work harder to overcome any additional illness. These people make up 70 to 80 PERCENT of ALL COVID-19 deaths!

Therefore, these individuals who cannot easily shed an alien virus (as younger and healthier members of the society can) should be in the 1B category.

Please allow these seniors to be NEXT in line after long term facilities and nursing care personnel and patients!

Let us LOWER the death rate SOONER rather than later!!

Phil Harris

CDC, should've included 65 and older As they account for 8 out of 10 Deaths. The order should've been vaccinate people 60 years and older and then open up the country. CDC will have death on their hands. Bad decision.

Terry Kalamaras

I will be 71 on December 29th. Additionally, I have no problem with the initial distribution of the vaccine for medical workers, essential personnel etc. My only critique is the difference a 75 year old person is receiving as opposed to those that are my age. Although self serving, I think those 65 and older should have preferential treatment as opposed to those who are 75. I think the risk is the same for these people in that age group.

I know it has to be very difficult to determine "who should be next" and I am very glad I don't have to make that decision.

Since we are all in this together, I will understand whatever is decided.

Robert Reinhard

Although the recent CDC, ACIP recommendations identify persons >74 years of age for the next round of prioritization for covid-19 allocations, I ask you to set the age limit for that priority category in California to all persons >65 years of age instead. In San Francisco for example where I live, persons 60-69 make up 13% of all COVID-19 deaths (as of December 28, 2020) and they are the first ascending in age group whereas a percentage of all COVID-19 deaths they exceed the percentage of the total population makeup for that age group. All clinical trials FDA used for EUA purposes used >65 as the age cutoff to distinguish different levels of efficacy. People who are >65 share with other elders' issues of isolation and mental health challenge, barriers to adequate wellness and care during a pandemic and difficulties safely accessing basic resources. Of course, economic and other values apply to younger people who also deserve to be protected. On balance though and considering overall personal health, equity, care for those who are more vulnerable, the next round of allocation should prioritize persons >65 to receive vaccination.

Russell LaScola, Ph.D.

While I certainly agree that Frontline medical personnel, and those in Residential facilities should be at the front of the line, those members of our community who are old should be amongst those the very first to receive the vaccine. Those in education, agricultural workers and others who are young, have little chance of getting Covid. Older people generally have compromised immune systems and co-morbidities, and are more likely to get sick, require hospitalization, and die. The criterion of age should then be extended to those workers in education, agriculture, and emergency responders. Once the aged are vaccinated, the burden and cost related to the health care system will be greatly reduced, and our scarce medical services directed to the rest of the community who are in need of medical services.

Larry Johnson

Why does the CDPH Guidelines make no provision for senior citizens (other than those in care facilities) as of 28 December, 2020 ?

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Allocation-Guidelines-COVID-19-Vaccine-Phase-1A.aspx>

The Center for Disease Control and Prevention (CDC) guidance states Federal, state, and local jurisdictions should use this guidance for COVID-19 vaccination program planning and implementation: includes specific recommendations for seniors as of 20 December, 2020.

<https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e2.htm>

Thank you for the referral to the Powerpoint presentation.

https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Community_Vaccine_Advisory_Committee_Slides_122320.pdf

The presence of a reference to the CDC guidelines on one slide does not in any way indicate serious consideration, and only rises at most to the level of tokenism with the intent to circumvent eventual admonishment.

A more revealing point of discussion would be why senior citizens were excluded in prior intentions and publications.

My question remains unanswered except for the inferences drawn from actions and lack of actions.

Ken Craig

I am sending a supplemental comment because some attention and answers are needed. The basic question is for the 65-74 age group without underlying health issues...why all of a sudden is this group not considered for tier 1c? We have been told since March 2020 and statistics bear this out, that people over 65 years of age are at high risk of bad outcomes and death from covid. The CDC recommendations include this group in 1c. Dr. Ghaly on Tuesday reiterated that he was concerned for those over 60. Why would the advisory committee think this group doesn't need priority in order to save lives? Some on the committee have stated they don't like priority based on age alone. Yet that's exactly what you did for those over 75. And, it's not just based on age, it's based upon a reduced immune system in older people. I'm not a physician, but the statistics on death prove this out. To not give this group priority is a slap in the social compact we all live under.

If your intention is to place more emphasis on hard hit communities, you should publicly state that is your risk criteria and that it is more important than seniors 65-74 with no underlying health issues (other than immune systems lower than younger people). You should also state you believe this is so important that you have to ignore CDC guidelines.

I will take my turn in line. However, if my turn is wiped out by the committee turning a life saving vaccine health need into a social program, we all have problems. I keep hearing the phrase...we are all in this together. If you chose to ignore the CDC and the seniors remaining age 65-74 (1 million people), then I'm not sure we are in this together. Please consider age 65-74 in tier 1c.

One last thought, in Florida and Texas, I could get my shot today on a walk-in basis because those states value their seniors, want to slow the rate of hospitalization and death. I'm not sure California values it's seniors. If any questions, please contact me at the number below or this email. Thanks for your consideration.

Rita Carton

Governor Newsom said on 12/28 that

Phase 1B Tier One: 75+ (how will they be notified as my husband is 77) and workers in education....etc.

Phase 1B Tier Two: 65+ with underlying condition; transp workers etc.

Phase 1C: 16-64 also with underlying conditions, water and waste mgmt., etc...

What happened to 65 -75 years of age? I am 71 with no underlying condition so have I just been missed until much later? In the presentation last week the data showed the majority of persons dying were first 80+ and then 61-79.

I am truly concerned that if we seniors do not have underlying conditions we are being left very far down the line.

Please help me understand.

Linda Cohn

In all the other countries in the world, they are vaccinating their vulnerable to high risk of death people first. Only in the US, are people jockeying for position and taking vaccines away from people who really need them. People should be ashamed of themselves especially young politicians who know that their likelihood to die from this are so low. People should think if my risk of dying from this is low then I'm basically taking the vaccine away from someone who doesn't have those odds. As far as I'm concerned, we should just be doing it by age... Over 80's first, then over 65 and people with high risk factors, then when we get to the younger population, then there should be some determination of who Frontline workers are but only at that point and if supplies are limited. People are making the case that, high exposure people should get it first but the vaccine has not been proven to protect the spread of the disease therefore that logic makes no sense.

If someone is in these classes of high-risk and they are a front line worker they will get it before front line workers who are not in those classes of risk. Thus, high risk of death is the only logical way to proceed to save the most lives which should be your moral obligation to do.

Ron Long

All people 70 and older should be in the next group vaccinated as they are obviously the ones who will become the sickest and will continue to overwhelm the hospitals. Easy choice.

Laura Margraf

I am a senior and my life is at risk

JP Massar

Keep It Simple!

Just do it by age, something that cannot be endlessly argued about as to whether one falls into a category or not, or is deserving.

Start out with, say, 75 and above, and then, every appropriate number of days, depending on and as more vaccine becomes available, drop the age limit by one or two years.

Richard

Look at the numbers!!!

Who is hospitalized
Who are long term hospital
Who are dying

Let the numbers guide you

Keep political influence out.

Share your numerical analysis with the public.

Keep light on your analysis through the media.

Karen Savoni, Rancho Palos Verdes

It is my strong belief that in order to decrease hospitalizations and save lives, priority for vaccines should go to those who are 65+ and people with preexisting medical conditions. Until they get vaccinated, these are the people most likely to end up in ICUs. Please move them up in priority and include them in the next grouping.

Louis Schoen

I am 86 years and my wife 88. We live in west LA. When and where can we get vaccinated?

Allan Williams

We live in Senior only apartment complex of 550 units. There are no assisted living staff provided but individuals are allowed to have medical aides visit or live with them from the outside.

This puts all of us at risk and we should be considered in same category as assisted living and nursing homes.

Karen Burrell

I will be brief. Throughout this entire pandemic public health has repeated that the greatest risk factor for death and severe Covid infection is AGE (specifically people over 65 years). To not make that group the next priority, is a travesty. It is to put the economy (or political pandering) above saving lives. Moreover, validating the veracity of those claiming vaccine status could not be simpler than using Medicare cards, Drivers licenses, or IDs, which clearly state a person's age. Those are obvious proofs. What is an obvious proof that someone is a daycare worker, or teacher, or farm worker? So both on the basis of vulnerability and verifiability, giving the vaccine NEXT to those over 65 years shows the greatest integrity, compassion, and expediency of provision. To do otherwise makes hypocrites of those who continuously claimed that we needed to "shut things down to protect our elderly and most vulnerable". If that was a sincere statement, then vaccinating next the most vulnerable (those over 65 years) is the clear and only fair choice.

Diane Robertson

We are home bound Seniors ages 78 and 79 with Cancer. We live every day worried about the COVID as it is a death sentence to us. The CDC recommended we fall into the next tier to get Vaccine, however it appears you have decided to put young healthy people ahead of us . We are VERY Disappointed and feel your recommendation is bias and you have been lobbied for money. The Health Care Workers should be first but not politicians and the greedy. The majority of the young will survive and are the biggest spreaders of the Virus.

Teachers are not even prioritized. That is a disgrace.

California of all States should prioritize those at risk of dying from Virus before anyone.

The elderly are the ones that will die. It is a fact.
You need to go by the CDC recommendations.....

Walter Kwass, MD

From a health system value and moral standpoint, persons over 75 should be prioritized for vaccination against SARS-CoV-2 after healthcare workers and above retail and other workers. The reasons are clearly laid out in the revised CDC guidelines and in statistical analysis by others. Hospitalization and ICU use are driven by the older population as is the death rate. Prioritizing the elderly would decrease the burden on statewide hospital systems, particularly in critical care areas, and sharply decrease the death rate. This in turn would improve normalization of business, large and small. Public behavior and the downturn in business is not driven by fear of a cough or mild upper respiratory disease but by fear of death, to which the older population is particularly prone.

Jim and Marcy Piatt, West Sacramento

As an otherwise healthy 79-year-old, I am looking forward to receiving the COVID 19 vaccine ASAP. My children and grandchildren need the wisdom and experience only being around for a long time imbues to us geezers. Please include us in the early stages so there is less chance of us becoming yet another burden to the brave and hard-working health care workers.

Donna Omeste

I would like to add my thoughts to the discussion about vaccine distribution. I am part of the group that believes it should be given based on age after frontline workers get it. There are still questions about this vaccine. The only thing we know is it helps the vaccinated person though he could still spread the virus. People over 65 suffer the worst consequences of the virus so they should be in line no matter what industry they are in, even if they are retired. Protecting the most vulnerable will help hospitals, families and all businesses. It's one thing to know a virus will make you very sick, it's another thing to know statically you could die. We have followed guidelines for almost a year. We are not recklessly going out but we need to see family who won't see us because they don't want to kill us. We need to go to the grocery store in person, be brave enough to go to the dentist or make overdue doctor appointments. Please consider age first when coming to your decision.

Ardath Grant

As a geriatric care manager who works with vulnerable seniors in the community, I urge the committee to carefully consider recent observations by Zeynep Tufecki, who called for masking long before the CDC recommended their use. She recently advocated for the critical importance of using the known statistical risk of dying to drive decisions about vaccine prioritization:

“Everyone deserves protection, but if we do not prioritize vaccination by actual risk, which basically means prioritizing by age and vaccinating the elderly first, it may well be the greatest, most consequential mistake United States does in a year full of very very bad ones....

Another sad paper will be written in a ~year: excess mortality rates and suffering in places that did not prioritize vaccination according to risk.”

Dennis Loper, Executive Director, California Distributors Association

The California Distributors Association appreciates your efforts to devise and implement a distribution framework by which a COVID-19 vaccine is distributed in a fair and impactful manner. Our members delivery grocery products to the convenience store industry and full-scale markets throughout California. Our industry is not alone in looking forward to the day

when Americans can access a vaccine and eventually return to life as it was before COVID-19.

The Centers for Disease Control and Prevention (CDC) has issued guidance, informed by the Advisory Committee on Immunization Practices' (ACIP's) recommendations, to assist state and local public health programs as they plan vaccination responses to the pandemic.¹ Consistent with the CDC's recommendations, we believe that an effective scheme for vaccine distribution requires appropriately prioritizing employees of frontline essential businesses, including those in the convenience industry. The guidance advises that frontline essential workers of businesses that are part of the critical infrastructure workforce should receive a vaccine as part of Phase 1-B of a jurisdiction's distribution scheme. Phase 1-B would follow behind those healthcare personnel and long-term care facility residents who are grouped into Phase 1-A.

The frontline essential workers in our industry should receive the vaccine as part of the priority Phase 1-B. Employees in our industry serve on the front lines of the fuel and food distribution systems across the country. This includes consumer-facing retail sales of food and motor fuels as well as distribution of many of these critical products. We think this is an appropriate classification for our industry's employees given their necessity to the day-to-day lives of Americans in all walks of life - including first responders. Without our industry getting motor fuels to market, for example, front-line workers throughout all industries would be unable to get to work - halting the economy and preventing first responders who would be unable to get to those in need. When vaccine distribution begins, trucks delivering the vaccine will depend on our retailers to be open to refuel. The food and convenience items our industry provides are also critical as our industry often has the most convenient locations and allows for quick shopping trips for American consumers. This is also helpful for first responders, especially because stores in our industry are typically the only ones open extended hours (or 24 hours per day) to serve their needs.

The CDC's guidance designates frontline essential workers as "workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure" to COVID-19. This designation includes first responders and workers that are in the education, food and agriculture, manufacturing, correction facility, U.S. Postal service; public transit; and grocery industries.

The Department of Homeland Security's Cybersecurity and Infrastructure Security Agency recognized early on the importance of our industry to ensure Americans had food in markets, fuel at gas stations, and safe places for truck drivers to stop as they haul essential items across the country. In the deployment of a vaccine to protect Americans from COVID-19, that recognition should be applied to the convenience industry.

Our employees have put themselves at risk since the beginning of the pandemic, working despite health concerns, and we believe they should be prioritized in vaccine deployment. We appreciate your consideration of our comments and sincerely thank you for the hard work you have done to protect the health of our state.

¹ See Dooling K, Marin M, Wallace M, et al. The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine - United States, December 2020, *available at* <http://dx.doi.org/10.15585/mmwr.mm695152e2>.

Victoria G. Horton, President/CEO, California Beer And Beverage Distributors

Our association, the California Beer and Beverage Distributors (CBBD), represents the beer and beverage distribution industry throughout California and we appreciate your efforts to devise and implement a distribution framework by which a COVID-19 vaccine is distributed in a fair and impactful manner.

The Centers for Disease Control and Prevention (CDC) has issued guidance, informed by the Advisory Committee on Immunization Practices' (ACIP's) recommendations, to assist state and local public health programs as they plan vaccination responses to the pandemic.¹ Consistent with the CDC's recommendations, we believe that an effective scheme for vaccine distribution requires appropriately prioritizing frontline employees of essential businesses, including those in the beverage distribution industry. The guidance recommends that frontline essential workers of businesses that are part of the critical infrastructure workforce should receive a vaccine as part of Phase 1-B of a state and county distribution scheme. Phase 1-B would follow behind those healthcare personnel and long-term care facility residents who are grouped into Phase 1-A. Our frontline workers include delivery truck drivers and helpers, merchandisers, and sales personnel with retailer-facing contact.

We strongly believe that the beverage distribution industry's frontline essential workers should receive the vaccine as part of the priority Phase 1-B. Employees in our industry serve on the frontlines of beverage distribution across the California. Distributors are part of the critical infrastructure of California's food and agricultural sector providing the necessary linkage between beverage producers, importers, and manufacturers to supply the shelves of grocers, convenience stores, and other food retailers including restaurants with beer, bottled waters, teas, juices, seltzers, and other beverage choices.

Throughout the pandemic, California distributors and their diverse 13,000 employee workforce have strived to safely meet the extraordinarily high demand for beverage products keeping beverage warehouses and distribution facilities open and operating in compliance with local, state and federal laws and regulations to ensure that stores remain regularly stocked in these stressful times.

This includes interaction during delivery with restaurants, grocery, convenience and big box store employees and proximity contact with store patrons during the stocking and merchandising of beverage products at California's over 90,000 licensed retail premises. We consider this to be an appropriate classification for our industry's frontline employees given their day-to-day presence servicing grocery, convenience and big box stores and other markets and restaurants.

The CDC's guidance designates frontline essential workers as “workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure” to COVID-19. This designation includes first responders and workers that are in the education, food and agriculture, manufacturing, correction facilities, U.S. Postal Service, public transit, and grocery industries.

The Department of Homeland Security's Cybersecurity and Infrastructure Security Agency recognized early on the importance of our industry to ensure consumers had access to food and beverages.

Throughout the pandemic, frontline beverage distribution essential employees have continued on the job, despite the ongoing threat of exposure to COVID-19, and we believe they should be prioritized in the State's and county health departments' Phase 1-B vaccine deployment plans.

¹ See Dooling K, Marin M, Wallace M, et al. The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine - United States, December 2020, *available at* <http://dx.doi.org/10.15585/mmwr.mm695152e2>.

Ronald Fong, President/CEO, California Grocers Association

On behalf of the California Grocers Association, I write to support the inclusion of front line grocery workers as Tier 1 in within Group 1B for the COVID-19 vaccine. CGA is a non-profit, statewide trade association representing the food industry since 1898. CGA represents approximately 500 retail members operating over 6,000 food stores in California, and approximately 300 grocery supplier companies. Traditional supermarkets in California employ more than 300,000 residents in virtually every community in the State.

The Centers for Disease Control and Prevention (CDC) has issued guidance, informed by the Advisory Committee on Immunization Practices' (ACIP's) recommendations, to assist state and local public health programs as they plan vaccination responses to the pandemic.¹ Consistent with the CDC's recommendations, we believe that an effective scheme for vaccine distribution requires appropriately prioritizing employees of frontline essential businesses, especially those in the grocery industry. The guidance advises that frontline essential workers of businesses that are part of the critical infrastructure workforce should receive a vaccine as part of Phase 1B of a jurisdiction's distribution scheme. Phase 1B would follow behind those healthcare personnel and long-term care facility residents grouped into Phase 1A.

The frontline essential workers in our industry should receive the vaccine as a part of the tier 1 priority of Phase 1B and our employers are standing by to be able to support and ensure employees are able to access the vaccine at the earliest possibility. Our industry and the employees have served California communities faithfully since the beginning of the pandemic and are one of the only essential businesses that has been consistently open to the public.

Since the beginning of the pandemic, in order to protect the health of employees and customers, the industry has taken measures to adhere to medical and governmental guidelines. With

frontline grocery workers included in tier 1 of Phase 1B, we will further facilitate protecting employees and the public. With some grocery retailers having pharmacists and pharmacy on site, it is important that all of our frontline grocery workers have access to the vaccine as early as possible to ensure they are protected before vaccine distribution to the public occurs via those pharmacies.

The CDC's guidance designates frontline essential workers as "workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure" to COVID-19. This designation includes first responders and workers that are in the education, food and agriculture, manufacturing, correction facility, U.S. Postal service; public transit; and grocery industries.

The Department of Homeland Security's Cybersecurity and Infrastructure Security Agency recognized early on the importance of our industry to ensure Americans have access to groceries. In the distribution of a vaccine to protect Americans from COVID-19, that recognition needs to be applied to the grocery industry. We believe frontline grocery employees should be prioritized in any vaccine deployment that occurs beyond health care workers and those in Phase 1A. We appreciate your consideration of our comments and sincerely thank you for the hard work you have done to protect the health of our state.

¹ See Dooling K, Marin M, Wallace M, et al. The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine — United States, December 2020, *available at* <http://dx.doi.org/10.15585/mmwr.mm695152e2>.

Aram Antaramian, Berkeley Food Pantry

I am writing to strenuously assert that Alameda County Community Food Bank – and all food banks in California - and our member agencies, such as the one I manage (the Berkeley Food Pantry) should be at the top of the priority list for vaccines. 1 in 4 Alameda County residents are in need of food bank assistance (This is in the 400-500k+ range). This represents 100-200k more than last year. And the communities most impacted by COVID are also those most impacted by hunger.

March to December 2020, ACCFB will distribute 42.6 million pounds of food – that's the equivalent of 35.5 million meals in 10 months.

The vast majority of our human-power – non-profit staff and often unpaid volunteers -- is public facing and widely exposed to large groups of people. As an example: one drive-through food distribution serves more than 1,000 people 3x a week – with two paid staff.

The Berkeley Food Pantry has over 90 volunteers who place themselves at risk by helping.

Food Insecurity as a result of COVID-19 is going to be a deep and prolonged crisis, directly affecting many times the number of people affected in the health crisis – and the response depends on a small number of people, most of whom are very exposed.

Please prioritize food banks, and our member agencies, for urgent receipt of COVID-19 vaccination.

**Michael L. Korsmo, President and CEO, Wine & Spirits Wholesalers of America and
Manuel R. Espinosa, Executive Director, Wine & Spirits Wholesalers of California**

As you determine COVID-19 vaccine rollout plans, the Wine & Spirits Wholesalers of America (WSWA) and the Wine & Spirits Wholesalers of California (WSWC), on behalf of our membership, is writing to respectfully request priority access to COVID-19 vaccines for frontline and other essential employees in the beverage distribution sector after the needs of our nation's healthcare workers and first responders are met.

In determining the allocation of COVID-19 vaccines within the states, we respectfully request that beverage distributors be prioritized for vaccines in Phase 1b, as outlined in the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine. Prioritization will ensure maintained daily operations and supply of critical consumer packaged goods to residents.

Our sector is an integral part of Americans' ability to stay home and stay safe throughout the COVID-19 pandemic, populating a key segment in our nation's critical infrastructure, as recognized by the Department of Homeland Security's Cybersecurity and Infrastructure Security Agency's (DHS-CISA) "Guidance for Tier 1 Type of Essential Critical Infrastructure Workers." labor (e.g., not able to telework and with a hands-on role in beverage distribution with frequent, required engagement with the public or other workers where social distancing may not be possible at all times).

Warehouses, distribution centers, retail stores, and restaurants remain open with employees working around-the-clock to ensure that stores and on-premise establishments remain stocked. The industry has been operating under emergency safety measures, based on federal and state guidance, with the understanding that essential critical infrastructure workers must conduct their work with great care. These measures follow tailored best practices to our facilities to prevent the exposure and transmission of COVID-19.

The industry has carefully followed the evolving frontline worker guidelines published by the CDC, the Occupational Safety and Health Administration, the Food and Drug Administration and other federal agencies. However, community transmission of the virus remains one of the largest threats to the industry's workforce. An effective vaccination campaign may be the best defense against disruptions to the availability of the essential items that are critical to the well-being of Californians and all American consumers.

While we understand that additional subprioritization may be necessary, we reiterate the need to include beverage distributors within the Phase 1b prioritization. We appreciate your consideration as you advise on determining vaccine allocation in California.

Ella Helders

I agree that the health care people that are involved with treating people with covid and are exposed to covid should be vaccinated first. After that the group of people that are in most danger of dying from covid should be next regardless of their occupation. And this group is the older over 65 and the compromised. After the older and compromised people are vaccinated you can continue to vaccinate by occupation.

The group that is the most in danger of dying should come right after the health professionals.

Oswaldo Gomez

I have read that you are taking public comments for suggestions on how to distribute the COVID vaccine to the public. Since, people 65 and older are the most likely to get severely sick and die from infection, it makes the most sense to make people of advanced age the first and primary recipients of the vaccine along with doctors and nurses. I understand people's concern about "front line workers," but since older people are more at risk from severe and terminal illness, they are most likely to fill up hospital beds in the Emergency Room and Intensive Care Unit (ICU). Older people's lungs, diaphragms, and other organs are also not as fit as a younger person's is, due to the natural decline of the body and immune system as the body ages. Older people are also more likely to have high blood pressure, diabetes, and other comorbidities than younger people are. Therefore, younger people are more likely to get milder disease and recuperate from illness. By giving people 65 and older the vaccine first you will be bringing down both the number of deaths and the number of hospital beds being used at the hospitals by COVID-19 patients. It makes the most sense to distribute the vaccine according to age from oldest to youngest, in descending order, starting with the oldest first and also taking into account the person's health status (i.e. if they have high blood pressure, heart disease, etc.). I have two parents in their 70's who have high blood pressure, and other health issues, and I am very concerned about them during this horrifying time. My mother is 72 years old and still works full time at a daycare center. I have been driving her to and from work every day since the pandemic began because I don't want her to risk her health by taking the bus. I have seen several times people on the bus and at grocery stores not properly wearing their mask, or not wearing their mask at all, and am praying for the day that my parents get to get a vaccine shot. Please take my concerns into consideration.

Deborah Biederwolf, RN BSN CCRN RRT-NPS

I'm writing you with concerns that the priority on who receives the vaccine is undermining & overlooking a high risk group. A senior who is 65 years of age with health conditions such as heart disease should be a priority and not in the same group as homeless individuals. *Please make this correction and place this group in 1B Tier One.* They are at high risk as they still are out in public to purchase food and anything else to do to live.

The current group in 1B Tier Two:

- *Anyone 65 or older with an underlying health condition or disability*
- Workers in transportation and logistics
- Industrial, residential and commercial sectors
- Critical manufacturing workers
- Incarcerated individuals
- Homeless individuals

As a personal note, my husband is 65 yrs old and had major cardiac surgery. And we both live together in a small one bedroom condo. I'm also a RN who currently works at a hospital in the COVID ICUs. I worry everyday about my husband. If he does not get COVID from buying food, it may be from me while sleeping at night after working a long shift at the hospital.

Bruce Tenenbaum

I wrote once before but I wanted to add some more information.

According to recent CDC numbers, death from Covid-19 breaks down by age as follows -

| | |
|-------|--------|
| 25-34 | 2,087 |
| 35-44 | 5,398 |
| 45-54 | 14,496 |
| 55-64 | 35,981 |
| 65-74 | 64,355 |
| 75-84 | 82,646 |

The death rate jumps dramatically around 65. Someone 65 or older has almost double the chance of dying than someone 55-64, 4.5 times the chance of dying than someone 45-54 and almost 12 times the chance of dying than someone 35-44! Yet those 75-84 have just a little more than 1.28 times the chance of dying than someone 65-74. It seems to me that to save lives, and unburden our hospitals and medical workers, we need to prioritize those over 65 as soon as possible.

David Low

Please look at the data and include type 1 diabetes as an at risk group.

<https://www.jdrf.org/blog/2020/12/21/answering-your-questions-about-the-covid-19-vaccines/>

Katelyn Low, Type 1 diabetic since the age of 7, 33 years since diagnosis

I am writing to suggest the inclusion of Type 1 diabetics into the group of those of increased risk of Covid 19 complications. Vanderbilt University has completed a study with these findings and urged the CDC to change the classification. In addition there was a large scale study from the NHS in England in May (which actually concluded that Type 1 Diabetes was 3 to 4 times at risk

compared to the two times of Type 2). JDRF (Juvenile Diabetes Research Foundation) has also sought this change.

Marion Adams

Please include people with type 1 diabetes in the at risk category for Covid vaccination.

Sharon Low

With urgency and request: Type 1 Diabetics should be considered an “at risk” group. This is so important for at risk TYPE 1 DIABETICS

Roark Marsh

I was greatly troubled to see explicit mention of Type 2 diabetes in vaccine guidelines, but not Type 1 or juvenile onset diabetes. Numerous studies have shown significantly higher risk of hospitalization and death for those with Type 1 diabetes and that should put them in some place of priority for Covid vaccination. My wife has Type 1, and we have only been able to limit our exposure for the last year. She has been forced to quit her job as a teacher and care for our children who are home from school.

Front line workers and the elderly are clearly at much higher risk, both of exposure and death. CDC guideline seem to mostly be followed for California, but in both CDC guidance and California’s interpretation Diabetes needs to be grouped as risk categories as medical research has shown.

Thank you for your work on coming up with guidelines and plans for vaccine distribution. What you’re doing is having a major impact on society and our lives.

Judith Dancyger

I am 75 yrs old and would like to be in the next phase to receive the vaccine. I have been home since March and was not able to see my grandchildren since then.

Christine McGuire, Attorney At Law, Campbell

Persons 75 and older who are outside care facilities must receive the vaccine next. If they don’t receive it they will either become ill with the virus and die or they will become a prisoner in their own home. They will also risk their lives because it is too risky to go to hospitals to care for their needs. And now there is no room for seniors in the hospitals. Next should be persons 65 years and up for the same reasons.

There is talk of young restaurant workers who will get vaccinated next before seniors. That is outrageous. Going out to eat is not an essential function. People do not have to eat out. It's ok to eat at home. What's not ok is to delay the vaccine to persons 75 and up and then 65 and up. It is essential that seniors receive the vaccine in order to live.

Maria DeMarco

At noon today, Governor Newsom related that since October 1st, 65% of those hospitalized for Covid were 61 yrs or older. Since October 1st, 80% of those who died from Covid were 61 yrs or older.

Either you are saying that seniors are disposable, or you will put them at the top of the prioritization list for Phase 2.

Monte S. Buchsbaum, M.D., Distinguished Professor of Psychiatry and Radiology, Emeritus, University of California, San Diego, Laguna Beach

1. The United Kingdom has prioritized the aging for vaccination
2. Persons over 75 or 80 have an increased mortality rate and are present at small family gatherings (5 persons or less) where they may be infected or be spreaders
3. Small family gatherings have been associated with disease spread

I am a retired UC Medical School Professor. While I receive invitations for an appointment for vaccination, I cannot schedule it because I am not currently employed. I still see a few patients at the PET center there but this does not register with the email. I am over 80, still active, have risk factors, but am unable to arrange vaccination. I urge the Aging Master Plan to advocate for Covid vaccination for the elderly.

I urge you and the Aging Master Plan to advocate for Covid vaccination for the elderly.

I have written to the Aging Master Plan and the University Emeritus program to support immunization for the active elderly.

Carolyn Cardinal

Until we can immunize children, what is the advantage of doing teachers?

Vaccinate those likely to fill up the icus and die first.

Full disclosure: I am an old retired teacher.

Ed Maguyon

I suggest to give the highest priority to persons over 75 years old and who has medical condition. Some inmates were already given and yet 75 years old and has special medical condition like cancer are not given.

Joel Butler

Hello Gov. Newsom, I felt I had to email you and give you my thoughts on the vaccine rollout. I listened to the noontime report on this day 12/28/2020. You started out by saying that looking at the death rate, 80% of these people are age 61 and older. You even said that 61 is very young. Because of the statistics you stated at this report, you should put all of the 65 and older in the first tier. Right after the 75 and older.

Brian Veit

My dad Walter Veit is 89 and my mom Irene Veit is 81. They live in Pleasanton.

I have looked at your website <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Community-Vaccine-Advisory-Committee.aspx>

We would like to get them in line to be vaccinated for Covid19 as soon as possible.

Can you please help us?

Martin and Mary Hochman

My wife and I, ages 75 and 80, are extremely worried about getting COVID and being hospitalized and possibly dying. We live in the City of Los Angeles, and really hope we can get the vaccine soon. We have lived responsible healthy lives but age alone makes us vulnerable.

Please don't fail us now. We have avoided COVID up to now, but with so many people infected now in LA County we are extremely concerned that despite all of our efforts to stay safe we are going to get infected.

Nancy McPherson, State Director, AARP California

Just a quick note to thank you and your team for amazing leadership and outcomes that matter through this very difficult year. I hope you get a quick breather with your family this coming weekend.

We wanted you to know that AARP will have a significant national vaccine campaign that will start to roll out after the first of the year. In CA, Fred Buzo, Associate State Director, is leading our "Vaccine Response Team" with a team of eight, including a representative from each of the

four major metropolitan areas in which we work, the leads from our Latino, African American/Black, and AAPI audiences, and a Communications lead. We'll be shaping our state vaccine campaign plan to reach our membership and the 50+ audience in California. Michael Murray continues to serve as our state campaign director. Fred has our seat on the statewide stakeholder advisory committee and we have a representative on the LA County Stakeholder Advisory Committee.

We know there are more questions than answers at the moment, but look forward to getting clear messages out on privacy, safety, and accessibility to older adults when we do have the right answers.

LJ Shenkin

Priority should be given to people eighty years of age and older with pre-existing medical conditions.

Walt Larsen

I request that the initial vaccination implementation be generally done by age groups, such as:

Frontline medical staff who directly deal with infected patients;

80 and older;

70 and older;

60 and older..

Essential workers can follow.

The reasoning is:

Older people are much more likely to die from the disease; Older people require more frequent and longer hospitalizations, and thus greater resources.

Implementation would be easier and eligibility could be checked through the person's Driver License or similar document

Nirav Shah

It is very clear that the virus is more deadly as you age...therefore I strongly suggest that moving forward vaccines are administered by age only. First start with 80+ population and then 70+, then moving to 65+. This is the most rationale and common sense way to do this.

Professor Emeritus Nazmi Sharabi , San Diego State University.

Older people above 75 are 7% of population while they are 55% of hospitalization and 42% of death accordingly they should be priority no one while the other groups should have priority however we are not talking about limited vaccine or no vaccine we are talking about temporary postponement they will be vaccinated you save the drowning person first rather than the potential one that is why the CDC voted 17 to 1 to give priority to older than 75 you reduce death ratio and badly needed hospitalization . Your committee represents lobbying groups while the elderly are not represented. Shame on you to save the young,the least properly to die and Abandon those who served all their life and now in critical need of your help

Debra Katzir

As a senior who has been pretty much locked in the house since March, unable to see family and friends due to the extreme risk of getting very ill or dying of Covid, I respectfully ask that you prioritize seniors to be vaccinated soon so that we no longer need to be anxious and fearful in our remaining years. The pandemic has taken a real toll on our mental health, as well as preventing us from taking care of our physical health due to fear of being exposed to Covid at medical facilities.

Anonymous

I believe the vaccine should go to the most vulnerable first after healthcare workers. Pretty easy to see what group is dying from Covid and it is the elderly without question. That group overwhelmingly accounts for the most fatalities so if you want to really save the most lives target that group first.

Edwin Caine

I would love it, if those 75 years and older were in the next group to get vaccinated. I am a retired psychiatrist with a number of pre-existing conditions including heart, lung problems and a history of a stroke. I know that, if I were to get the disease, I could very likely die. I know the CDC is suggesting a similar rotation. At age 82, I exercise, have many friends, and a supportive family. Although I have a history of these illnesses, I am highly functional. I am not ready to go yet, and can still add to society.

Delores Milton

I'm a senior living in San Diego county. I'm 78 years old and have asthma and hypertension. My husband is 76 and has diabetes. We have felt like prisoners in our home since March, putting off doctor visits, dentists, routine lab work, and putting up with health problems because we're afraid to go out in public. We have been living a very happy busy life until COVID. But now we

are unable to visit with our children and grandchildren, we no longer go out to eat, or out to do anything. We get up every day and wander around the house. I feel that we're both depressed, and sometimes it's hard to not to give in to a good cry. Please consider giving the vaccine to people like us as soon as possible. The longer it takes the more likely we'll have a bad outcome.

Jegarayan Mahimainathan

I request spouses of 75yrs and above who are in the phase 1b to be vaccinated at the next stage from the first week of January are also to be included along with who are 65 years and older. This is will stop spreading the virus to a great extend if they are living with the family of married children and their children. It is a social and ethical obligation to consider.

Francis Rotella, San Juan Capistrano

Thank you for your work. Here is my succinct citizen input and reasoning:

After health workers and active duty first responders virus distribution should be by age of the individual for the following reasons:

- (1) Age is the most common correlation factor for negative outcome, hospitalization, and mortality. Correlated with co-morbidities. Even if the vaccine does not prevent the disease, it has been shown to reduce the severity of it.
- (2) Age is easily verifiable and tractable.
- (3) Independent of race, gender, ethnicity, and socio-economic class. Includes incarcerated, homeless, and immigrants. (4) Can penalize medical facilities that violate the verifiable age requirement (i.e. harder for wealthy or corporations or connected individuals or political organizations to buy access).
- (5) Alleviates the decision to define which essential worker are more important then others.
- (6) Vaccine has not been proven to reduce transmission, vaccinating a young healthy person will not reduce transmission to a non-vaccinated older individual. That older individual has a higher likelihood of a negative outcome.
- (7) An older person is more likely following guidance now and more likely to follow it after being vaccinated. Statistically, younger people have been less likely to follow the guidance and probably will continue do so even after being vaccinated. This puts the older / middle age generation in a more dangerous position for a negative outcome.
- (8) Children have not had significant negative outcomes, but after the age of 10 they can transmit the disease. This not only puts older teachers risks, it puts the child's whole family at risk for a negative outcome.

By focusing on age, negative outcomes are reduced leading to less impact on our health care system and less mortality during the 6 - 9 month vaccine roll-out period.

Marty Cohen, San Diego

There should be only two criteria to apportion vaccines, those most likely to get seriously ill or die from COVID-19, and those most likely to be involuntarily exposed due to their jobs.

Including those over 75 in the next phase does that, as does including 65-74 year olds in the third phase.

But where in phases 2 or 3 are the essential retail workers (grocery, pharmacy, etc) who work in public facing jobs that expose them to many people every day? They are at much higher risk of infection than childcare and education workers, because data clearly shows that children are much less likely to transmit COVID, especially to adults. And no educator who is not working full time (5 days a week) in a fully open school (not just special education students) should be in any early group.

Phases should be:

Next (Phase 2): 75 & older, handicapped of any age, emergency services, public facing indoor retail workers (i.e. grocery, pharmacy), public facing transportation workers, and congregate living agriculture workers.

Then (Phase 3): 65-74 year olds, critical manufacturing, industrial commercial facilities, childcare, and educators working in fully open schools.

Barry McLaughlin

I am an 83-year-old man with good health and an income that allows me to have food and medicine delivered. I have sheltered in place since the beginning of the pandemic. My only personal contact is with my wife. It would take the angel Gabriel for me to get the virus.

Why should I get the vaccine ahead of individuals who are in far greater danger?

(I realize that theologically speaking, the doctrine in question is that of the Virgin Birth, whereas the Immaculate Conception refers to Mary 's birth)

David Tai

I think all essential workers, age 65 and older, should be the first priority in the next wave of vaccines. Their higher mortality rate justifies this decision.

Joshua

In my humble opinion, I believe that the rest of the phases of giving the vaccine needs to be prioritized in regards to age/risk of death. It should be as simple as that.

I have seen so many of the elderly in my community doing all they can to protect themselves and protect their families from heart ache. Our elders are commodities that are priceless and need to be treated as such. To hear that we have criminals who are getting the vaccine before them is an atrocity.

I also believe that offering the vaccine to people that are considered “economically needed” before we have everyone 55 and older vaccinated is actually financially irresponsible. I am not blind to the fact that we need our economy going again, but I do ask, who will spend more money once they get the vaccine and are comfortable being in stores?

From all my reading and research, I still have not heard, “Once you get vaccinated, you will not be able to transmit the virus to anyone.” So again isn't it more responsible to protect those who are more at risk of death/serious medical issues? And if this has changed, please correct my ignorance.

I am a 44 year old male who is obese, has had asthma issues throughout my life, has a family history of diabetes...I work with the public and come into contact with hundreds of customers, in one form or another, every day, and I would gladly, without a seconds hesitation, give up my spot for the vaccine if it meant protecting someone's grandparents/parents.

Susan Burkland

Why aren't all elderly people 65 and older prioritized before essential worker? Our age group comprises 76% of the deaths in California. If the stated priority is to vaccinate those at highest risk first, then the 65 and older age group should be prioritized in 1a directly after healthcare workers and nursing home residents. It makes no sense to lower the priority level of an entire group at the highest risk of death. Other states such as Colorado, Ohio, and Florida have made the decision to give a higher priority to the 65 and older population. In essence a 20 year old grocery worker would be vaccinated before a high risk 65 to 74 year old. The statistics are very clear about the risk of death to this entire age group, not only to those over 74. The risk of infection is very different from the risk of death. Please consider expanding the priority of everyone who is 65 and older to prevent many more deaths.

Fred Gorris, Capt, USN (Ret)

Prioritization should be based on risk regardless of job PERIOD. Those who face less risk for whatever reason have other options, procedures, therapies to combat their exposure.

If 40% of deaths come from the elderly, regardless of job, due to the virus, then that focus yields the highest use of the vaccine. If those who are 20-40 for instance, their exposure is unfortunate however they have a greater likelihood of survival and more successful modalities to combat the illness than the elderly.

Protect Americans.

Melissa Weinberger

My name is Melissa Weinberger and I'm a resident of Pasadena, CA. I would like to see CA prioritize our elderly and distribute the vaccine to those 75 and older. My Dad is 79 and currently healthy. Given the high risk to seniors his age, I want him to be protected from COVID.

Jim Infantine

Those 60+ are more at risk than younger essential workers and should be next in line, as seems likely to happen in Florida.

John A. Russell

75 age limit is not fair given the fact that 80% of infected are age 65 and above and should receive priority. This is not a political issue but should follow the science. Follow the Florida and Texas guidelines.

Laura Swartz, Orange County

My wish is to speed up the bureaucracy and distribute the COVID vaccine as quickly as possible, following CDC guidelines I especially want my 90 and 87 year old parents in an independent living community to be vaccinated as the workers have been spreading the virus at alarming rates.

George Suranyi, 89 years old

Most countries off the world vaccinate the over 80 peoples among the first. The US is not. This is a disgrace. I hope the Golden State will make amends.

Nicole Karanjit

Please vaccinate people over 65 before young, healthy, asymptomatic essential workers. According to your own statistics, people over 65 account for 74% of Covid deaths. Giving older

people a chance to survive is the only fair way to prioritize the vaccine, since they are the most vulnerable.

Elinor Adler

I am 77 years old, a Massachusetts resident, and I spend 3 1/2 months (December through March) in Rancho Mirage. Will I be eligible to receive the Covid vaccine here in CA when it's available for people 75+?

Josh Blumenkopf

Please prioritize the elderly. They are much more likely to die from Covid https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#ExcessDeaths. This is in line with the updated CDC guidance. And definitely place teachers at the back of the line, they aren't seeing students in person.

Anonymous

Two points:

1. Priority categories:

Given the data on the independent association of mortality with age decade, including in the large study most recently completed and submitted as a preprint to Clinical Infectious Diseases, it seems important to consider age as a primary category in deciding vaccination priority in CA.

Presumably this recent data - along with other studies - can be cited to back this up as a science- and not politics- based decision, with a focus on reducing deaths.

Following this model, tiers should continue by including successively lower ages, e.g. after tier 1a of 75yo+, would drop to 65+, then 50 or 55+, 40 or 45+ and so on.

There may also be good mortality justification for inclusion of other risk factors based on the study data, but this is to propose age be one key factor based on the data.

2. Speed:

Please ensure that later tiers don't get held up by the reluctance of earlier tiers to vaccinate. If there is excess supply and capacity-to-vaccinate, please consider opening up the next tier as soon as possible.

Thank you for considering these points to help ensure every possible life is saved - and thank you for your continued hard work to help all CA residents.

Brian Fielding, Encino

As a 75 year old L.A. County resident, I realize that my view could be seen as biased, but, respectfully, I do believe that the CDC has created a priority recommendation based on science without concern for votes or the pressures that will be forthcoming from special interest parties.

You likely will be inundated by demands by lobbyists over the next couple of weeks, and I recognize that it will take fortitude to recommend that which is known to be correct and proper. As I look at the credentials of this group, I am very hopeful that you will be able to resist outside pressures and follow the carefully considered CDC guidelines.

Nurit Regev

I think age should be the priority.

Dr. Clark

Imagine the simplicity of going by age for vaccine distribution. You simply watch the CDPH web site (or more likely the news) for your age to be announced as next to be vaccinated and then go to the local pharmacy for your shot. This is a simple and effective method for reducing death and hospitalization (death increase exponentially with age, and 95% of deaths in the USA are 50+). It is also the most equitable because people without historical access to health care or lacking advocacy will easily know when they are next to be offered the vaccine. This method can very easily be communicated to the public, and there will be no confusion over who is next.

This approach is not perfect -- certain individuals will need to shelter in place longer because of their specific conditions. However, it will be more effective at preventing death and hospitalizations than other complicated implementations, and it will be fair to all the deserving categories of workers that are now requesting prioritization. This proposal is backed by science: age, over all other attributes and conditions, is the predominant factor in death and hospitalization.

Our first task was to protect our health care system by offering the vaccine to our very important front line health care workers. After they are protected, we should now shift to the simple and effective method of allocation by age. 'Now serving those aged 63 and older...'

Douglas Huston

I am strongly in favor of providing the vaccine for seniors over 65 years of age regardless of race.

Janet M. Davis Campbell, M.A., C.C.C., Licensed Speech Pathologist

CDC realizes that elderly fill the hospitals and die at many times the rate of non-elderly with this disease. Why is there any question about who should be next after the medical professionals? I am 76 and have had cancer and have hypertension, my husband is 83 and has diabetes and is African American. We both have some kidney insufficiency. To think a 32 year old butcher would have preference in the line for a Covid vaccine counters common sense since so many younger folks have minimal to no symptoms.

The equity issue also needs to take into account who has worked for more well over fifty years and paid taxes all of those years. We are parents, grandparents, and great grandparents, and often many of us still work. I was working part time until Covid came to the U.S. and my doctors told me to stop. All of the adults currently in decision making positions were raised by parents. I think the CDC recognizes the dignity and value of “elderly” folks in their designation, and I wonder why CA is still deliberating who should be next.

Equity includes the level of anticipated suffering and death if one becomes ill because Covid is hitting our age group in an inequitable way, i.e. the virus decimates older folks. We are well functioning older adults with at risk conditions who can no longer leave our homes, go into markets, see our family for holidays, and are terrified when we go to a doc office or a lab or have to have imaging. Any of those visits could mark us with a death sentence unlike younger folks regardless of ethnicity or job description.

Judy Murphy

I support a blended approach as recommended by the CDC. Both high risk age (over 75 yrs) and high exposure workers should be next. This will help both the overcrowded hospitals and transmission numbers.

PLEASE PLEASE don't let politics and special interest groups such as unions dictate these decisions. Listen to the CDC experts.

Steve Lovette

Are you REALLY placing bars and florists as a higher priority than those over 75???

Well its nice to know that those who serve drinks to our mourners and those who supply flowers for our graves will be germ free...

Anil Agarwal

Please advise where to go to get my vaccine. My date of birth is 9-2-46 and my daughter who live with me is a health care worker who routinely encounters patients who have Covid 19.

Caroline Tobin

It appears that those who are deciding who should receive the Covid-19 vaccine after front line health care workers and residents of convalescence homes are missing the point of vaccinating at all. Obviously, if you are trying to prevent deaths and overwhelming hospitals you need to vaccinate those that will end up hospitalized and often dying should they contract the Coronavirus. That would be the elderly (with or without underlying health conditions). There is a reason the CDC suggested those 75 and over should be vaccinated next....ahead of essential workers. That is how to save the most lives and keep people out of hospital beds. It is also a much smaller group to get vaccinated.

Trying to decide which “essential” worker is “most essential” is ludicrous. You will NOT get any agreement doing that. There have already been documented cases of totally non-essential, non-elderly getting a Covid vaccine simply because they knew someone at a hospital that had extra doses and that for some unknown reason that hospital had not planned for distribution of those extra doses to the elderly living in the community.

The handling of this pandemic has been a mess from the beginning. Nothing has been done well. Not testing, not PPE, not contact tracing, not social distancing, not masking, etc. We are now at the final stage of distribution and people still can't get it right. It is not a difficult decision if you are really trying to control the virus. Vaccinate the elderly first. That quickly protects a group of people that are most likely to die from the virus. They are most likely to take up ICU beds because most elderly have some underlying health issue, often high blood pressure. This is a small percentage of those needing to be vaccinated. Then, if you want to argue who is most “essential” be it teachers, cafeteria workers, or prisoners do so. They are usually under 50 and much less likely to die from this disease. Common sense dictates stopping the death toll from this pandemic and the quickest way to do that is vaccinating those most likely to die if they get the virus.

Isolation is bad for all age groups, but particularly difficult for the elderly who often aren't technically savvy enough for texting and Zoom and have lost many friends and acquaintances over the years. Many of us haven't seen the Grandchildren since last Christmas. Birthdays, graduations, and births have come and gone without the usual family celebrations because of this pandemic. This is bad for everyone but especially so for those who may only have a few years left in their life. Are those last few years supposed to be spent locked down living in fear of a deadly disease? Please think hard about priorities when distributing the vaccine. This disease kills mostly the elderly. Protect them first.

Pavel Cerny

I am only 74— but I still teach elementary school. My wife is also only 74 but has a bad case of diabetes and using insulin three times a day. When will our turn come?

Whit Manley, Woodland

I understand CDPH will be deciding how to allocate limited vaccine doses.

I have logged onto your web site to see where CDPH currently stands on making this decision. The web site is not working. I have read news reports, however, that CDPH is considering prioritizing “essential workers” over those who are 75+ years old. News reports also state that CDPH is being bombarded by industry lobbyists claiming that the industries they are paid to represent are “essential.”

That may be true for some industries, but I urge CDPH to take such claims for what they are: an effort financed by certain industries to cut in line.

Those who are 75+ years old are most at risk. They are not represented by lobbyists. They should have priority.

By the way, I am not 75+ years old. I'm healthy, and although I am employed, I do not work in the food or health care industries, so I do not think I am “essential” as the terms should be interpreted. I do not think, in short, that I should have higher priority than folks who are at greater risk than I am.

PLEASE adhere to CDC guidance unless there is a compelling reason for deviating from it. The CDC is less subject to pressure campaigns by specific industries. Its guidance seems to be based on science.

I am very concerned that here in California industry will, essential or not, try to cut in line. Please resist. Vaccinate those who are most at risk. The rest of us can wait our turn.

Also, please take a look at your web site. It's not loading. This seems like a particularly important time to have a working web site.

Anne Coudrelle

312 Californians died today. The ICUs are full. Health care workers are exhausted.

And yet, for all the Advising Committee and the Drafting Guidelines Workgroup's worthy intentions and goals, still you recommend vaccinating essential workers, regardless of age, before people age 65+ and people with underlying medical conditions, even though that is the demographic filling the ICUs.

I understand and applaud your concern with equity, and I very much hope that California will soon offer healthcare for all residents (including the undocumented). But right now, we are in the middle of an emergency and the post-holidays surge is coming.

If you vaccinate people of working age before older people, you will be missing the people of all ethnicities who are affected most by the coronavirus.

I would like to believe that people across California can be organized by occupation and vaccinated quickly, but in practice that is a too complex scheme that is likely to run into all kinds of roadblocks, inefficiencies and lack of equity. In the meantime, people at risk are waiting. The notion that seniors can just keep safe by isolating until workers have been vaccinated makes no sense. How is that working right now? Seniors often live with younger people, or cannot afford home deliveries, or have to go out to receive medical treatments. One way or another, they continue to get infected and to be hospitalized.

Please do the right thing now. Stop the dying in our hospitals.

Dr. Sharon Chard-Yaron

I'm all for front line people, first responders, getting the vaccine before the rest of the population. My objection is how the state has scared those of us over 65 but not yet 75 to isolate, stay home, many of us since March 11, to the point of causing harm to heartbeats, rate of anxiety, mental health— especially for those who live alone and then now, it's like a gotcha.. telling us we aren't THAT much at risk after all. In other words we idiots did not really have to self-isolate to the point that we have, and the irrevocable harm caused— 'oops'. ?

The prize for honesty, --Henry Bernstein, DO, with Northwell Cohen Children's Medical Center, who voted against the recommendation to push the 65-74 down on the list, said the science on morbidity and mortality suggests that the risks are similar for seniors ages 65 to 74 as for seniors 75 and older, which he said should support the inclusion of the younger seniors in the phase 1b groups.

Crazy happenings here in California. Those terrorized into staying home going on 10 months due to age are pushed further down the priority list for the vaccine, with the governor and other VIP's making a mockery of the whole thing with their behavior. Most suspect lobbying by special interest groups, absolutely ignoring the line jumpers, and the rest of us without special interests speaking for us, too bad. That's California. Hypocrisy, double standards, and spin.

Barbara Needell

People aged 65-74 are MUCH more likely to die from Covid19 than younger people. I think they should be in the 1B category, especially now that COVID is rampant.

Governor Newsom showed this as being under consideration. How will you determine which. 65+ year olds have an underlying health condition? Also, where do those 65+ without an underlying health condition fit in the plan? In phase 2? Again, as other states are doing, I think those 65+ should all be in 1B. They are the most likely to die. Thank you

“Phase 1B:

- 75+ age
- Workers in education and childcare, emergency services, food and agriculture

Phase 1B, tier 2:

- 65+ with underlying health condition or disability
- Workers in transportation and logistics industrial, residential, commercial sectors. critical manufacturing, incarcerated and homeless.

First coronavirus vaccines given in CA

Phase 1C:

- 16-64 with underlying medical conditions
- Workers in water and waste management, defense, energy, chemical & hazardous communication and IT financial services and gov ops/community service”

Robert Hall, Woodside

Elders often get overlooked. We bear the brunt of death from this virus. I’m pleased with the plan to elevate their priority.

Lydia Tyler

I would like to support the inclusion of those 75 and over in the new 1b guidelines. It seems this makes sense to reduce hospitalizations and take the strain off our medical personnel. Others may be spreading it more but the results are not as deadly or far reaching to our health care system generally. The only change I would recommend is lowering the age to 70 rather than 75 as the risk is very close to the same for both groups and then it falls off more for 65-70 year olds.

Thank you for your consideration and for recognizing the most at risk.

John Catoe

I understand you have a very difficult job of determining which groups receive their vaccines in which order.

Based on the information I have read I completely agree the healthcare workers, and those in Senior care facilities both residence and employees should be in group 1. I pretty much agree with the other recommendations from the CDC with the exception of not providing shots for seniors 65 and above in the next round. Statistically this group is very vulnerable and have a higher rate of death. Therefore I recommend that the committee Follow the CDC guidelines with the change of the next group including senior 65 and older.

If you failed to take this action a higher rate of death will occur back on your Failure to protect seniors 65 through 74.

Vivek Beri, Arcadia

I refer to CDC guidelines override by Texas to give covid19 vaccine first to 65plus aged group. As at-risk to covid19 caused deaths to 65 plus age group is ninety times the 19 to twenty -nine yea old age group covid19 risk of death, its equitable seniors get first priority in covid19 vaccines jabs.

Jeff Hahn

Age SHOULD be a determinative factor. Statistically, people over 65 are threatened by Covid much more than younger people. 65 and over should be next in line.

Joseph D. Savoni, Rancho Palos Verdes

I believe highest priority should now be given to those at highest risk of serious illness or death from COVID, that is, citizens over age 65 and adults with serious underlying illnesses. Please get the vaccinations to them first; it is most urgent for them. They are most likely in need of hospitalization if infected.

Susan Sloan

I am 63 years old with an underlying condition (chronic obstructive pulmonary disease, aka COPD) and I would appreciate a reply to let me know when I might be able to receive the vaccine. Any information that you could provide would be greatly appreciated (I have been self-quarantined since March 13th and will remain so until I receive a vaccine).

R. Anthony

I do not understand why the California Vaccine Advisory Committee would refuse to include people in the 65 to 75 age group and those with serious underlying conditions from the Phase 1-B of the vaccine rollout.

Israel has already vaccinated 20 percent of their population over 60 years old for the exact purpose of reopening the economy. They are following basic medical ethics and protecting the most vulnerable. England is also vaccinating those over 65 first.

In March 12, of 2020 Governor Gavin Newsom made the following declaration which mandates a similar policy of vaccinating Californians over 65 first.

“The MOST IMPORTANT THING is to protect the most vulnerable, protect our seniors.

In the State of California we estimate we estimate we have 5.3 million Californians that are 65 YEARS OR OLDER WE ARE PRIORITIZING THEIR SAFETY BECAUSE OF THEIR UNIQUE VULNERABILITY TO THIS VIRUS.”

I would also think that the medical ethics of all doctors and other licensed medical providers involved in vaccine distribution would require that they follow the Governor's declaration and vaccinate the most vulnerable first both to protect them and to reduce the burden on overwhelmed hospitals and medical personnel who are already at the point of exhaustion. That seems like the most basic common sense.

It's obvious that once the most vulnerable are protected those who are less at risk of being hospitalized or dying of Covid 19 can resume their lives and the economy can reopen much faster.

In reading the summaries of CVAC meetings I see no mention of the rights of Medicare beneficiaries that are guaranteed by Federal Law.

The Medicare Act prohibits Federal and State agencies from interfering in the medical treatment of all Medicare patients in any way. The Medicare Rights listed in all Medicare publications and on the Medicare website explicitly state the following:

“Every company or agency that works with Medicare MUST OBEY THE LAW. They can't treat you differently because of your race, color, national origin, disability, AGE religion, or sex.”

I am 71 years old, and have not been able to leave my home since March and your plan condemns me to spending many more months confined to my home while people over 75 will be given the vaccine first. The CVAC plan to but Californians 65 to 74 years old in phase 1-C violates their Medicare guaranteed right not to be discriminated against purely because of age when they are, as Governor Newsom correctly stated, “UNIQUELY VULNERABLE TO THIS VIRUS.”

I became even more depressed by the following quotes from stories covered by Los Angeles news media on December 31.

“A large percentage of front-line workers in hospitals and nursing homes have refused to take the Covid-19 vaccine, a hurdle for public health officials as the country struggles to roll out inoculations around the country.”

“So many front-line workers in Riverside County have refused the vaccine — an estimated 50% — that hospital and public officials met to strategize how best to distribute the unused doses.”

Roughly 20% to 40% of the L.A. County's front-line workers who were offered the vaccine did the same, according to county public health officials.”

“It's unclear how refusal by essential workers, who are prioritized to receive the vaccine in the first phase of administration, could further hamper the distribution efforts.”

This refusal to take the vaccine by essential workers proves the fallacy of prioritizing them in phase 1-B and illustrates another problem. Many essential workers will not want the vaccine but in many cases it has to be used or thrown away. This means many not entitled to get vaccine will get it because they just happen to be nearby or precious vaccine will have to be discarded instead of protecting a vulnerable Medicare patient who has been displaced by these ambivalent essential workers.

Enormous time and resources are being wasted by not focusing on those who are most at risk first and instead offering vaccine first to those who have the luxury of refusing it.

It is totally unrealistic to pretend that we can ever reach the magical number for theoretical “Herd Immunity” or even slow the spread when millions of people, including front line hospital workers, will simply not take the vaccine.

Again the only common sense thing to do is give the vaccine to the most vulnerable first in phase 1-B and then offer it to all essential workers who actually want to get it in phase 1-C.

No other course of action makes sense in terms of medical necessity or economic necessity.

Further problems with prioritizing essential workers are the enormous logistical and bureaucratic issues of verifying, scheduling and communicating with millions of people being picked and chosen from thousands of different employers and health providers.

A story in the New York Times on December 31 made these points as reasons the vaccine program is leaving millions of unused vaccine doses in storage while Covid 19 infections are overwhelming hospitals all over the country.

“Among the fresh challenges: How will these people be scheduled for their vaccination appointments? How will they provide documentation that they have a medical condition or a job that makes them eligible to get vaccinated? And how will pharmacies ensure that people show up, and that they can do so safely?”

Simply vaccinating every Medicare beneficiary would speed up vaccine delivery tremendously and protect the most vulnerable because all Medicare patients are all already in the medical records system and are routinely vaccinated by the thousands at Medicare clinics all the time. None of these logistical problems would exist.

Communication and scheduling is not a problem because people over 65 can't leave the house to do anything else so showing up for a vaccine shot would be the top priority in their lives. They are literally a captive audience. They all have Medicare cards linked to detailed medical histories so they would be automatically eligible to get the vaccine. Medicare clinics are far better equipped to handle any bad reactions to vaccine and are already operating under strict medical safety protocols not possible at a local drug store pharmacy or makeshift vaccination center.

In the current severe medical crisis situation in California failing to make use of Medicare clinics as the most efficient way to ramp up vaccinations is, as Senator Mitt Romney said yesterday, “as incomprehensible as it is inexcusable.”

In addition to all of these considerations there is also the legal issue of denying or delaying a medically necessary vaccine to people over 65 in California.

I do not understand how your plan can possibly comply with the California Elder Abuse Act which defines an “elder” as anyone over 65 years old.

ELDER ABUSE ACT CALIFORNIA PENAL CODE 368-B - Criminal Elder Abuse is defined as to “Willfully cause or permit the elder or dependent adult to be placed in a situation that endangers his or her health”.

Excluding people 65 to 74 from phase 1-B and withholding vaccine from them for weeks or months when they are at high risk of serious physical harm or death endangers the health of 3.5 million Californians and is a clear violation of the Elder Abuse Act.

I understand the need to vaccinate essential workers, but the Elder Abuse Act legally requires that medical providers give priority to all persons over 65 years old or medically dependent before they even consider vaccinating anyone not covered by this California state law.

Yet in the CVAC meetings I see no acknowledgement that the Elder Abuse Act even exists let alone how it mandates vaccine distribution to people over 65 first as a legal requirement. I also see no reference to the fact that Governor Gavin Newsom himself has declared everyone over 65 is “uniquely vulnerable to this virus”.

I would think you would have to give a great deal of consideration to the Governor's executive authority when determining who gets the vaccine first.

Based on information currently posted on the California Department of Justice website the Elder Abuse Act is unambiguous Black Letter Law in California that clearly protects the right of every Californian between the ages of 65 and 74 to be vaccinated against a life threatening illness in phase 1-B along with persons over 75 years old.

To sum it all up, the Center for Medicare and Medicaid Services, the California Department of Justice and the Elder Care Act PC 368-B, Senator Mitt Romney and Governor Gavin Newsom all agree with me that you must offer the Covid 19 vaccine to all persons in the State of California over 65 years old in phase 1-B.

James Barnes

Following the CDC's current guidelines to States on how to distribute Covid vaccines will cause NEEDLESS DEATHS. Vaccinating 11+ million “essential” workers in California before older adults (age 65 to 74) will cause far more deaths than focusing on the elderly first. The CDC's

recommended approach is contrary to how other nations are prioritizing vaccination. Virtually all of the countries in Western Europe are using the same criteria for vaccinations. Simply put, these nations have developed their vaccination priorities based on the probability of death. The deleterious effect to our nations population by not prioritizing vaccination by actual risk of death is a monumental mistake. Again, vaccinating people who are 65 and older ahead of “essential workers” will SAVE THE MOST LIVES. The CDC's general categories that vaguely identify “essential workers” is overly broad. I've not been able to find a precise definition of what makes an “essential worker” essential. It could be reasonably argued that putting two thirds of California's workforce ahead of vulnerable older adults is more of an effort to stimulate the economy than anything else. Have those who are promoting the CDC's recommendations considered the moral injury that will occur when a younger population of people is vaccinated before vulnerable elders. Imagine a healthy young worker who has been deemed “essential” is vaccinated before his/her parent or grandparent, and the parent or grandparent who has not been vaccinated gets infected, and dies. THIS WILL HAPPEN if the CDC's approach is followed. This can also be avoided in a sensible way. The State of Colorado recently deviated from the CDC guidelines including a wider pool of people which includes those who are 70 and older ahead of most “essential workers”. This is a step in the right direction. California can lead the nation as it often does in developing the most progressive and humanistic approach to distributing Covid vaccines. The CDC's recommendations are pure folly. Please consider establishing a system for the distribution of Covid vaccines that is consistent with the European model.

Sharon Look, Placer County resident

HELP PLEASE! I'm 73 with stage 2 Congestive heart failure.

Please consider including ages between 65-75 with serious existing medical conditions be given the COVID Vaccine in the same group of 75+.

I am at a very high risk due to my existing stage two of congestive heart failure with an injection fraction at 30. Any consideration from you office would be greatly appreciate.

Deborah Biederwolf, RN BSN CCRN RRT-NPS

I'm writing you with concerns that the priority on who receives the vaccine is undermining & overlooking a high risk group. A senior who is 65 years of age with health conditions such as heart disease should be a priority and not in a same group as a homeless individuals. *Please make this correction and place this group in 1B Tier One.* They are at high risk as they still are out in public to purchase food and anything else to do to live.

The current group in 1B Tier Two:

- *Anyone 65 or older with an underlying health condition or disability*
- Workers in transportation and logistics
- Industrial, residential and commercial sectors

- Critical manufacturing workers
- Incarcerated individuals
- Homeless individuals

As a personal note, my husband is 65 yrs old and had major cardiac surgery. And we both live together in a small one bedroom condo. I'm also a RN who currently works at a hospital in the COVID ICUs. I worry everyday about my husband. If he does not get COVID from buying food, it may be from me while sleeping at night after working a long shift at the hospital.

Anonymous

Governor, what happened to the tier group of 65 and older plus underlining conditions. After viewing abc's information about it I'm extremely upset!!!!!! Please reconsider what you're doing, I'm 71 with underlining health conditions and frightened for my life!!! I've been a supporter of yours, voted for you and very disappointed at the possible new redistribution of the vaccine that eliminates my group!!!! Please reconsider.

Bruce Tenenbaum

I recently read a Los Angeles Times article about the proposed vaccine rollout in California. According to the article, the current plans after doctors and health care workers is to vaccinate teachers, child care and agricultural workers as well as those over 75 in the next phase. While I understand the need to vaccinate these groups because of the possibility of infection, I feel considerations for those who are more likely to suffer severe infection outcomes, such as people with underlying conditions, should be prioritized over those who might be exposed but are less likely to have a severe reaction. I am surprised that those with underlying conditions are not mentioned in the article, especially those over 65.

Also, while creating categories for vaccination seems simpler, I wonder if it wouldn't be prudent to have a board that people can apply to for exemptions. That is, there are people in special circumstances that may need to move up in the line. For example, a person over 65 with underlying conditions who has to have surgery, or who has to go to the hospital for any reason, would be much more in need of vaccine than someone who merely fits into a neat category like "child care worker." Yet, there seems no simple way to contact anyone for such a situation. Also, with the eviction moratorium scheduled to end on January 31, what if someone over 65 with underlying conditions who lives in Los Angeles needs to move out? As Los Angeles is now the epicenter of the pandemic, they would be exposing themselves to a high probability of infection just months before a vaccine could help save them from such a danger. Shouldn't they be able to get vaccinated before they have to leave their home? It seems the vaccination schedule and the eviction moratorium should be more closely married. And, at least, someone on the verge of being evicted should be able to get vaccinated.

Debbie Utley

Please prioritize people for vaccines by older age and risky health conditions rather than by job. Our vaccines should be used to end our hospital crisis and to save lives, but the ACIP acknowledges that their recommendation will result in MORE lives lost to Covid.

In addition the ACIP plan won't help their stated goal of equity for at-risk racial and ethnic groups.

The ACIP suggested that the fact that racial and ethnic minorities are underrepresented among those older than 65 is a reason for giving lower priority to that age group as a whole and instead vaccinating more than 100 million "essential workers" ahead of them. The effect would be that more people over all would die — and also that more members of racial and ethnic minorities would die, because the higher fatality rate in older people would outweigh their lower share of representation in that age group

-- Peter Singer, bioethics professor at Princeton, The New York Times

The ACIP also states a reason for their recommendation is to preserve the functioning of society. However, we do not have a substantial risk of losing the functioning of society. Rather than preserving the functioning of society, vaccinating young healthy people will simply cause more people to die.

The ACIP recommendations don't address reducing the years of life lost. Because the number of people dying of covid is overwhelmingly higher for those of older age and those with risky health conditions, vaccinating those most at risk reduces the years of life lost as well. For example, because the number of people in their 50s who have died of covid (per 100,000 of CA population) is 10 times that of those in their 30s, vaccinating 100,000 people in their 50s would reduce the years of life lost by 6 times more than vaccinating 100,000 people in their 30s.

Please pay attention to the actual data about which groups are disproportionately being hospitalized and dying of covid and vaccinate them first.

Juanita Stevenson

I'm a 71-year-old African American Woman with a chronic health issue that places me in the high-risk group for getting and dying from COVID-19. My question is why those over the age of 65 with health conditions aren't included in the second group of people designated to get vaccinated? I am advocating for that group to be considered a priority.

From the very beginning of this pandemic, we were told we were at high risk, to stay home, not be in crowds. Many in this age group have been isolated at home away from their families. On the other hand, a good number are still in the workforce and put themselves at risk when they go to work. When an elderly person passes away from COVID-19 their deaths are often marginalized. You hear such comments as; "Well they were old or they were ill". Many in that age group would be living long lives if not for contracting the virus.

There are many seniors over the age of 65 who are cancer survivors, living with diabetes or other health issues who live in fear of the virus. They know contracted COVID 19 will shorten their life. They question why a young nurse working in a Doctors Office injecting Botox would have priority over people in their age group.

We ask that you make those 65 and older a priority when determining the state's vaccination schedule.

Georgia Stone

I am 73 years old on oxygen and a COPD patient. I feel it is very unfortunate that I will not be considered until the third tier. I have been in my home since March except to the grocery store. I feel I should be a higher priority than the prisoners and the teachers who are not teaching.

Michael Munday, San Bruno

I am 72. Have kidney disease, high blood pressure and history of prostate cancer. I NEED this vaccine as soon as possible. Older people have a higher risk of dying. Please put me in the next tier to get help. Its hard to read that Texas and Florida have already decided while you wont meet until Jan 6. Why?...friends are traveling to Texas to get the vaccine this week.

Linda Hanley

I am 70 years old with atrial fibrillation and a leaking mitral valve. If I were to get COVID I believe that I would not do well and quite possibly not survive it.

I long for a more normal life which would allow me to spend time with my young grandchildren.

Please consider people like me when you make your decisions regarding who should get the vaccine.

Moshe Samuels

I'd like to advocate on behalf of my father who's 72 years old with multiple underlying conditions including type 2 diabetes. Despite being a participant in the Pfizer trial (most likely in the placebo group), he won't have an opportunity to be unblinded and vaccinated under the current proposal for quite a long time. I'm a teacher, and would be in line before him, despite being at much less risk for severe disease. I would respectfully ask the committee to consider someone like my father in their final descision.

David Arden, Sausalito

People in the 65-74 age range at risk of severe Covid outcomes due to underlying medical conditions should be included in the same vaccination tier as 75+ population.

Eric Ratner

An LA Times story said that this is the place to submit public comment on who should be prioritized for the vaccine. Here is my comment:

With our hospitals and ICU beds full, it is essential that we prioritize those who are most likely to fill those beds. Otherwise we will have numerous unnecessary deaths, as occurred in New York and Italy last spring. This means that, after health care workers, the first vaccinations should go to the elderly and those with multiple comorbidities. As I understand it, these two groups are the most likely to need hospitalization for COVID-19. Proceeding in this fashion will benefit not only those vaccinated, but also all others who need hospitalization in the next few months.

Steven Kolodny, MD

I just read in the LA Times that the decision for whom comes next in receiving the COVID-19 vaccine will rely heavily on public input and that you are asking for public input. And that you will meet next on January 6, 2021.

I am a retired Critical Care MD; I am 77 years old and I do have co-morbidities such as hypertension, chronic anemia, and kidney dysfunction. My wife is 75 and she has diabetes.

I hear speculation in the news about how the COVID-19 vaccine will be prioritized. There is no question that the first group should be those in the health care field who are exposed to the COVID-19 patients. Those people are putting their own lives at risk and are true heroes. Elderly people in extended care facilities are next and I agree with that and with putting police, firemen, and paramedics up there, too. I thought that the next group was supposed to be those over 65 and in that group especially those with comorbidities. It made sense because the death rates and hospitalizations are the highest for those groups. See the attached charts showing mortality and hospitalization by age. Over 95% of these deaths occurred in those older than 60 years. More than 50% of all fatalities involved people aged 80 years or older. Reports show that 8 out of 10 deaths are occurring in individuals with at least one comorbidity, in particular those with cardiovascular disease, hypertension and diabetes, but also with a range of other chronic underlying conditions.

I understand that you are considering protocols for allocation of the vaccine in California. I would urge you to follow the CDC Advisory Committee on Immunization Practices.

On December 1, the CDC Advisory Committee on Immunization Practices made its recommendations. The ACIP recommended that health care personnel and residents of long-term care facilities be offered COVID-19 vaccination first, in Phase 1a of the vaccination program. On December 20, 2020, ACIP recommended that in Phase 1b, vaccine should be offered to persons aged ≥ 75 years and front-line essential workers (non-health care workers), and that in Phase 1c, persons aged 65–74 years, persons aged 16–64 years with high-risk medical conditions, and essential workers not recommended for vaccination in Phase 1b should be offered vaccine. These recommendations for phased allocation provide guidance for federal, state, and local jurisdictions while vaccine supply is limited. In its deliberations, ACIP considered scientific evidence regarding COVID-19 epidemiology, ethical principles, and vaccination program implementation considerations.

I am concerned because I have heard that certain interest groups are jockeying to put their members before those 65+. Of course everyone should want to be vaccinated as recommended for people over the age of 16 and as soon as possible. We should do it; but it obviously is going to take many months. In the meantime, I do not think that we should lose sight of the fact that most of the hospitalization and deaths are occurring in the 65+ group. I personally know 10 people who have had COVID-19. Seven are in the over 65 age group. Six have been hospitalized and five were hospitalized at Torrance Memorial Hospital. Three of them have died. As everyone knows, this is a terrible disease, with a terrible lonely death (often without their loved ones present), please do not forget to prioritize those over 65 in spite of the pressure from groups to jump the line.

I had written you about a week ago because I heard that you are meeting on January 6th regarding the administration of the COVID-19 vaccines and wanted public input.

Since I wrote you my 94 year old aunt has come down with COVID-19. She lives in an assisted living place and had not been vaccinated yet. She should have been in the 1a phase of the vaccination program.

She is a very sharp lady and had been isolating herself in her room. Yet now she has COVID-19 and we have to worry about losing her. Over 3000 people a day are dying from this disease in the United States and the hospitals are full and running out of oxygen.

This is part of what I wrote in that earlier letter to you:

“I understand that you are considering protocols for allocation of the vaccine in California. I would urge you to follow the CDC Advisory Committee on Immunization Practices.

On December 1, the *CDC Advisory Committee on Immunization Practices* made its recommendations. The ACIP recommended that health care personnel and residents of long-term care facilities be offered COVID-19 vaccination first, in Phase 1a of the vaccination program. On December 20, 2020, ACIP recommended that in Phase 1b, vaccine should be offered to persons aged ≥ 75 years and front-line essential workers (non-health care workers), and that in Phase 1c, persons aged 65–74 years, persons aged 16–64 years with high-risk medical conditions, and essential workers not recommended

for vaccination in Phase 1b should be offered vaccine. These recommendations for phased allocation provide guidance for federal, state, and local jurisdictions while vaccine supply is limited. In its deliberations, ACIP considered scientific evidence regarding COVID-19 epidemiology, ethical principles, and vaccination program implementation considerations.

I am concerned because I have heard that certain interest groups are jockeying to put their members before those 65+. Of course everyone should want to be vaccinated as recommended for people over the age of 16 and as soon as possible. We should do it; but it obviously is going to take many months. In the meantime, I do not think that we should lose sight of the fact that most of the hospitalization and deaths are occurring in the 65+ group. I personally know 10 people who have had COVID-19. Seven are in the over 65 age group. Six have been hospitalized and five were hospitalized at Torrance Memorial Hospital. Three of them have died. As everyone knows, this is a terrible disease, with a terrible lonely death (often without their loved ones present), please do not forget to prioritize those over 65 in spite of the pressure from groups to jump the line.”

As I said in my original letter, I am 77 and my wife is 75. We both have co-morbidities that place us at increased risk of becoming very ill if we get COVID-19 and dying. I urge you to please follow the CDC guidelines listed above and do whatever you can to expedite the distribution of the vaccine. I do not understand why someone like my aunt was not vaccinated already. My wife and I are doing what we can, wearing masks but we have to go out to buy food. Even with masks, the stores are crowded and there is a risk. You cannot stay six feet away from people in stores. We go out for a walk for exercise and wear masks but there are plenty of people walking around without masks. To avoid them you often have to walk out into the street.

My brother-in-law lives in Colorado and he received a phone call Wednesday. He is 75 and has no co-morbidities. He is to report on Monday to receive his vaccine. You hear of reports on the news of people in other states receiving the vaccine, too. Please follow the CDC guidelines and release the vaccine as soon as possible.

It is upsetting to read that California has used just 24.3% of its available COVID-19 doses, an analysis from Bloomberg News found earlier this week. I do not know what you can do about that? I know this is a large and complex undertaking. Please facilitate it as much as possible and follow the CDC guidelines.

Ian Keye

My life partner is 77 years old, disabled, wheel-chair bound and is in multiple high-risk categories for COVID-19 complications. Among her medical conditions are the following: COPD, congestive heart failure, atrial fibrillation, oxygen dependency and diabetes. I am 66 years old, in good health and serve as her full-time, in-home caregiver. She relies on my assistance for her daily needs, which include bathing, meal preparation, pharmacy and grocery shopping, and providing transportation for medical appointments and hospital visits. As I

understand the proposed vaccine allocation guidelines for California, she would be eligible for her vaccination long before I would be eligible to receive mine.

If I were to become infected and ill in the interim period, her care and health could be placed in jeopardy. In addition, individuals in my situation provide services (at no cost to the State), that are virtually identical to those provided at skilled nursing facilities, the staff and residents of which are already receiving their vaccines. It is my request, therefore, that strong consideration be given to permitting the vaccination of in-home, full-time family caregivers (particularly those over 65) at the same time as vaccination is provided to those family members considered to be in a high-risk category for serious complications from the virus.

Adam Wactlar

I write to request that the California Department of Public Health include Californians with both type 1 and type 2 diabetes in a priority phase for individuals at increased risk for COVID-19 complications.

The Advisory Committee on Immunization Practices only included type 2 diabetes in its Phase 1C allocation recommendations and the California Department of Public Health should reject such a limiting recommendation. While the CDC finds that type 2 diabetics “are at increased risk of severe illness,” based on “what we know at this time,” it only concludes that type 1 diabetics “might be at an increased risk.” Centers for Disease Control and Prevention, People with Certain Medical Conditions, available at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html> (updated Dec. 20, 2020). The CDC recognizes its own limitations in evaluating the latter group: “COVID-19 is a new disease. Currently there are limited data and information about the impact of many underlying medical conditions on the risk for severe illness from COVID-19.” Id.

As demonstrated by a growing number of studies, a type 1 diabetes mellitus diagnosis presents similar if not higher risk of serious COVID-19 complications than a type 2 diabetes mellitus diagnosis and, as such, type 1 diabetics should similarly be prioritized as persons with medical conditions or disabilities that place them at high risk of severe COVID-19.

A new study of 6,500 subjects across a regional health care network found that people with type 1 diabetes had “adjusted odds ratios of 3.90 (95% CI 1.75–8.69) for hospitalization and 3.35 (95% CI 1.53–7.33) for greater illness severity [as compared to non-diabetics], which was similar to risk in type 2 diabetes.” See Gregory, Justin M., et al., COVID-19 Severity is Tripled in the Diabetes Community: A Prospective Analysis of the Pandemic's Impact in Type 1 and Type 2 Diabetes, Dec. 2, 2020, at 1, 6 available at: <https://care.diabetesjournals.org/content/diacare/early/2020/12/01/dc20-2260.full.pdf> (“[T]he increased risk for COVID-19-related hospitalization remains markedly higher for people with type 1 diabetes until the seventh decade of life.”). The study adjusted for age, race, and other risk factors and concluded that both type 1 and type 2 diabetes increase the adverse impacts of COVID-19 -- at odds three- to four-times higher than patients without diabetes -- and as such,

cited “an urgent and continued need to mitigate severe acute respiratory syndrome coronavirus 2 infection risk in this [diabetic] community. Id. at 1. Similarly, the National Health Service in England reported that in a large population study that “[a]djusted for age, sex, deprivation, ethnicity, and geographical region, compared with people without diabetes, the odds ratios (ORs) for in-hospital COVID-19-related death were 3.51 (95% CI 3.16–3.90) in people with type 1 diabetes and 2.03 (1.97–2.09) in people with type 2 diabetes.” Barron, Emma, et al., Associations of Type 1 and Type 2 Diabetes with COVID-19-Related Mortality in England: A Whole-Population Study, Aug. 13, 2020, at 813, available at: <https://www.thelancet.com/action/showPdf?pii=S2213-8587%2820%2930272-2>.

The California Department of Public Health has a unique obligation in this instance because as of 2018, California had the “highest number of new cases of diabetes” in the United States. See Let's Get Healthy California, California Has the Highest Number of New Cases of Diabetes in the Nation, available at: <https://letsgethealthy.ca.gov/goals/living-well/decreasing-diabetes-prevalence/>. Please protect Californians with type 1 diabetes where the CDC's allocation recommendations do not and include type 1 and type 2 diabetics in a priority phase to receive the COVID-19 vaccine as all diabetics are acutely vulnerable to severe illness and mortality due to COVID-19.

Thank you for your consideration and for all of your efforts in helping California emerge from this pandemic.

Steve Guhin

I would like to urge you to follow the CDC guidelines and include those 75 years old and older in the group 1b of Covid vaccine distribution in California. We have been having a serious outbreak in the State and those older individuals are dying at significant rates. Please prioritize these very venerable people for receiving the vaccine.

Angela Smythe

First of all, I am dismayed at the lack of any transparency about the vaccine rollout here in Los Angeles County. I provide a copy below to the very detailed explanation for Phase 1a put out by Inyo County as comparison. I would *hope* to see a comparably detailed and fully transparent version would be provided by Los Angeles County. If such exists, I have yet to see it perhaps blocked by a fire wall on the newspapers that require subscription to be kept fully informed.

Second of all, as a 67 year old from a household which has scrupulously practiced all safety mandates, I would *hope* that my vulnerability to severe illness and or death from contracting this disease would put me and those in my age group 65 and up before 25 year olds working in at Target. I would also *hope* that Pasadena, with its own Health Department and as understand it, its own supply of the vaccine, does not allow number crunchers working remotely at JPL to be vaccinated as “essential” before those in the general population with heightened risks due to age and underlying medical conditions. I would *hope* that the rich and famous will not be allowed to

jump the line before my husband who is also 67 with underlying health issues. I would *hope* that anyone battling cancer or transplant issues of any age would come before me at age 67. I would *hope* that professional sports players are not considered more essential than someone working at a pharmacy or an at home caregiver. I would hope to know clearly just *who* is making the decisions for the remaining distributions.

So at the end of the day, all I have is HOPE that humanity and common sense will guide the decisions and *hope* that they be communicated clearly and openly from this point forward without having to subscribe to the Los Angeles Times or comparable, in order to know them. However, I fear both of those qualities are in even scarcer supply than the vaccine itself.

[Vaccine Update INYO \(PDF\)](#)

Kevin Kane

I believe that the most vulnerable group is those over 65 and those with underlying conditions. These people are more likely to have bad outcomes from the disease and should be next in line after health care workers & emergency personnel to receive the vaccine. Younger workers are more likely to survive the disease and should get the shot after those who are most vulnerable.

Mona Juric, Yorba Linda

I am having a difficult time understanding, with all the death occurring in our hospitals, those most likely to die are not being prioritized to get the vaccine. Seniors over 65, especially those with other health problems, and also younger people with MS, cerebral palsy, cancer etc. are further behind in priority than younger healthy workers in specific jobs.

Seniors seem to be left to die while unions and other groups are getting their workers priority over the most vulnerable. Please put those with the highest risk of dying from Covid 19 next in line to receive the vaccine.

My husband is very high risk and is very upset that he can't receive the vaccine until after young healthy workers get theirs. He had to be intubated last year due to complications after surgery and that is an experience I do not wish on anyone. We are retired & have not been in a store since the end of March. We have been very careful, yet we are not prioritized to receive the vaccine.

Please prioritize SENIORS and those who are very vulnerable to be vaccinated A.S.A.P.

Lynn Gustafson

I am 65 and, despite being a non smoker, years of bronchitis has left me with lung damage. Last year my bronchitis turned to septic pneumonia and left me reliant on supplemental oxygen.

I have been sheltering at home for almost a year. I haven't seen family or friends since last Christmas. I live alone with a cat. I am here, but I can't say I'm thriving.

At what point will I be able to get the vaccine? I can't afford to lose another year of my life.

Tyler Baker

It seems wrong to give the vaccine to groups that are not at very much risk of death or serious illness. They get well quickly. The science shows that the people who are most likely to die or to be hospitalized are people over 65 (even though not in nursing homes or assisted living facilities) and those with co-morbidities. Doctors could easily identify people who, for example, are being treated for diabetes.

Follow the science and try to avoid even more posturing for political correctness.

Stanley K Dvorak

I would like to see people of age 70 and greater and individuals with medical conditions be served in the second group of those in need of vaccinations. I have end stage kidney disease and I have been in total isolation recommended by my nephrologist. I am totally dependent upon others for my grocery shopping and other necessities. I am otherwise capable fully functioning individual. I am anxious and want to get the vaccine! I am 75 years of age.

Catherine Lowry

Hello. I was just diagnosed with colon cancer. I'm 65 years old. I hope I can get vaccinated sometime soon because I am constantly having to be in different medical facilities. I have been very careful all year to wear a mask and social distance and I stayed home.

Please consider those of us with health problems in the queue to be vaccinated.

Linda Andron-Ostrow, LCSW

I am writing to ask that doctors be given some discretion in authorizing vaccines once we reach phase 1B.

I will be 75 on June 5, and therefore would miss the 75-year-old cut off. However I have multiple underlying conditions including lung damage and a trachea that will not allow for a breathing tube. In order to avoid blindness I need to have injections in my eyes every month. This is a highly risky procedure with how contagious and widespread this virus has become.

It seems to me that doctors and hospital ethics committees really need to be able to take individual situations like mine and others into account and not be restricted to absolute strict age cut off's.

Also, it seems that teachers who are sitting at home in front of their computers will be able to get the vaccine, but licensed clinical social workers, such as myself, who really need to be able to support families of their homes will not be offered the same considerations

Joseph St. Lucas, Poway

I am 68, my wife is 64. I'll be in the "old persons" group to receive the vaccine sometime since I'm over 65. However, my wife is lumped in with the young healthy group since she's only 64 and will be in the last group to get vaccinated.

She has a BMI of 17.3 (underweight, which means she has not a lot of weight that she can lose if she gets sick), lung scarring from asbestos exposure as a child, diagnosed fibromyalgia (although this isn't autoimmune). None of those symptoms puts her in a "danger" group as far as any covid calculator is concerned. After I get the vaccine I'll still do all the mask wearing, washing hands, etc. I'll get my shot and be mostly protected but could spread the virus to her.

My recommendation is to either put the 60-64 year old group immediately in line after the 65+ group, or plan to vaccinate the folks who are living w. someone who has been vaccinated.

Dick Geist, MD, Rancho Mirage

I am slightly surprised by the choice of age 75 for your initial cut off. The number of deaths in the 65-74 bracket are only slightly less. At 72 with multiple risk factors for severe disease (male, extensive cardiovascular disease, A blood type and above average Neanderthal genes) I understand quite well that my chances of recovery from Covid are quite poor. Perhaps that cut off has been chosen simply by virtue of the number of people actually in the age brackets - a pragmatic but non-medical reason.

Manuel Ramos

Rather than the CDC 75 and over why not follow Texas and use in CA also 65 and over. I'm a retired 68 year old CA lawyer and law professor who has been dutifully following CA stay at home order for 65 and over since March 2019!

How many more of us are there if you use 65 vs 75? It is not fair to put all those other groups ahead of us. Usually we in CA get it right and TX wrong but please follow TX this time!

Just saw on news that FL too is using 65 and over and not the CDC's 75 and over. CA should do too especially since unlike FL and TX we 65 and over in CA have been on a stay at home order

since March! So it is only consistent and fair and since we are now as a UCLA expert said on CNN Southern CA this is not a surge on a surge or wave on a wave but this is a tsunami and 95% of COVID deaths are for us over 65! Thanks for doing the right thing! Tomorrow I'm hugging my daughter one of my four adult kids for first time in a year because she got COVID already and is naturally vaccinated. We will still wear masks and picnic lunch outside at San Diego's Shelter Island. T

Charlotte Adams

For credibility of my comments, I was the Professional in Training and Development who initiated/designed the company-wide Master Analytics Program for USAA Marketing Department at San Antonio headquarters. I assume your Committee has access to predictive models, but if so, the objectives/goals are not clear in the presentations.

After attending the Dec 23rd meeting, I'm left with complicated questions. The Chat thread essentially boiled down to questions regarding priorities for vaccination. Dr. Burke gave a good explanation of the data slices that explained population sectors and subsequent allocations for Phases, which appeared based on deaths and hospitalizations. Therefore, I assume the Mission departure point is to reduce deaths and hospitalizations.

However, Phase 1 A broadens the purpose by including health workers and essential workers and so on, and then, the purpose becomes cloudy. Would every group included have a direct impact on reducing deaths and hospitalizations (if that is the goal)? I'm assuming if priority were by age, perhaps erroneously, that is, to reduce deaths/hospitalizations, then pressure on health workers and others directly in contact with those gravely ill, is also reduced, even if gradually.

What is the specific mission of this Committee? Is the purpose to vaccinate a State population within a frame of time? Is the purpose to identify those most likely to contract and spread the disease? Or, is the purpose to decrease the now occurring (and continuing) rate of deaths and hospitalizations? While the Committee may respond "All of the Above," these are different purposes, and each should shape the approach to distribution of LIMITED DOSAGES of vaccine. The parameters of your Phase/Tier groups suggests the Committee is attempting to embrace all and understandably so. Yet, which approach will have the greatest impact on reigning in the disease? Which will have the greatest impact on reducing deaths/hospitalizations? Which approach provides not just a good outcome, but the best outcome?

Have you used predictive analytics modeling to compare different approaches with consequent outcomes? You have all the data segments necessary for comparisons. The variant controlling factor, of course, is the limited number of dosages available. Who gets them and when? Measured against the available dosages at a given point in time, with the objective of a) crushing the virus or b) reducing deaths/hospitalizations, compare:

1. Phases and tiers as you have now outlined.
2. Phases and tiers prioritizing age and imminent danger: hospital workers, paramedics only, and those 75+

3. Phases and tiers prioritizing hospital workers, paramedics only, those 75+ and those 65-74
4. Phases and tiers prioritizing 75+ only
5. Phases and tiers prioritizing 75+, 65-74

Your approach may have a primary purpose; e.g., reducing deaths and hospitalizations, and then when a certain rate is reached, proceed to secondary purpose. For the primary purpose, without seeing results of the models, I hypothesize that Approach # 2 or # 3 will be most successful.

Identify your primary purpose/objective and gauge which model is the most efficacious? Please. Go with that. Forget these multiple discussions, multiple inputs until we all arrive at a consensus. A CONSENSUS IS NOT SCIENCE. THIS IS SCIENCE. USE IT.

James Juri, Yorba Linda

It is impossible to understand with all the death occurring in our hospitals, those most likely to die are not being prioritized to get the vaccine. Seniors over 65, especially those with other health problems, and also younger people with MS, cerebral palsy, cancer etc. need the vaccine before younger healthy workers in specific jobs. Seniors seem to be left to die while unions and other groups are getting their workers priority. Please put those with the highest risk of dying from Covid 19 next in line to receive the vaccine.

Leah Steinberg

I believe that the vaccine should be given first, as it seems it is, to those over 75 and those in nursing homes, and health care who work directly with COVID patients. Then to those over 65 and to those who have diseases that are at risk for complications. I think it should also go to those who work with the public all the time and are more likely to pass on Covid, such as grocery workers and work with the public. I believe teachers should also be included in this group.

Margarita Engle

Please vaccinate people over 65 before young, healthy, asymptomatic essential workers. According to your own statistics, people over 65 account for 74% of Covid deaths. Giving older people a chance to survive is the only fair way to prioritize the vaccine, since we are the most vulnerable.

David Justin Lynch

Life is sacred! Death is bad! The COVID vaccine should go to those most likely to die if they contract COVID.

Look at the death statistics. The most deaths are in elderly patients (65 and older) and those with comorbidities such as diabetes, hypertension, obesity, asthma, and COPD.

I would allocate vaccine first to persons 65 and older. with at least one comorbid condition. Next would be all persons 65 and older. Then all those with comorbidities.

Ina Lessem

Thanks for asking for the public's input.

I believe the age restriction should be lowered, perhaps to age 70, for those seniors with pre existing conditions. I think pre existing conditions especially revolving around lung or heart issues, should be a consideration.

Thanks for allowing us to have some input in the decision making. Thanks for all your hard efforts and the sacrifices you make to keep us safe.

Steven Siegel, Malibu

As a 67 year old male with type 2 diabetes who works in food distribution in Southern California, I have spent the last 8 months, like many people, living in terror that I would pick up the virus and end up fighting for my life because I must work or buy essential supplies.

I really think it is fair to me & my family that I be vaccinated in group 1A along with my 67 year old wife who is a teacher. Keeping us both from getting covid-19 by getting us vaccinated soon will be best for us & the community.

PS. It would be helpful if we could sign up for the vaccination or at least get information on when it will be available to us. I have repeatedly emailed & called my doctor and medical provider UCLA and they either do not respond or can't give us any information on when the vaccine will be available to us or anyone. Why has the US government spent 10 billion of our tax dollars to rush multiple vaccines to market in less than a year if we can't even find out when we, the tax payers, can get vaccinated.

Help please!

Ms. Ellen C. Hubbell, Murrieta

As you may know, the Covid vaccine will be available at Walgreens and CVS pharmacies in California. I contacted both and they have no idea when they will be available or any information about the process. My husband and I fall into the "Over 65 Medically Vulnerable Individual" Category, Phase 1A. We know that there are those who have already received the vaccine who do not necessary "FIT" into an early phase! Why aren't these vaccines being made ready for those who need them? Please respond. Thank you.

Hope Adler

All seniors over 65 especially with underlying conditions that could die from this illness should be next !!! Absolutely sickening that life before death isn't the only equation

Valana Schomer

I find it upsetting that those of us in our early 70's with multiple preexisting high risk conditions are not receiving more consideration. Have been in lockdown since March. Followed all rules religiously. Now being thrown under the bus.

Jonathan Hubbell, Laguna Niguel

My wife is 79 and so will be in the next round of distribution if the state follows the CDC's new guidelines. I'm only 74 and 3 months, so I will not. But she has no additional risk factors, while I'm male, overweight, with asthma and Neanderthal genes. All of a sudden vaccinating those with higher risk first doesn't make sense. Why not?

Nancy Youngblut

I just wanted to state that older folks with compromised immune systems should be next in line!

I am 67 and in the middle of radiation/chemo treatment for anal cancer. I don't have any idea how to get the vaccine!

Liz Wolf-Spada, Wrightwood

I am urging you as a 72-year-old citizen with obesity to include those 70 and older in the second wave of vaccines. I'm not sure why 75 is the cut off, but it seems to me that older people are at greater risk of serious illness and death. I wonder if it is a decision based not on medical needs but based on size of the population. I know as baby boomers we are a huge group, but we are also most at risk for this deadly virus.

Roni Pfeffer

I will turn 65 the first week of April. I hope the 74-65 group will include those of us in the cusp because by the time the vaccine is fully effective I will be 65.

Christine Vieira, Transcription Team – Imaging, Scripps Health Administrative Services

Can you please tell me when (and where) my 80-year-old mother, who has been quarantined for 9 months (lung cancer survivor 7+ years) and lives alone in Lakeside, CA, will be able to receive a COVID-19 vaccination? She has Kaiser insurance, but they are unable to give her any information at all regarding vaccination timelines. She is literally dying to get out of her house and on with the rest of her life.

As a side note, I have seen that healthy people I know in their 50's (one of whom is in Tier 3) have already been vaccinated. One works at an outpatient pharmacy and one in an outpatient rehab center, but neither have jobs that require any patient contact whatsoever (not at Scripps hospital).

Thank you in advance for any assistance/information you can provide. My mom is deserving and ready for her vaccination.

Dian Coleman, Windsor

My husband will be 80 in Feb and has various serious heart and health conditions. I'm 74, recovering from brain surgery, have innumerable pancreatic cysts, thyroid nodule which was decided to wait and watch. Will I be allowed to get the vaccine at the same time my husband gets it even though I won't turn 75 until August 2021?

Thank You for your hard work and consideration, I know it must be very difficult deciding who is in need and who should get vaccine and when. My heart goes out to any and all who are involved in this terrible pandemic and the issues you are dealing with.

Christine Chapin, Palm Springs

This week there was a news conference with Governor Newsom and Dr. Ghaly. At that time, Dr. Ghaly stated that Californians over the age of 65 comprise 14% of the state cases but 80% of the State's deaths.

While I am fully supportive of front line health care workers, long term care residents and staff, and farm workers receiving the vaccine first, I am not supportive of a healthy 30 year old in the entertainment industry ("essential worker") and the like receiving the vaccine prior to those in the high risk group of those over age 65. Many people over 65 have co-morbidities which put them at significant risk for poor outcomes, and likely are the reason why this group comprises 80% of the deaths. As an example, the state of Texas this week determined those over 65 will be next up for the vaccine in their state.

Solomon Tessema

The next round of vaccination should include all highly vulnerable populations. Given the high death & infection rate among this senior group, I recommend they be included in the next round of vaccinations. The group is people who are age 65 and older or who have at least one of the comorbidity risk factors.

I think it is unconscionable to leave them out given the data we have. Already several states have made this important modification of the Federal advisory.

Already, several states have made this reasonable tweak of the federal advisory instead of following it blindly.

Seniors in Florida (over 65) are already being vaccinated. Texas will do the same. It is very important to include in the next priority those over 65 & with pre-existing conditions. 75 and above is the cutoff proposed by the Federal government. California should follow the lead of other states who are rejecting this since it doesn't line up how public health officials define who is at risk. For example, below is how Kaiser Foundation defines those at higher risk of covid infection and death.

You may be at high risk if you:

- Are 65 or older
- Live in a long-term care facility
- Have an ongoing serious health condition, such as:
 - Lung disease or asthma
 - Heart conditions
 - High blood pressure
 - Severe obesity
 - Diabetes
 - Kidney or liver disease
 - A weakened immune system
 - Cancer treatment

Don Girskis

You need to focus on those most at risk of dying - the elderly and those with preexisting conditions, just at the UK is doing. Vaccinating healthy young people ahead of the elderly and at risk will result in deaths that could have been prevented. I like how the UK concludes their methodology results in preventing 99% of the deaths. Anything short of that is unacceptable.

BTW - the UK methodology puts me at the back of the line, but it's the right thing to do.

Paul Bryson, Culver City

Please do not think of seniors only as retired shut-ins. Before the pandemic, my parents-in-law, age 69 and 74, took care of my infant son 2 days a week. But because of covid, they haven't even come for a visit for nearly a year.

Although they are not “essential workers,” they play an essential role in society. We should protect them first.

Here's hoping for a smooth rollout!

Helene Tillotson

Hi - I'm 70 female with high blood pressure and an irregular heartbeat and when operation warp speed first started it was said that seniors 65 and over would have high priority to receive vaccines. That seems to have vanished. As you know 80 percent of covid deaths are 65 and older.

I've an scared to death every time I leave my apartment and to me it is obvious that those at the highest risk of dying and having bad outcomes should be vaccinated first.

We need to be able to see our grandchildren and loved ones without them being afraid to get close to us and we need to be able to get groceries without fear of winding up in the icy or dying.

Sarah Gordon, San Diego

Please adopt the CDC's recent recommendation to prioritize vaccines for people over 75, perhaps stratifying first by those over 75 with underlying conditions. People in this age group cannot all isolate, and they are extremely vulnerable to sickness and death. People in this age group live with people who must leave the home; they are of every race and socio-economic level. Let's do what's right in this emergency, and focus first on offering relief to the people who are justifiably most terrified and most impacted by this disease--let's put people's lives ahead of economic considerations! Let's show some respect for our seniors. Also, it has already been widely publicized this group is recommended to be among those next in line. It would now be crushing to millions of people if California decided *not* to adopt the CDC panel's recommendation.

My father is 79 and needs to leave the house for dialysis three times a week. He lives with my mother, 78, a lifelong smoker, who has already suffered a stroke. I feel like it's just a matter of time before they get Covid and end up in the hospital and die. I feel like I'm racing against the clock with them, because my father may well get exposed at the dialysis center, with cases so high now in the community. The vaccine cannot come too soon. If people like this could come next, we would give them a bit of life back, protect their lives, and begin to decrease hospitalizations. We are not going to end the impact on our healthcare system by slowly

vaccinating all front line workers. But by moving quickly to protect the people most likely to enter the hospital, we begin to ease the horror, hospitalizations and death.

I'm sick of this emergency being about the economy. Let's make it about life and health and allow our seniors their few good years back. They've been scared and isolated for nearly a year-- much more so than other age groups. After this 75-plus group, please prioritize people in order of how likely to end up in the hospital and die they are. It's what makes sense.

N J Macdonald Kurlawalla RN (Retired) and Capt Hoshang Kurlawalla

Per the State of California own Covid website and from the beginning of the Pandemic those over age 65 have been repeatedly advised verbally and in writing that they are at the “greatest risk of Covid 19” ending up in the ICU, on a ventilator and dying.

Therefore it is common sense to vaccinate everyone over the age of 65 first together with the medically vulnerable. This is what we expect and demand. Some of us under age 75 are married to a person over 75 and puts that individual at an unimagined risk.

There should NOT be any argument about this and anything less appears grossly unethical, contrary to the States own advice, and not vaccinating those over age 65 first is causing delays in routine medical care and will cause unnecessary medical harm.

Susan Burkland

I am 65 years old and at very high risk due to multiple health conditions. My age group suffers the highest death rate after 74 and older. I am in a constant state of fear and extreme stress. By necessity, I homeschool my Granddaughter five days a week also. Why isn't my age group included in the 1a group? Can I be considered a teacher, I teach everyday. I feel that 65 to 74, especially those with serous health conditions, should be prioritized. We have worked our entire lives and we deserve consideration.

Brenda Malloy

Please focus on the most vulnerable ages being “65”+ in the next phase. Leaving the 65 to 75 year olds out will result in continued severe illnesses and additional deaths. They fall in the age group that has the most severe results from the virus as well and need to be included in the next phase. Please keep politics out of this and focus on the most vulnerable first! Thank you.

Paul E. Carter/CEO, P.E.C. Consulting Inc.

As a 71 year old who is recovering from total hip replacement and using a walker to move at all, I would like to respectfully request that age as well as current health issues be considered for

priority in the hierarchy of eligibility to receive the Covid-19 vaccine. All 70 plus residents with current health issues should receive the vaccine the same time as age 75 residents. Please help to include this in your decision. Thank you

David Epstein

Please, when it comes to vaccine prioritization, stop the dying first.

Until there are many millions more doses available, the focus must be on reducing death — giving priority to those with the greatest risk of dying from COVID. This includes older residents, and those with severe health conditions – like advanced chronic kidney disease – that makes some of us much more prone to get extremely sick or die than any other category beyond healthcare workers and nursing homes residents/workers.

Moreover, while science has demonstrated that vaccines can prevent adults with certain pre-conditions from dying, no one knows yet whether they will keep people from spreading the virus to others, which would be a primary goal of vaccinating categories of essential workers.

Those most at risk of dying from Covid include a broad cross-section of California residents. Implementing in California the recommendations of Center for Disease Control and Prevention's Advisory Committee on Immunization Practices would cause a months-long delay to vaccination for those most likely to die from Covid, causing unnecessary deaths and further overloading hospitals, which are already struggling to meet surging demand.

For many of us with these preconditions, it is truly a matter of life and death.

Borrowing some text from the Los Angeles Times editorial:

<https://www.latimes.com/opinion/story/2020-12-20/corona-virus-vaccine-priorities>

Sheri Menor-Albitar

So distribution has begun...

I want to know where and when I will receive mine.

I'm 48 year old women with Type 2 Diabetes, Hypertension, High Cholesterol.

Do I fall in any of your categories??

Do I get it any sooner then a teacher or a child care worker?

Lisa Swaim

I would plead with you to prioritize high risk individuals like my 16 year-old son with type one diabetes, so that he can return to school when his high school is able to meet again in person. Until he can get the vaccine, we will need to keep him at home and he is a highly social teenager, suffering from isolation from his peers.

Christopher Pinzon

I understand you are primarily focusing on age and occupation in deciding who to dole the vaccine out to. I hope that, in addition, you will also focus on underlying health conditions. I have diabetes and have been very concerned about the reports suggesting that blood sugar is predictive of severity in cases of Covid-19. Please prioritize those of us with diabetes and other underlying health conditions. Thanks for your consideration.

Marsha Noble, Carlsbad

PRIORITY 1:

- Doctors, Nurses, Technicians, First Responders (Paramedics, Ambulance personnel, Police and Firefighters).
- Administrative Staff and all Support staff currently working in Clinics, Hospitals and doctor's offices.

(This should include all medical staff that can make themselves available (retired, recovered, resigned/quit due to stress, or traveling staff) and not currently working, or are not currently on permanent staff at a hospital or other medical facility in CA) This could be an incentive for return to work.)

PRIORITY 2:

- All Staff working in Skilled Nursing facilities, Assisted Living facilities and other Congregate Living facilities such as Group Homes.

(most residents do not leave their facility, but Staff does. Therefore, more efficient to vaccinate staff First. This will incentivize staff to stay on the job and protect the patients, residents and staff's families from COVID-19 transmission)

PRIORITY 3:

- All Teaching, Administrative and Support Staff in all K-12 public, private and Charter schools. All Pre-School and Day Care Staff.

I am a healthy 76-year-old who lives alone. While I would like to get my Vaccine asap, I feel that the Priorities outlined above serve the greater good:

1. Keeping people alive, and tending to them when they are sick or in need of medical attention.
2. Most of the over 75 people who contracted COVID-19 and died had underlying conditions. I would speculate that many in this group live in congregate settings.
3. Children need to be in on campus school or social, emotional and academic development. In addition, it would allow many parents to who need to work to do so. This includes pre-school age children as well.

Janiece Nolan, PhD, MPH, Retired hospital administrator, Lafayette

Please don't ignore the recent CDC recommendation to include all those over age 75 in Tier 1B. Include them with the Essential Workers!

Inclusion of such independent seniors in 1B will:

- 1) reduce deaths which in turn will improve availability of hospital beds, especially ICU's, because this group has more severe cases and much longer hospitalizations.
- 2) reduce infection rates because a December 2020 report by George Lemp, retired epidemiologist, showed that between Nov and Dec infectivity rates increased 360% among those 80 and older, a much higher rate than any other age group.

Steve Tunick, Granada Hills

1. Why is it necessary to provide a "hold-back" of up to 50% of the vaccines produced for a second shot? This would only be necessary if no more vaccine was available or no longer being manufactured or supplied, none of which is true. Otherwise, inventories of unused vaccine will quickly grow and the possibility of it exceeding its shelf life expiration also increase. Given preliminary data indicating some virus protection with just the initial shot of the vaccine, all vaccine manufactured should be shipped and administered immediately. The goal should be to get the first vaccine shot into as many people as possible.
2. I see increasing numbers of groups indicating they should be considered essential workers asking for vaccine shots. As someone who is over 65 years old, I object to vaccinating grocery workers, long shoreman, etc. While these are necessary groups, it is important to remember statistics showing that those 65 and older are far more likely to die of the COVID-19 virus. While individuals of all ages are dying from the virus, most under 65 get sick from the virus but don't die. I understand that the CDC has now recommended that those over 75 years old receive vaccines as part of the next large group. This is understandable as they too are even more likely to die from the virus. A significant distinction, though, exists between those who are likely to get sick from the virus versus those who are very likely to die from it. I recommend that near-future vaccine recipients first include those over 65 years old as well as those with underlying health conditions such as diabetes.

3. I appreciate the need to first vaccinate hospital workers and nursing and assisted living residents as is currently occurring. I am less certain that young employees of nursing homes and assisted living facilities need to be vaccinated first as, again, they may get sick, but have a much lesser chance of dying than those over 65 years old.

4. I agree with the need to vaccinate first responders as soon as possible. Vaccinating prison guards also makes sense. However, vaccinating prisoners that are younger than 65 years old or without preexisting conditions should not be allowed until there is sufficient vaccine for their entire age group. My wife and I have literally been prisoners in our own home now for the past 9 months and have done nothing wrong. In fact, we've tried very hard to do everything we've been asked including not visiting with our children or our grandchildren or our friends and avoiding close contact with almost everyone else. We have not been inside a building other than our own home in this entire period. So, giving any preference to prisoners, who by definition have violated the law, who have done something very wrong; seems absurd.

Evan Simpson

I understand that you are considering vaccination of retail workers prior to persons over 65. This would surely be a mistake given the predictable effects upon hospitals and ICUs and their capacities.

Diane G. Armstrong, Ph.D., Santa Barbara

My 53-year-old daughter and I returned from Kauai to my Santa Barbara house on February 14 of this year. We have sheltered in place since then, being extremely careful because I am 78 and my daughter has an immune system disorder (Hypogammaglobulinemia). We must be vaccinated at the same time.

****Please vaccinate people over 75 and people with immune system disorders in the same tier.****

Penelope Peng

I am 46 with an incurable immune system cancer "Multiple Myeloma". There appears to be no consideration for younger than 65 cancer patients like me with suppressed immune systems in the Covid vaccine priority list. Please add patients like me to the Covid vaccine priority list. I am still working and productive for the CA economy (tech sector), but given my myeloma have to often go into the hospital for treatments and office visits which makes me high risk for catching Covid. I would argue that young working immune system cancer patients like me have a greater need than some of the other priority groups currently being proposed.

Jonathan Held, Psy.D.

I advocate that those 65 and older receive vaccination as soon as possible. I am a 66 year old with hypertension who works fulltime for San Bernardino County Department of Behavioral Health. I value my employment but will be relieved when able to be vaccinated as I know each day I am at work I am placed at risk.

Linda Capeloto Sendowski

When will be organ transplant patients over 65 be eligible to receive the vaccine? Why are prisoners who committed crimes against people eligible before me?

Douglas Alvy

I'm over 65 and have medical coverage Medicare but don't have a primary care physician. I live in Orange County California and in looking at the Health Department website theres no information yet as to where I would get the vaccine and how to sign up for it.

So how will I about doing this? Do I stand in line somewhere or call around but have no idea. Any guidance would be appreciated.

David Gaon

I strongly believe that people over 65 with health risks need to be early in the vaccine distribution timetable. The combination of age and health risk, at the same time that health facilities are overwhelmed, argues that these people should be removed from putting additional pressure on the health system.

Tom Weaver

It would be good to estimate the number of additional deaths and ICU bed occupation brought about by the virtually completely neglect of the most at risk populations in your tentative Phase 1b priorities — especially the elderly and those with preexisting conditions. There are a lot of hard data that these are the people who would continue to die disproportionately and make up the majority of the resulting fatalities. It's not too late to look carefully at the hard numbers and choose to focus on saving lives instead.

Amelia & Stefano Antonucci

I have followed your presentation and heard all the question and answers. I still did not understand how you may prepare to get into phase 1 b if you are + 75 and with a pathology.

I have friends who tell me that they have registered in a list for January 6th, February 2nd etc.

How do they know and my doctors don't know or don't tell me. Can you tell me where to register? I live in San Francisco with my husband , 78 years old and with a severe pathology.

Please advise privately or through my doctors, Dr Christopher Wong, GM, Dr. Bernard Tuan, oncologist or Dr. Lester Jacobson, cardiology at Pacific Medical Group on Webster Street.

Ellen Quick, San Diego

Please include in the next group to get the Covid 19 vaccine in California: HIGH RISK SENIORS 65-74 WITH SERIOUS MEDICAL CONDITIONS (e.g., COPD, cancer, serious cardiac conditions). This is not INSTEAD of the others in this group (older seniors and designated front line workers) but IN ADDITION.

As you may know, December 2020 research on vaccine acceptance from the CDC website https://www.cdc.gov/library/covid19/122220_covidupdate.html#:~:text=From%20March%20to%20May%202020,and%2020%25%20intended%20to%20refuse suggests that 55-60% of people offered the vaccine intend to accept it. Therefore, DOSES SHOULD BE AVAILABLE for the high-risk seniors who are especially vulnerable as the more contagious strain inevitably arrives in California.

Also, please PRIORITIZE THE PFIZER VACCINE FOR PEOPLE OLDER THAN 65. This recommendation follows from the research that suggests that the Moderna may be slightly less effective with seniors but just as effective as the Pfizer in younger people. When both vaccines are available for administration, this is simply a COMMONSENSE plan.

Barry Ryan

I write to you concerning the availability of the Covid-19 vaccination for people with severe disabilities. When will you be vaccinating people with disabilities who live independently in the community?

March of 2020 my son contracted the virus, he was the first Berkeley firefighter to do so. Thank goodness he recovered without serious complications and returned to work within a couple of months and that no one else in the house got sick. My major concern is the peril we face as a family given all our risk factors and the uncertainty surrounding vaccine availability.

There are eight people in our household, my son (the firefighter) his wife (the ER nurse), their daughters (ages 6 and 8) and mother-in-law and father- in-laws on both sides.

The in-law's range in age from 67 to 85. I am 73 years old and I am disabled due to the neurological disease Spinal Muscular Atrophy. I am a quadriplegic with breathing and other

impairments. My daughter-in-law's mother (age 75) is also disabled as a result of advanced Parkinson's Disease. She is also a quadriplegic with breathing and other impairments. Age and job type present additional risk factors.

Berkeley's disability community is large, diverse and susceptible. Most members rely heavily on personal assistance from people outside of their immediate bubble, risking exposure. In our house we rely on 5 personal care attendants to assist on a daily basis. At any one time we may have 10 people in our house – not unlike a residential care home. Thank goodness for the people willing to provide the help needed. They need to be vaccinated!

Terri Lacy

I'm 55 with cancer. Please explain to me why young healthy grocery store workers and prisoners of all ages will get the Covid vaccine before me?? You people are really not thinking clearly. Young people will survive, I won't!!! I'm at risk every day and I'm scared to death. Please get your priorities straight and put the vulnerable before the young and healthy.

Janice T. & Steven E. Brown, KB Way Supported Living Services, LLC

I own KB Way Supported Living Services. We are a Supported Living Agency for adults with both medical and intellectual disabilities. I am writing you this letter because a vulnerable part of the population is being left out of the first tier of the vaccine distribution.

For weeks I've been trying to find information on where Supported Living fits in with the vaccine distribution. There has been no communication from SDRC or government agencies on this important matter.

I called all over the state of California. Our local public health nurse in San Diego knows nothing about the vaccine distribution for those with disabilities living in Supported Living and support staff. She was supposed to look into this matter but never got back to me like she said she would. This has been a frustrating and unsettling endeavor to say the least.

DDS told me to contact our local State Council and speak to Mary Ellen Stives. I called her and she told me that information was supposed to be distributed by SDRC to us vendors. It wasn't and still hasn't been done.

We need to be under the category with Long Term Residential Care. Tier IB. My husband and I watched the Zoom Meeting on December 23, 2020. The speakers were talking about equity and disproportionate a lot. There was very little said about those who are disabled and their staff providing direct services for getting the vaccine. In fact, what was mentioned (not emphasized) that people with medical issues that are disabled would need to be at least 65 to be in the prioritized group for vaccination. This is clearly age discrimination!! I'll tell you why?

We have a 37 year old client with Autism and a life threatening form of Epilepsy. He is “medication intolerant” also known as Refractory Seizure Disorder. He's at high risk for SUDEP. That means he could pass away from a status seizure he can't recover from. He's also is prediabetic and has an Autoimmune Disorder. 2 years ago he had 14 emergency trips to the ER for Tachycardia.

He lives in his own home. It's a small townhouse. Being Autistic, he only uses the upstairs for his showers and going to bed. So, most of his time he dwells downstairs in 500sq. ft. area. Due to his seizure disorder, he has to have 2 staff every shift. This means there is very little room to use social distancing. Plus, in a 24 hour period he gets exposed to 6 different staff which is necessary and yet, putting him at high risk! He has 12 different staff and is expose to them every week!

Yet, the people discussing this at the CDCAN Zoom Meeting were taking the position of “equity” saying that they need to be 65 or older. Where is the equity if a person is younger with the same high needs of the elderly that has to have 24 hour supervision to keep safe? Not to mention years ahead of constant care? No one was pushing back hard for this population or explaining why this wasn't about age but vulnerability! Do you realize my client has only a 40% chance of surviving the Corona Virus ifhe catches it? For disproportionate reason(s), he should also be allowed in the first Tier since he's on SSL.

If I had communication about this horrible inequity with age discrimination with this population (that is as vulnerable as the elderly), I could of mentioned how we have slipped through the cracks on this endeavor to SDRC and other Supported Living Agencies. Do date my caseworker knows nothing. There's a big lack of communication from management at SDRC to us providers with this very important information that is vital to this part of the population.

I contacted Walgreens to sign up my agency. I got an email back stating that we were not on their local list. I'm so outraged that this vulnerable part of the population has fallen through the cracks that I'm ready to go to the local news and do a story on it! They advise me from their email to contact a Tim Heath at our local health representative to possible find ways to move forward. Yet, its very hard to move forward when you're not in an appropriate category.

Today, I heard on the radio that Long Term Residential Care Facilities are getting the Covid Vaccine. Us providers for Supported Living are just that! Long Tenn Residential CARE! We need the vaccine just as bad as they do right now! With the numbers of Covid going up at such an alarming rate, ICU's with zero capacity, the death toll rising rapidly, *please* move forward to get this population and their essential staff vaccinated as soon as possible. It's a matter of life and death. Please advise me on what I should do at this time to make the distribution of the Covid Vaccine available to this population and their staff.

HolLynn D'Lil, Graton

As the pandemic rages on, I am writing to call your attention to a segment of the community that is urgently in need of protection against Covid-19 (myself included), and I implore you to use the power and influence of your position in any way that you can to insure that we receive a very

high prioritization for the initial distribution of a Covid-19 vaccine. I can assure you that I am not alone in expressing the feelings and need for help that will be addressed in this letter.

The nature of my disability has left me, and many just like me with pulmonary impairments and other high-risk diagnosis, has left me vulnerable and at high risk of exposure and death from the virus. Our total dependence on personal care attendants, who enter our homes each day to provide essential aids of daily living, leaves us especially vulnerable to Covid-19.

Most caregivers work with multiple clients (outside of our social bubbles) and they physically lift, bath, and feed us under conditions where social distancing and mask wearing are impossibilities. And as you are well aware, Covid19 can be spread by people who may be totally asymptomatic or may be in a highly contagious initial phase of the disease just before symptoms appear. Compounding the risk still further is the reality that most of us employ multiple caregivers each day.

What we need is a real advocate to secure Covid-19 vaccine for this extremely vulnerable constituency. We truly need an advocate in these life-and-death deliberations so that we are not overlooked or considered as a mere afterthought. I am hoping that you will agree to serve as that advocate, representing us with an early, loud, and firm voice.

I fully realize that there are many factors to consider, but I implore you to help place us at or very near the head of the queue, because of our extremely precarious situation (near certain death from Covid-19, near total isolation at home, total dependency on and intimate contact with others who may be freely circulating in the community). I think that even healthcare workers would applaud such a decision, since (1) they are probably well aware of the seriousness nature of our predicament, and (2) we would not become a burden on our overstretched hospitals and ICUs if we are protected against Covid-19.

Elizabeth Grigsby, Rights Advocate, Golden Gate Regional Center

As the pandemic rages on, I am writing to call your attention to a segment of the community that is urgently in need of protection against Covid-19 (myself included), and I implore you to use the power and influence of your position in any way that you can to insure that we receive a very high prioritization for the initial distribution of a Covid-19 vaccine. I can assure you that I am not alone in expressing the feelings and need for help that will be addressed in this letter.

Because of my disability I am totally dependent upon IHSS, Waiver, SLS, or other program services providing funding for my personal care attendants for my everyday independent living: intimate contact such as getting into and out of bed, showering, toileting, and getting dressed, as well as cooking, feeding and house cleaning, etc. But more to the point of this letter, the nature of my disability has left me, and many just like me with severe pulmonary impairments and other high-risk diagnosis, has left me vulnerable and at high risk of exposure and death from the virus. Even a common head cold is potentially life threatening. Pneumonia and death are real possibilities, and each year I am diligent about getting vaccinated against influenza and try my best to protect myself during cold and flu season.

Many individuals with severe pulmonary conditions have literally not left home since early March because our likelihood of surviving Covid-19 is slim to none. Our total dependence on personal care attendants, who enter our homes each day to provide essential aids of daily living, leaves us especially vulnerable to Covid-19. Most caregivers work with multiple clients (outside of our social bubbles) and they physically lift, bath, and feed us under conditions where social distancing and mask wearing are impossibilities. And as you are well aware, Covid19 can be spread by people who may be totally asymptomatic or may be in a highly contagious initial phase of the disease just before symptoms appear. Compounding the risk still further is the reality that most of us employ multiple caregivers each day.

We have tried to weather the storm as best as we can. Many of us, have no back up support, within our social bubble, if a caregiver falls ill and is unable to work. Being left with no or inadequate care is a possible scenario.. Some of us, have not seen any family members for months and, the forthcoming holiday season will be spent alone.

What we need is a real advocate to secure Covid-19 vaccine for this extremely vulnerable constituency. In this real-time planning phase when vaccine prioritizations are now being established, there is an urgent need for advocacy on behalf of the extremely vulnerable. We truly need an advocate in these life-and-death deliberations so that we are not overlooked or considered as a mere afterthought. I am hoping that you will agree to serve as that advocate, representing us with an early, loud, and firm voice.

I fully realize that there are many factors to consider, but I implore you to help place us at or very near the head of the queue, because of our extremely precarious situation (near certain death from Covid-19, near total isolation at home, total dependency on and intimate contact with others who may be freely circulating in the community). I think that even healthcare workers would applaud such a decision, since (1) they are probably well aware of the seriousness nature of our predicament, and (2) we would not become a burden on our overstretched hospitals and ICUs if we are protected against Covid-19.

Susan Gibbs

I'm a parent-caregiver for a person severely impacted by cerebral palsy, and I'm looking for ways to provide assistance to the development of policy and procedures for getting the COVID vaccine out to vulnerable populations including people living in supported living or small care homes and their staff/caregivers.

I'm also a former President of the Board of Directors for a Regional Center and I have done a lot of legal work in the field of disability civil rights and special needs planning.

How can I help?

Janet Schori, MD, Altadena

I would like to see persons like my 26 year old son who has severe autism be next in line for a vaccine. Although people like my son are otherwise healthy it is very challenging to keep a mask on and use good hand hygiene. They are also very difficult to treat medically due to fears and difficulty understanding.

Ryan C. Eisenberg, Ed.D., Executive Director, AchieveKids

First I want to thank you and the team making advisory recommendations on the distribution of the vaccine. I cannot imagine the weight that comes with such difficult decisions, and to ensure the overall well-being of our communities. As I review the document prepared highlighting groups being considered for the 1b distribution phase, all groups have tremendous need and argument for being prioritized. An efficient roll-out is essential to the overall well-being of the community at large, and I trust California's ability to handle such logistics, helping reach more people over the next of the next few months.

I write on behalf of my organization, and on behalf of the California Association of Private Special Education Schools and Agencies (CAPSES). Our organizations, including my own, AchieveKids, works with the most complex and often most vulnerable children in our communities. Our students are students in special education, and those needing supports beyond the capacity of our public school partners. Many of our schools are open, and have been open over the course of this pandemic, serving the most vulnerable, within our campuses, and in the community. Our organizations fall within multiple measures of your matrix, being education institutions, child care providers, and emergency services. We work with 100% special education, and high % of foster youth and other vulnerable groups of students.

Additionally, with the students and families we serve, often it is difficult for full mask compliance, and there is a higher need of entering into the student's space, in order to provide instruction and support. The network of NPSA (nonpublic schools and agencies) accounts for a small % of the education workforce in the state, but is tasked with supporting the most vulnerable and students at the most risk of learning loss in our communities.

I am sure our schools will be included in the larger school distribution plan, but as you are considering implementation/timing and priority, please consider the group of students being served, that our workforces have remained engaged and do deliver in-person support to students and families, and that several of our organizations are both educational/child care organizations, as well as emergency support organizations.

Amy Bathke, San Diego County

As a stem cell/bone marrow transplant recipient, I urge you to place severely high-risk adult individuals (16 years and older) among the very highest priority to receive the COVID-19 vaccine. Those of us in this category have a much higher chance of hospitalization and risk of

death from covid. Not only would vaccinating severely high-risk individuals save actual lives, but vaccinating those most likely to wind up in the hospital would also alleviate burdens on the state's healthcare system. It stands to reason that vaccinating this small group of people who are undergoing constant and frequent monitoring through their doctors would also be very efficient and not very burdensome. I am shocked and dismayed that severely high-risk individuals are being placed among the lowest priority groups, even below many occupations that can and do work from home. Economic and social reasons for prioritizing groups are well and good, but above all we have a moral obligation to prioritize those who are most at risk from dying of the virus.

Jennifer Fulston (30+ year RN)

Today I contact your division as I feel defeated getting qualified answers in my home county of San Diego.

My question is HOW did California forget to include the younger adults on the HCBS Waiver program in the Vaccine roll out. These clients are some of the MOST AT RISK people in California due to disability and comorbid health conditions.

Though this population is under the umbrella of aging and illness as far as qualifying, they were totally forgotten when the tiers were established!!

I have contact many, many people in San Diego County regarding this situation. And I continue to be told that all "general Population" should be vaccinated by June 2021. SINCE WHEN has this most vulnerable disabled population been under the umbrella of "General Population"?

This population receives HCBS services as an alternative to Nursing Home placement. This is a financial benefit to the State. However, I see prisoners receiving priority, firefighters, police, and politicians.

New York State has been vaccinating this most vulnerable population. Anderson Cooper covered it on CNN.

Please contact me to guide me to a resolution on this situation. My daughter is restricted to home with NO services, and risks exposure every day from both her parents that are practicing RN's and Homecare nurses entering the home.

Lili Byers and Peter Straus

We're writing today in regard to the development of eligibility tiers for access to COVID-19 vaccinations. In particular, we are urging you to place all adults who have Down syndrome and other intellectual and developmental disabilities in the highest possible tier.

We understand the necessity and obligation to vaccinate medical personnel and other essential workers, as well as those living in congregate settings, as soon as possible. But we want to see our daughter, who is 28 and has Down syndrome, sleep apnea, and obesity, in the very next tier, together with those age 75 and older. Her risk factors are at least as great as theirs.

According to the Center for Infectious Disease Research and Policy, “After adjusting for age and sex, the hazard ratio (HR) for coronavirus-related deaths in adults with Down syndrome, versus those without, was 24.94. And after adjusting for age, sex, ethnicity, body mass index (BMI), residency in a long-term care facility, dementia or congenital heart disease, and other underlying conditions and treatments, the HR for COVID-19–associated death was 10.39.” (CIDRAP News, Oct. 22, 2020, <https://www.cidrap.umn.edu/news-perspective/2020/10/down-syndrome-tied-10-times-risk-covid-19-death>)

In other words, people who have Down syndrome and who contract this coronavirus are 10 times as likely to die from COVID-19 as the general population, simply because they have Down syndrome. This may be due in part to the increased likelihood of a person with Down syndrome suffering a cytokine storm (see “Down Syndrome and COVID-19: A Perfect Storm?” by Joaquin Espinosa, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7252041/>)

Our daughter lives independently in a studio apartment in San Francisco. So she is not a member of our household, and we avoid physical contact. When we see each other, we wear masks and we socially distance. With rare exceptions, we do not enter each other’s homes. She has been scrupulously careful to follow the safety protocols, as have we, and she has managed to stay healthy for nearly 10 months since San Francisco first sheltered in place. But the current surge feels overwhelming, even here, and the roll-out of the vaccines is agonizingly slow.

We have been terrified for our daughter’s life for over 9 months. Please include this extremely vulnerable population in the next tier for vaccination.

Scott Bauhofer

It is critical that people with developmental and intellectual disabilities be added to phase 1b.

They are at highest risk and must not be ignored, and frankly do not have much of a voice.

Add them now please.

Mike Warren

I am asking that the developmentally disabled consumers and their caregivers in group homes be a priority for the covid 19 vaccine. They are severely restricted and are having very difficult time. This is through no fault of their own. I understand health care workers are first in line, and then first responders like police and firefighters, but then can the disabled be next.

Bong Seon Son

My daughter is a severely disabled person. She is nonverbal, has severe intellectual disability, and is extremely frail after multiple life-threatening illnesses - which she has overcome. This has greatly diminished her immune system.

I just wanted to inquire whether she - and other vulnerable populations - are being prioritized for the vaccine. I understand that this may be a highly specific case, but her prospects of both getting and possibly succumbing to COVID are absolutely much higher than the general population. For ease of mind, I would like to know when she can be vaccinated as per your timeline.

It would be comforting to know that the disabled and other vulnerable populations are being prioritized during this pandemic!

Peggy Simons

Where do disabled adults living in assisted living fall in the vaccine tiers?

Most of them have medical issues that make them more vulnerable to Covid, in addition to living in congregate living (6-50 residents) with many staff that rotate through.

Their vulnerability is similar to residents of nursing homes.

What provision is there for some of these disabled adults, normally in congregate living, to be vaccinated at a hospital instead of by a pharmacy technician at their residence? The concern is due to the increased possibility of an adverse reaction to the vaccination and lack of immediate medical care at the assisted living facility.

Linlin Wills

This article reported that people with severe disabilities suffer deadlier results from the pandemic and their care-takers are also at more risk.

<https://www.wsj.com/articles/covid-is-deadlier-for-people-with-autism-down-syndrome-now-families-are-pushing-hard-for-vaccines-11608729816>

The covid vaccine discussion so far hasn't gotten a clear delineation of priority for this subgroup.

My concerns and comments are that this group is more distributed to the community than a typical institutional setting and hence it poses more risk of spreading in the community because it involves a broad set of services-personals interacting and care-taking and then providers interacting with their family members.

I would hope to see more clarity about this sub-group in the future discussion.

Marlene Beumer, Santa Clara County

As a care taker and conservator of my 28-year -old grandson with Down syndrome I am concerned about his health and safety as he is at significant risk to COVID and yet this population has been completely overlooked. His primary Dr has no information about how he fits into the schedule of receiving the vaccine. He doesn't completely understand the danger of this virus. I'm 84 and research shows he is at similar risk of death and severe illness to someone my age if he contracts COVID. Yet he has so much life ahead of him.

Mary Seward

Recent research has shown that those with developmental/intellectual disabilities are much more likely to die or get severe disease from COVID-19. I suggest that regional center clients be given early access to the vaccine. My son has Fragile X syndrome and autism which makes any kind of medical treatments extremely challenging to administer. Please consider these vulnerable population for early access to a vaccine.

Jessica Lehman, Executive Director, Senior and Disability Action

As the state's vaccination plan gets finalized, we at Senior and Disability Action urge public health officials to consider in-home care workers and in-home care consumers, including government-funded, private pay, or family caregivers, as high priority for getting the vaccines against SARS-CoV-2. COVID-19 pandemic hit our senior and disabled communities hard, but especially those who rely on home care workers for survival.

The data on the pandemic has consistently shown how people with pre-existing conditions, often seniors and people with disabilities, are less immune to the severe consequences of the illness. Thus, we strongly believe that an adequate plan for the vaccination will take account for those who are most likely to experience the severe case of illness--seniors, people with disabilities, as well as people who are work closely with our communities--IHSS workers, personal care attendants, private nurses, etc.

We also ask you to prioritize all older people and people with disabilities that put them more at risk for COVID-19, not only those who use home care. They should be included in Phase 1b. It is critical to include people in group homes and other congregate settings with nursing home residents, as well as people in jail and prison, who are disproportionately seniors and people with disabilities.

Vaccine distribution must take into account the history of medical experimentation and abuse in the US against people of color and people with disabilities. Research on the impact of the

vaccine on marginalized groups must be conducted, and education must be provided, so that people can make an informed decision about the vaccine.

Stand with the senior and disability community on the matter of vaccination against SARS-CoV-2 by committing to prioritize those urgently in need of immunity from the virus--home care consumers and workers!

Disability Justice League, Bay Area; Sins Invalid; Senior and Disability Action; #NoBodyIsDisposable Coalition; National Association to Advance Fat Acceptance; Fat Rose; Fat Legal Advocacy, Rights and Education Project; Health Justice Commons; Community Vaccine Advisory Committee; California Department of Public Health

The principles of disability justice offer a specific lens that takes into account how race, class, and other identity and systemic factors impact people with disabilities. Far too often, disability rights groups lack a fundamental understanding of racism, white supremacy, and privilege, while groups focused on race, age, or weight related issues lack a fundamental understanding of the disability community. We are concerned that grassroots disability justice groups are not at the table and therefore that our concerns will not be fully represented in the decision-making process related to vaccine prioritization and distribution.

We believe that grassroots community voices that represent an intersection of disability, racial equity, fat liberation, and aging are vitally important to this process and should be heard because we are disproportionately impacted by COVID-19 and systemic inequities.

Please include at least one disability justice-focused group on this Advisory Committee, and all future such committees.

In addition, please implement the following recommendations:

Higher weight people, older people, and people with disabilities or chronic conditions that put them more at risk for COVID-19 problems, or who are delaying critical medical care due to their COVID-19 risk level, should be prioritized immediately after healthcare workers and people in nursing homes and other congregate settings.

Disabled people in psychiatric institutions, group homes, board and cares, or other congregate settings should be in the same category as people in nursing homes.

People who receive care at home from family, friends, or providers, along with all paid and unpaid home care workers, should also receive vaccine options when people in care facilities do, or immediately after.

People in jails and prisons must be prioritized for the vaccine. Currently one in five people in prison has COVID-19. A large proportion of people in prison are disabled people and seniors, as well as Black, Latinx and indigenous people.

The vaccine should always be optional and not mandatory due to the history of medical experimentation and abuse in the US directed against racialized, disadvantaged, and/or marginalized.

Any disabled person, higher weight, or older person who is at high COVID-19 risk and who is delaying critical care or testing should be prioritized immediately after frontline healthcare workers, even if disabled people, higher weight, and older people as a group are not so prioritized.

SAME LETTER

Michael Lyon, Berkeley

Dasom Nah, Survival School Organizer, Senior & Disability Action

Allen Cooper, MD, San Francisco

Betty Traynor, Board President, Senior and Disability Action

Raia Small, Organizer and educator, Senior and Disability Action

I am a disabled person/senior living in Berkeley, California, and a member of SF Senior and Disability Action and Gray Panthers of SF. I urge you to center disability justice as you determine who gets priority for COVID-19 vaccines.

Created by a diverse group of disabled people, the principles of disability justice take into account how race, class, and other identity and systemic factors impact people with disabilities. Using this lens for vaccine prioritization, people in intersecting groups with multiple risk factors should receive priority access, most notably Black, Latinx, Indigenous, disabled, older, higher weight, houseless, incarcerated, undocumented and others who may be at disproportionate risk related to COVID-19..

Higher weight people, older people, and people with disabilities or chronic conditions that put them more at risk for COVID-19 problems, or who are delaying critical medical care due to their COVID-19 risk level, should be prioritized immediately after healthcare workers and people in nursing homes and other congregate settings.

Disabled people in psychiatric institutions, group homes, board and cares, or other congregate settings should be in the same category as people in nursing homes.

People who receive care at home from family, friends, or providers, along with all paid and unpaid home care workers, should also receive vaccine options when people in care facilities do, or immediately after. Eligibility can be certified by the person's doctor or by the fact that they use In Home Supportive Services, Supported Living Services, or other services.

The vaccine should always be optional and not mandatory due to the history of medical experimentation and abuse in the US directed against racialized, disadvantaged, and/or marginalized groups. The impact of the vaccine on members of marginalized groups must be studied in detail so that people can make an informed decision about the vaccine.

People in jails and prisons must be prioritized for the vaccine. Currently one in five people in prison has COVID-19. A large proportion of people in prison are disabled people and seniors, as well as Black, Latinx and indigenous people.

We ask you to listen directly to the voices of disabled people, particularly those with multiply marginalized identities, in determining vaccine prioritization.

Mollie McDowell, Los Angeles

Hello. Thanks for your hard, thoughtful work. I know these decisions must be difficult!

Two groups I've been hoping to see prioritized:

1. Individuals whose jobs CAN'T be done remotely who have pre-existing conditions. My brother has diabetes, works in construction, needs to be onsite to make money for his family, and has been exposed to COVID numerous times, though luckily been spared so far. I fear for him.

Teachers have been able to work remotely, for example, and are prioritized *over* people like him.

2. People with developmental disabilities like Down Syndrome. They are at significantly higher risk of death and severe illness from COVID (similar to 80-year-olds) and yet have not been prioritized or spoken of at all in this context. We've had to go to great lengths to keep my cousin with Down syndrome away from others. [Here's some research on the topic out of the UK/Science Mag.](#)

Jane Lessard, Vallejo

Hello. I would like to humbly request that residents of group homes for the intellectually disabled be given high priority in the distribution of the Covid-19 vaccine.

J A

Due to medication, I am immune-supressed and have had to self-isolate in 2020. Based on recent communications from this committee about vaccination groups and timing of doses from the Federal government, I will be isolating for over 12 months. A full year of my life, alone.

The CDC is now recommending prioritizing individuals with compromised immune systems in 1-c alongside a large group of "other" essential workers. I really hope that you will consider one of the following paths forward:

A) Move those under 65 and with underlying health conditions to 1-b. There is reason to think 65 year olds are at significant risk of death and severe disease, as are immunocompromised people like me. This would be the most ethically sound approach.

B) Should you adopt the CDC's guidelines for 1-b and 1-c, sub-prioritize the levels of 1-c to make sure that healthy essential workers in industries listed by the CDC (i.e. finance, media, legal) are kept behind the many high risk individuals like us who have already been relegated too far back in line for this vaccine. The CDC is already discussing putting "other" essential workers behind high risk and the elderly in 1-c, so this is a natural progression to keep the vaccine distribution equitable.

C) Stratify those under 65 with underlying health conditions so that those with the most risk are vaccinated first.

Peggy Simons, Ph.D.

The CDC guidelines include "group homes" along with LTCF residents and staff in Tier 1a, just after medical staff receive vaccinations.

The advice we have received from DDS, however, is that facilities that are not licensed life care facilities - but at which services for residents are funded by State Regional Centers - will NOT receive vaccines from CVS or Walgreens in Tier 1a. This seems to be the opposite of the CDC recommendations.

Even non-licensed child care staff are considered essential workers, yet the disabled and medically fragile disabled adult children (DAC in the language of Social Security) they may care for in assisted living facilities will have to wait.

Can you comment and suggest a way for these residents and staff to be vaccinated?

Mike Warren

I am asking that the developmentally disabled consumers and their caregivers in group homes be a priority for the covid 19 vaccine. They are severely restricted and are having very difficult time. This is through no fault of their own. I understand health care workers are first in line, and then first responders like police and firefighters, but then can the disabled be next.

Deborah Witherspoon McFatter

On behalf of Stuart Gavin McFatter, our adult son who has CP, is visually impaired and non-ambulatory, we are writing to request that he and others like him who live with assistance in their own apartments or homes be moved to Tier 1B for the Covid vaccination.

Because of his physical limitations, he has 9 different individuals coming in and out of his apartment. These assistants are also in other individuals' homes, as well as in their own homes,

so chances of exposure to Coronavirus are increased. Therefore, we ask that he be considered as eligible for the Covid vaccination ASAP.

Larry McFatter

My adult son, Stuart Gavin McFatter, has CP, is visually impaired and non-ambulatory. I am writing to request that he and others like him who live with assistance in their own apartments or homes be moved to Tier 1B for the Covid vaccination.

Because of his physical limitations, he has 9 different individuals coming in and out of his apartment. These assistants are also in other client's homes, as well as in their own homes, so chances of exposure to Coronavirus are increased. Therefore, I ask that he be considered as eligible for the Covid vaccination ASAP.

Hilary Giovale, MA, Interdisciplinary Creatrix

On behalf of Stuart Gavin McFatter, my brother who has CP, is visually impaired and non-ambulatory, I am writing to request that he and others like him who live with assistance in their own apartments or homes be moved to Tier 1B for the Covid vaccination.

Because of his physical limitations, he has 9 different individuals coming in and out of his apartment. These assistants are also in other individuals' homes, as well as in their own homes, so chances of exposure to Coronavirus are increased. Therefore, we ask that he be considered as eligible for the Covid vaccination ASAP.

Pam Ford, Redlands

I know how challenging it is to figure out who should get the vaccine next.

I just want to make a suggestion based on a situation our friends face. Their son Stuart Gavin McFatter who will be 45 next week, lives in a Pasadena apartment. He is blind and has CP so he needs assistants. There are 9 different assistants in and out of his apartment regularly. Some of them have received the vaccine already which is great.

Gavin's living situation is not in a group home, so he can be overlooked by the developing vaccine priorities. Because of his vulnerability to the virus and because of the number of staff in and out of his apartment regularly (and the number of other clients these staff members see regularly), it seems like people in this situation should get vaccines sooner rather than later. I hope he will be vaccinated soon.

I'm 70 but I can stay home and stay away from people so I don't need the vaccine as quickly as Gavin and others like him do.

Renee and Drew Perry, Parents and Caregivers

We are very concerned about receiving the necessary vaccine for ourselves and our 33-year-old, medically fragile, severely developmentally disabled son with a rare genetic brain disorder, lissencephaly, grade 1. (His brain is perfectly smooth with no convolutions.)

We are his 65-year-old parents who provide continual care 24/7 in our home as his sole providers, and due to the high risk of exposure, we have not been able to have any caregiver assistance within our home since this pandemic began. Our son has always been at extremely high risk for respiratory complications and death due to infections. He also has seizures nearly every day and sometimes more than once per day. If our son were not living with us at home, he would be placed in an intermediate care facility. We are very concerned that there does not seem to be anything in the current California COVID-19 Vaccination Allocation Plan, Phase 1a or 1b, for individuals who are not just high risk but also medically fragile and highly vulnerable who live at home, in small care homes, or in intermediate care facilities.

While Phase 1a, Tier 2 of the California Vaccination Allocation Plan does address *workers* in intermediate care facilities, it does not seem to address residents in these facilities, nor does it address those residents living in private homes or in small care homes. We believe that all medically fragile individuals should be given a higher priority than simply having them grouped with other high-risk individuals from the general population.

Please be aware also that since the pandemic started last winter, many families have either pulled their loved ones out of congregate settings or have refrained from placing them in these settings. This has placed a huge emotional burden on the families at home, as well as resulted in a great financial burden on the facilities who have lost residents.

Perhaps most disturbing of all is that medically fragile, highly vulnerable individuals who are given a lower priority for vaccination now may be the very same persons first to be denied care should our hospitals be forced to ration care. Our most vulnerable citizens deserve better.

Madeleine B. Chollet, MD PhD, Internal Medicine, Allergy and Immunology

I am writing to you as a physician in California regarding 1b prioritization for the COVID-19 vaccine. As you know, the ACIP (Dec 2020) recommended that “frontline non-healthcare essential workers” (including firefighters and police, teachers and school staff, agricultural and grocery store workers, corrections officers) and individuals age 75 years and older be included in 1b while individuals age 65 and older, high risk adults, and the remaining “non-healthcare essential workers” be included in 1c. In contrast, the National Academies of Sciences, Engineering and Medicine (NASEM) recommends that phase 1b include high risk individuals age 16+ with two or more comorbid conditions and adults age 65+ living in congregate or overcrowded settings.

As per the Kaiser Family Foundation analysis published 12/14/2020, of the 21 states with published 1b criteria, only 8 follow ACIP for phase 1b and 5 follow ACIP for 1c. Many states have thus veered from the ACIP's recommendations, primarily favoring those 65+ and/or those with high risk medical conditions over non-healthcare essential workers. Texas and Florida have already started vaccinating high risk patients aged 65+.

I would like to advocate that California take a similar approach and include more high risk patients in 1b. Specifically, I would like to advocate for patients age 16+ with two or more medical comorbidities as defined by the CDC to be included in 1b.

- Individuals with 2+ medical conditions have a 4.5 adjusted rate ratio for hospitalization and individuals with 3+ medical conditions have a 5.0 adjusted rate ratio for hospitalization as compared to healthy individuals (Ko et al., 2020). For comparison, individuals age 65+ have a 2.6 adjusted rate ratio for hospitalization. California's hospitals are currently at capacity due to COVID-19 and there are limited beds for patients needing beds for elective surgeries and for other medical problems (e.g., myocardial infarctions, cancer, sepsis, motor vehicle accidents, etc). We need to target those most at risk of hospitalization and death.

- Patients with 2 or more comorbidities are found throughout many sectors of the economy. Many workers have felt left out of the vaccine prioritization despite being frontline essential workers and at high risk due to medical comorbidities; these workers would now be prioritized. From a logistics perspective, these patients can be identified by their physicians/healthcaresystem for vaccination rather than needing to be identified by their place of employment. This would provide critical access to the vaccine for employees of small independent businesses. We have already seen in Phase 1a that providing access to the vaccine to small, independent businesses is a challenge. Frontline independent community physicians and medical staff without hospital privileges are currently struggling to find access to the vaccine. Using a two-pronged approach where California targets both essential workers through their job and medical comorbidities will provide two different avenues for Californians to access the vaccine.

- There is not sufficient data to say whether vaccination stops transmission of COVID-19. Although we hope that the vaccine stops transmission and there is some data to suggest that the Moderna vaccine limits transmission, this remains an unanswered question. Primarily targeting individuals by type of employment may not limit spread of the virus and would also delay protection for those at most risk of hospitalization and death from COVID.

Many high risk patients, such as cancer patients, pregnant women, and immunocompromised patients cannot isolate regardless of their employment status because they need to access medical care regularly and/or live with individuals at risk of spreading COVID. These patients will be left behind using a scheme that primarily targets the vaccine by employment. Women in particular have left the workforce during the pandemic due to family/caregiving obligations and women will be disproportionately impacted by a prioritization scheme based on employment.

Lastly, on a separate but related point, I encourage you to include pregnancy as a high risk medical condition when forming a prioritization scheme. Pregnancy is on the CDC's list of high

risk medical conditions and yet has not been listed in criteria for prioritization on several public health vaccine prioritization sites across the nation. Although we do not have safety data regarding the vaccine in pregnancy, the FDA and ACIP have both stated that pregnant women should be allowed to make their own decision regarding the COVID vaccine. ACOG and SMFM both support pregnant women having access to the COVID vaccine as pregnant women are at an increased risk for hospitalization and death. Prioritizing this population would protect both women and their babies.

Ilana Meskin, Los Angeles area

After essential medical workers, those over 65 AND have underlying condition should be first in line, then those over 65 generally.

Bill Medlin

I notice that the following two groups are included in Phase 1C. Note that healthy persons aged 50-64 have the same priority as those in that age group with underlying health conditions or disabilities. This seems wrong to me. Those persons aged 50-64 with underlying health conditions or disabilities should be included in Phase 1B.

- Individuals 50 -64 years of age
- People 16-64 years of age and have an underlying health condition or disability which increases their risk of severe COVID-19

Jill Neiman

As a 58-year-old woman living with metastatic breast cancer, I implore you to include people with metastatic cancer, *of all ages*, in tier 1b with those from 65-74 with serious medical conditions. This modification would avoid needless deaths, and could be easily carried out. There is room to modify your other categories to increase the availability of vaccine in tier 1b, for example, by postponing the vaccination of those who have already contracted COVID-19, and who, thus, likely are immune from the disease for at least six months.

First, people with cancer are among those most vulnerable to COVID-19. The CDC's own website lists people with cancer first among those at high risk of severe disease: "Adults *of any age* with the following conditions are at increased risk of severe illness from the virus that causes COVID-19: Cancer. . . ." (italics added). <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html> People with metastatic breast cancer, breast cancer that has spread beyond the breast to other parts of the body, must undergo cancer treatment for the rest of their lives, and likely are even more at risk than others with cancer.

Second, people with metastatic cancer cannot self-isolate, unlike many of those 65-74 with conditions that make them vulnerable, such as the obese. We must regularly go into hospitals or

clinics for treatments, medical appointments, scans, and tests, and some people require surgery, radiation, emergency room visits, and assistance at home. Many are receiving less than optimal care due to efforts to avoid infection with COVID-19. For example, I go in to UCSF's infusion center every three weeks and three days for injections and blood draws. My oncologist and I modified the recommended schedule of the drugs I am receiving to reduce exposure to the coronavirus. One drug is approved to be administered every four weeks, and the other every three weeks, but I get both every three weeks and three days to avoid additional trips to the infusion center. Similarly, my platelets have been low due to treatment, and although I often have gone in for blood draws between treatments to check platelet levels, we sometimes have guessed at whether the platelets were high enough to take the oral CDK4/6 inhibitor I am on so as to avoid another visit to UCSF.

Third, the risk of COVID-19 limits treatment options for metastatic cancer patients (or renders the treatments riskier), which could indirectly reduce life expectancy. Enhertu, an excellent treatment for my type of cancer, for instance, occasionally causes interstitial lung disease/pneumonitis. As my oncologist noted, this drug is not a good choice in the middle of this pandemic. If I receive the vaccine, however, this choice would become a great one. Similarly, many chemotherapies are given weekly, and radiation is given daily for several days. I will avoid these options, if at all possible, until I can get the vaccine. Clinical trials, a mainstay of treatment for advanced cancer, typically requires more frequent visits to the clinic, and, therefore, are now a riskier choice.

Finally, vaccines could easily and efficiently be given to metastatic cancer patients. Our treating oncologists can order the vaccines to be given at their clinics or cancer centers, and the hospitals or clinics can use their usual messaging modalities to notify patients of the time of their appointments.

There is room for modifications to the current vaccine plan that could free up additional doses for metastatic cancer patients early in the vaccination sequence. For example, recent studies have suggested that immunity from COVID-19 persists for at least six months after infection. <https://www.nejm.org/doi/full/10.1056/NEJMoa2034545?s=09>. Therefore, essential workers, prison inmates, or homeless people in congregate settings who already have contracted the disease could get their vaccines later in the process, such as over the summer or at the beginning of September. Given the large outbreaks in prisons, meatpacking plants, homeless shelters and among fieldworkers, many doses of the vaccines would then be available for metastatic cancer patients. Teachers only should be at the front of the line for vaccines if they are going to teach *in person* this school year. (Currently, no plans have been submitted for public middle schools or high schools to open in San Francisco for in person instruction, and the school year ends on June 2.) If not, they can wait until the summer to be vaccinated. Given that their job is during the summer, camp counselors could be vaccinated in the late spring, when it will be clearer whether their camps even will open.

Lastly, California should restrict tier 1b and 1c vaccines to those essential workers whose job presents a *significantly* increased risk of infection, and who are currently going into work. Employees at businesses that are closed due to the pandemic, or who are able to work from

home, should not be given a priority in vaccination. After all, a vaccine given early to such an essential worker is one vaccine that is not given to those of us who face a severe risk of dying from COVID-19.

Don Bethune

I am hoping that the Community Vaccine Advisory Committee will consider prioritizing people who have IgA Vasculitis also known as Henoch-Schonlein Purpura (HSP) for vaccination as early as possible. One effect of this condition is that respiratory infections can lead to an abnormal immune response that damages the person's own kidneys or other organs. In a fraction of cases, particularly in the case of adult onset HSP, this damage can be permanent and cumulative, ultimately leading to kidney failure. It has been documented "that coronaviridae were implicated in induction of several post-infectious vasculitides, namely, KD, AHEI, and HSP. This occurs in genetically susceptible individuals to vascular inflammation."

Egypt Pediatric Association Gaz. 2020; 68(1): 21. Published online 2020 Jul 1. doi: [10.1186/s43054-020-00029-9](https://doi.org/10.1186/s43054-020-00029-9)

I bring this to your attention as the son of a father who died of HSP related kidney failure at age 44, and as the father of a 41 year-old son who has adult onset HSP with kidney involvement. My son is married to an OT who works in senior care centers and is a frontline care provider.

Eric Lopez

I understand that you are considering who to distribute the next round of covid-19 vaccinations to. Please consider people with auto-immune conditions in the next round. People with auto-immune conditions, like myself (Addison's disease) have to fight harder when we get sick. When I get the flu, I need to go to urgent care, when I get seriously ill, I need to go to the ER. The same goes for other auto-immune conditions. I've been lucky and haven't contracted covid-19 yet, but I'm worried what will happen if I do since my body can't fight off serious medical issues like that on its own.

Zachary Sire

People with underlying conditions of ALL ages should be in the next group to be vaccinated. People who are 35 years old with underlying conditions are just as vulnerable to deadly infection as are people with no underlying conditions who are older than 65. In fact, younger people with underlying conditions are often even MORE at risk than someone who is 65 or older. Do not make people with underlying conditions have to wait until April or May. What would be the point of that? So people with underlying conditions get vaccinated along with everyone else? Nonsense. People with underlying conditions of all ages should be next in line, along with old people and other essential workers.

Karim Elfshawy

I have CLL (a lymphoma) and if I contract Covid, there is a 37% fatality rate. Otherwise I am relatively young (56) and healthy with a good prognosis. I have 2 teenage girls. The 37% Covid fatality rate is higher for people with CLL than that of the elderly, and I was hoping to put in a word to prioritize people with pre-existing conditions along with the elderly in receiving the covid vaccine.

Daniel Franco

I strongly encourage that individuals that have a confirmed long term auto immune disease (immunocompromised people) should be next in line for the vaccine.

In my case (psoriatic arthritis) plus I am on Humira which lowers the immune system should be next. And all immunocompromised people too.

Lauren DeMarti

I've recently read the LA Times article listing the proposed prioritization of the covid vaccines. In the next two drops, I don't see any mention of individuals who are immunocompromised.

Because of a chronic illness as well as the medication I take to combat it, I am immunocompromised and was even forced to leave my job because it is too high-risk for me to be in public.

When will those with health conditions that are high-risk be considered? I'm shocked and appalled that those like me are not considered for the next two upcoming vaccine lists. Since the beginning of the pandemic, doctors have been advising those who are "high-risk," like myself, to take extra cautions. Why then are we not included?

I strongly advise the team to reconsider and to offer high-risk individuals with compromised immune systems the vaccine earlier. Our immune systems are not strong enough to fight off the virus.

Stuart Fine

Thank you for all you have done and are continuing to do with the pandemic crisis. In regard to who is next --- I will be 64 very very early January. I have prostate cancer plus high blood pressure. Where would that fall in the scheme of things? I am not anticipating an answer, if you have one great, if not i imagine an answer will be published in the near future.

Susanna

I'd like to suggest vaccinations for those who have underlying conditions. They seem to be a group of people who have suffered most (aside from elderly) from this pandemic.

Deborah Marcus, San Rafael

I would urge members of the committee to consider early vaccination of those of us at risk because of health issues. Because my cancer diagnosis makes me more vulnerable, I'd like to protect myself as soon as possible.

Anonymous

As a multiple immune compromised couple - we are very concerned about when we will get the vaccine. We want to be fair and research probabilities of patients already in danger in the hospital along with what most people's ages, extenuating health and dangers seem most obviously troubling. To avoid them being infected and entering hospital with small chance of survival is of utmost importance, we do realize we both have not just one immune problem but two or more, so we are in a dramatically terrible group. It is a horrific conundrum and I and my husband who is asthmatic and diabetic are glad we do not have to decide personally. We really are scared by now and seeing the frightening rate of transmission, we hope we hear soon we are next. Good luck and God Bless !

Ilana Meskin, Los Angeles area

After essential medical workers, those over 65 AND have underlying condition should be first in line, then those over 65 generally.

Jason Spelkoman

My name is Jason Spelkoman. I live in Los Angeles, am 42 and suffer from an autoimmune disorder called GPA, formerly Wegeners granulomatosis. I have lived with it for over 20 years. To treat this disease I take medication which inhibits my immune system like rituxan and cellcept. This has left me very vulnerable to disease, especially covid19.

I'm writing to plead with you for quick access to the covid vaccines. I may not be over 75 but according to my rheumatologist I have the immune response of someone around 100. I have hardly left my house in 10 months and don't do any of my own shopping. Please take me and people like me into account when you determine the order of access to vaccines.

Robert Heckel.

Persons with underlying conditions and those over 64 should precede so-called “essential workers” - like lawyers - who can work from home. There should be tiers within the overly broad and unmanageable essential worker category in Phase 1c.

Faraaz Khan MD

Please prioritize the Covid vaccine for people with comorbidities such as cancer

Stephen Kenis, West Hollywood

Please prioritize risk of death to receive coronavirus vaccination – those of us over 75 with comorbidities.

Jeannette Goncalves, C/O Gilberto Goncalves

Hello, I am currently caring for my father at his home. We go to chemo treatments once a week and I fear it so much because if he catches covid he would not survive it. I have added three images to demonstrate this. I was wondering how I could get him on the priority list for the vaccine. I have spoke to all of his doctors and they have all said YES, they definitely recommend it for him. So, any information you could provide for me on how to get an appointment for him would be greatly appreciated.

Thank you much in advance and God bless,

Jessica Sidu

Please prioritize those who have serious underlying conditions such as heart disease, diabetes, organ transplant, COPD, autoimmune condition, cancer etc. Specially if they are over 50 & already have much higher odds of dying. Many states have already put their seniors and those with serious diseases ahead, right after the healthcare and first responders. While we understand opening the economy is important, please value the human life more. For 9 months we are sitting in our homes & some like me are juggling some work from home while taking financial losses too. But our mental and physical health is fast deteriorating as we can't step out at all.

James Slusher

In regards to who's next for the vaccine...I want to know where do those of us 70 yrs of age that have both heart problems and diabetes (high risk) fit into this schedule? Did high risk get pushed aside?

David J. Gordon

In determining priority of COVID vaccination, please consider the benefits of vaccinating immunosuppressed transplant recipients. These individuals, many of whom lead healthy productive lives, are a particularly high risk of severe illness and death if they contract COVID. In addition, the likelihood that they will contribute to the strain in the health care system is pronounced.

Joshua Carrillo, South Pasadena

First, let me say thank you. Thank you for taking on this tremendous responsibility of advising who should first receive access to this precious COVID-19 vaccine supply. I'd like to make the case that those with pre-existing health conditions be moved up closer to the top of the list for these inoculations. I understand the current focus is on age and economic disparity, but I feel that the science supports the fact that inordinately high death rates also occur when other co-morbidities are present, such as diabetes, smoking, illnesses that affect the immune system (cancer, lupus, HIV), obesity, etc. You know the list. You may have helped shape it.

As someone who is immunocompromised, I watch in horror as the infection rate around me in Los Angeles has skyrocketed and the healthcare system teeters on the edge of collapse. I haven't left my home in months, despite the urging of my family and friends to "not live in fear" and to "not be manipulated by the media." I choose to self-isolate knowing the immense risk that I put myself in the moment I step outside my house. A vaccine vaccine for someone in my position means a hospital bed made available to someone else. It means the slightest dulling of the anxiety that has been ever-present in the pit of my stomach since early March. It means confidence walking into a grocery store to grab a gallon of milk and some eggs.

Thank you for taking the time to read this message and to consider my voice among the many you are no doubt listening to. I appreciate your service to the community at large.

Chunyi and Jeff McIver

You should prioritize the thousands of people who are on dialysis because of kidney failure. This is a population of sick and vulnerable people who will not fare well if they catch the Covid virus. Just like people in long-term care facilities, dialysis patients are in need of special attention due to their condition. Please also see the CDC site listing Dialysis as one of the first group to be vaccinated.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/hcp.html>

Please prioritize dialysis patients.

Bonnie Trincherro Sunday, December 20, 2020 9:40 PM

KIDNEY FAILURE PATIENTS ON DIALYSIS SHOULD RECEIVE THE COVID VACCINE FIRST!

They are at extreme risk!

Gualdalupe Lopez

Mi nombre es Guadalupe López, y yo quisiera saber, cuando los personas con problemas médicos, vamos hacer vacunados, por orden de mi doctor no he salido más que a citas médicas y con miedo, próximamente necesito otra cirugía, y tengo miedo de estar en el hospital, tengo trasplante de riñón, alta presión, prediabetes, artritis, y ya se me va a cantar la incapacidad y ya no podré trabajar hasta que me recupere, y es poco el dinero que se me da, y no puedo regresar al trabajo hasta que sea vacunada porque trabajo, en restaurante, y me gustaría saber cuando yo puedo recibir la vacuna por favor, contésteme. Gracias por su atención

Translation (via online program)

My name is Guadalupe López, and I would like to know, when people with medical problems, we are going to do vaccinated, by order of my doctor I have only gone out to medical appointments and afraid, soon I need another surgery, and I am afraid to be in the hospital, I have kidney transplant, high pressure, prediabetes, arthritis, and I will already be able to sing the disability and I will no longer be able to work until I recover, and there is little money I am given, and I cannot return to work until I am vaccinated because I work, in restaurant, and I would like to know when I can receive the vaccine please answer me Thank you for your attention

Joachim H. Ix, MD, MAS, Professor of Medicine, Chief, Division of Nephrology-Hypertension, Vice Chair for Faculty Affairs, Department of Medicine, University of California San Diego

I am emailing for additional guidance from CDPH on timing of vaccination for hemodialysis patients. On Phase 1 Tier 1a the CDPH guidance calls out dialysis clinics.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CDPH-Allocation-Guidelines-for-COVID-19-Vaccine-During-Phase-1A-Recommendations.aspx>

The interpretation locally is that this is intended for health care workers at dialysis clinics, but not the patients. Is that correct? Can you please give guidance about whether dialysis patients should be included within phase 1A?

They may reside at home rather than a nursing home, but would seem to qualify as “similar long-care settings for older or medically vulnerable individuals.” (These patients must come in for dialysis 3X per week for life sustaining treatment, are extremely vulnerable, and have been disproportionately affected by COVID as a result).

Denise and David Gill

First of all thank you for all your hard work during this COVID 19 epidemic. These are unprecedented times and we appreciate your efforts on behalf of all the people of San Diego.

The goal for vaccine is to limit ICU patients and not overwhelm the health care system. Those who require ICU are usually the elderly and those with pre existing conditions.

We are concerned that those with pre existing medical conditions and 65 and older got moved from 1B to 1C. Most of those in the 1B category are healthy adults. If they did have a medical condition, they could be vaccinated under medical conditions.

Our adult daughter has a severe congenital heart defect called tricuspid artresia. She has had several surgeries including 2 open heart surgeries. If she got covid, she would be very sick, requiring ICU and could possibly die. We also have a 90 year old parent with cancer and pulmonary issues living at home. Please consider those people in California who have severe medical conditions and are 65 and older, when considering the vaccine disbursement plan for them. Please consider re-instituting the original distribution plan, which placed underlying conditions and 65 and older in the 1B category. This will ensure that those with the highest risk of overwhelming the health care system are given priority for vaccination.

Dianne Rath

My age does not matter nearly as much as the fact that I have had bronchitis and asthma since age 2. I have also had COPD since 1984. Don't think I have a chance to survive without getting the vaccine soon.

I am active but am 82 years old. Please help.

Una Damon

Please give people with underlying conditions priority to receive vaccine next. I have spinocerebellar ataxia and the NAF has determined that ataxic patients who contract Covid are at high risk for developing severe respiratory problems.

I suffer as it is every day with ataxia. I cannot imagine what it would be like with corona on top.

Please!!

Praveena

I'd like to add a comment/ request to the covid vaccine deployment priorities in California.

CDC website (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>) states two sets of people - one set is “ people who ARE at increased risk “ and the other set is “ people who MIGHT be at increased risk “ . The first set gets prioritized in Phase 1c to get the covid vaccine. Please also consider prioritizing vaccine to people who “MIGHT be at increased risk for severe illness from the illness that caused Covid19” . Here are excerpts from the CDC website for reference .

ARE at risk :

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m² or higher but < 40 kg/m²)
- Severe Obesity (BMI ≥ 40 kg/m²)
- Pregnancy
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus

MIGHT be at risk :

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Overweight (BMI > 25 kg/m², but < 30 kg/m²)
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

In my case I have two comorbidities in the above list (two comorbidities from “MIGHT be at risk list category”) putting me at an elevated risk compared to the regular population. I really hope to get people such as myself get some priority for vaccination.

Julia Lambson, Redlands

As you consider priorities for the second tier of distribution, I hope you'll give more thought to people with significant comorbidities rather than young, healthy people in some dubious peripheral “essential industries” and arbitrary age cut-offs for people without comorbidities.

We know that healthy young people are contributing the spread of the virus at the highest rate of any other group, often due to irresponsible behavior. Does that mean they should receive the first vaccinations? I think not.

I am 60 with an autoimmune disorder and heart disorder. I will probably die if I contract covid. I have been quarantining since March 2019. Your most recent draft of distribution priorities puts me so far down the list that I'll be in quarantine for many more months, if I survive that long in my multigenerational household.

Adeline Wu

Please do not forget that those with significant underlying health issues (as specified by the CDC) of any age are at far greater risk of dying from covid and should be prioritized.

Linda Casper

I work in public education with students in person. My colleagues are getting sick. I'm afraid to go back to work in January. Please help us.

**Robin Wiener, JD and former RN, 66 years old (with no high-risk medical conditions)
Davis**

It sounds like the decision makers are prioritizing a lot of less essential and not-at-risk “essential workers” before young and middle-aged adults with serious medical conditions that put them at grave risk of serious complications or death if they get Covid. To make matters worse, it sounds like the number of people (and categories of workers) being labeled as “essential workers” is huge compared to the number of adults with the kind of medical conditions that put them at serious risk if they get Covid, pushing this vulnerable group much further back in line. This is not right. As a decent society, the just and compassionate thing to do is to protect our vulnerable people before vaccinating large numbers of healthy young and middle-aged adults who do not have risk factors and are not medical workers. Healthy construction workers, truck drivers, and other people with similar low-risk jobs can wait an extra few weeks while we vaccinate our medically disabled people. Young and middle-aged adults with medical conditions who put them at risk should be vaccinated at the same time as or right after the over-75 group, before the ridiculously expanding, loosely defined category of purportedly “essential workers.”

Jim Felten, MPA

I am a retired 30 year California State employee with the Division of Communicable Disease Control, including Acting Division Chief overseeing Immunization and other programs). I also spent 5 years as a San Bernardino County's Public Health Director. I am gratified to see the rapid rollout of the Covid 19 Vaccine efforts in California. In review of other state protocols, I am impressed with Colorado's inclusion of "high-risk" individuals (immunocompromised; heart disease, cancer patients, etc. at any age) into their Phase 2 Priority, rather than having to wait for vaccination with the general population, which could be pushed to the end of 2021. From a public health perspective, I believe it would be beneficial for California to adopt Colorado's recommendation and include these persons in our Phase 2 priority. They are the most likely to end up in the hospital, require ICU beds and staff time, and ultimately are at highest risk of dying from Covid.

Catherine McEvilly

I write to express my strong views that cancer patients currently in treatment must be given priority in getting the vaccine. My 48 year old sister with 3 children, 16, 14 and 10, was recently diagnosed with breast cancer. She should get the vaccine ASAP because she has a life threatening illness already. She needs protection from Covid ASAP. Please give priority to my sister and thousands of other cancer patients!

Julie McEvilly

I am a 48 year old mother of three. My youngest just turned 10. This summer I found a lump in my breast. I called my OB who got me in to get a diagnostic mammogram. Unfortunately for me the radiologist said it was definitely benign and either a swollen lymph node or a harmartoma. When I asked him why I would have a swollen lymph node in my breast he said "maybe you played with it." He said come back in a year. The mass continued to grow so I reached back out to my OB. The radiologist was wrong- I now have stage 2b breast cancer and it was found in one of my lymph nodes. I will need chemo.

Please prioritize cancer patients for getting the vaccine. I think it's appalling that you are prioritizing people in their 90's over people like me. My children need me. My teenage son has a job where he comes in to contact with the public. I don't want my 10 year old daughter to grow up without a Mom.

Kristina Lockwood

I would urge you to move people who have underlying conditions that put them at risk of severe COVID up ahead of the homeless, who often opt out of medical services. I am relatively young (46), but have asthma with a recent history of pneumonia. My doctor says that I am at extremely high risk of developing pneumonia should I get COVID. My husband is also high risk, as he is

obese with a heart condition. We have essentially not left our home since March. I have not gone grocery shopping, seen my family or done anything at all.

I am a prisoner in my own home because should either of us contract the disease, we are at extremely high risk, according to our doctors. Yet somehow, I see that asthma isn't even considered a risk category that would allow me to get vaccinated, and even high risk people are low on your initial priorities. I urge you to reconsider.

Pablo Pereira

Please, please. There are some of us fighting terrible disease like CANCER. My Oncologist says I am very high risk since my bodies immune system already works hard enough to try and fight it. Covid-19 just assure a death sentence for those of us already fighting for our lives.

I am a 60 year old male who was first sent home by my "former" employer because I was high risk.

Sheri Balsler

Is there any consideration for when the vaccine could be administered to individuals who may have medical conditions that would make them high risk of having serious complications if they contacted the virus? Individuals that may have heart disease or other conditions should be considered as high risk as anyone 65 or older.

Cynthia Holthouse

How do I find out when I am able to receive the vaccine? From what I've read, I should be in the first few groups of vaccines because of co-morbidities.

I am a lung cancer survivor, never smoked, and my asthma is severe. I'm susceptible to contagious flu's and I feel I would not survive Covid 19.

I am a loan officer and work in a low to moderate income community. My profession requires me to present payment options, affordability to clients who are trying to purchase a home. Some can be helped on line, however not all applicants understand the various computer uploading applications and prefer to bring in their tax returns, paystubs, etc. I am considered an Essential Worker in Finance, primary wage earner for my family.

Who do I contact to be added to the list? Receive vaccine?

Susan Munson

Please include folks over 65 with underlying health conditions in the 1b phase of vaccine distribution. They are more likely to experience severe illness and require hospital admission than younger essential workers.

Garry Bormet

In addition to 75 and over, please consider including in the second phase of vaccination people who are 65 and over with health conditions such as respiratory ailments, diabetes, hiv positive, heart conditions, etc.

Sharon Hall, Woodside

I see that the current plan is to include individuals over the age of 74 in the next priority group. This is a wise and ethical decision. As we all know older individuals bear the brunt of mortality with this disease. And, for the most part, they did not have organized groups to advocate for them, as do others at risk. I hope the state will agree to the proposed priorities.

Lawrence Stern

I have been reading all the articles I can about the next groups to receive the vaccines in phases 1 b and 1 c.

PLEASE allow those of us who are living with HIV/AIDS to be in the next phase - either 1 b or 1 c –

Clearly, since the CDC suggested that people who face serious effects or increased rates of death because of immune system problems and diseases, those of us with HIV/AIDS fall under this category. Recent studies published in the US and in Europe document the much higher risks of intensive care or death for us if contracting Covid.

Not sure how this vaccine rollout will work for us (I am a Kaiser patient) but I plead with you to include those of us with HIV/AIDS in the next, imminent rollouts. We are so vulnerable and with cases skyrocketing in LA, trying so hard to stay safe and healthy and the vaccine is what will keep us alive.

Andrew Pannell

Hospitals are filling up beyond capacity—that makes it IMPERATIVE that individuals with compromising illnesses be prioritized regardless of age.

Paul Wild

My wife is an RN in an 70 bed Skilled Nursing Unit in Sonora CA. Yesterday she received her first Phizer vaccine.

In her units there are 7 covid infected residents, now isolated. Over the last week there were two Covid related deaths.

In her units (not the main hospital) there are approximately 10 full time RN's (perfectly capable of giving the vaccine shots).

It is sad/wrong that the sick/dying residents have to wait for CVS pharmacy to come to administer the vaccine (after the first of 2021) while the vaccines ARE available AND while vaccinated, capable staff are standing by.

This is just wrong and needs to be corrected. Residents of care facilities and their care-givers should be prioritized together. The pharmacy has no place in this and is only obstructing the care process.

Dr. Paul DiLorenzo, PhD

As someone with Beta Thalassemia Major and the President of a non-profit organization serving the Thalassemia community in California (Thalassemia Support Foundation - www.helpthals.org), I would like the committee to seriously consider moving Thalassemia patients higher in the prioritization to phase 1B due to a few reasons:

1) We are immunocompromised and the CDC rightly recognizes Thalassemia as an increased risk of COVID-19. See <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

2) Thalassemia is a rare blood disorder which requires us to get blood transfusions in a hospital (6-8 hour procedure) every 2-3 weeks, constantly putting us at risk of contracting COVID-19. We DO NOT have the option to isolate.

3) Due to it being a rare blood disorder, you will not be getting a large set of emails/letters from our community or from large organizations. Instead I hope you will consider our risk of contracting COVID-19 and our higher risk of hospitalization/death.

In addition, I would advise the committee to review the CDC list of people with medical conditions, and consider moving certain people with high-risk medical conditions that don't have the option to isolate and stay safe due to their medical condition.

Finally, anytime I heard about the vaccination prioritization, there seemed to be a clear consensus that people 65+ or with underlying conditions that are most susceptible to this virus

would get vaccinated after front line health care workers. I am surprised to see this shift of vaccinating essential workers over this group that is most susceptible to this virus. It seems like we are putting the economy and jobs over our lives.

Tracey Flourie

I am the parent of adult son with intellectual disabilities and three debilitating disorders: Lennox-Gastaut Syndrome, a catastrophic form of uncontrollable epilepsy; Myasthenia Gravis, an auto-immune, progressive, neuro-muscular disorder; and Lupus Panniculitis, an inflammatory and disfiguring skin condition. Despite all these adversities, he is able to live on his own, with care from Licensed Vocational Nurses and Direct Support Professionals. Without them he would be confined to a Skilled Nursing Facility.

Given his chronic respiratory difficulties and a compromised immune status, he would surely die if he were to become infected with COVID-19. It is imperative that my son, and others like him, be considered for early vaccination. Perhaps even more importantly, the home care nurses and caregivers who maintain my son's safety, health and life should be given vaccine priority as committed and heroic and essential support professionals.

I support the Arc of California, and their vaccine prioritization recommendations.

**WRITTEN PUBLIC COMMENT TO
COMMUNITY VACCINE ADVISORY COMMITTEE (CVAC)
Submitted from December 22, 2020 through January 4, 2021
PART 2**

Alice Robertson

Please vaccinate the teachers of elementary school children as soon as possible. Our children so desperately need their examples, leadership, compassion, social experience and education. Without our public schools, we have even more inequality for our children.

Michal Amir, MD

Thank you for your hard work, trying to keep California safe in these uncertain times. As an obstetrician, I understand how hard it is to balance the competing needs of inter-dependent patients.

I write to you as a concerned parent, as a teacher, and as a doctor. Please provide the COVID vaccine to our teachers, essential workers who belong in the first tranche (1B).

I have two children: my daughter attends Marlborough School for Girls (private) and my son attends Beverly Hills High School (public). I am a tutor for “School on Wheels”, a program supporting the education of homeless children in Los Angeles. And I teach medical students at USC’s Keck School of Medicine.

I have seen the destructive impact of “distance learning” on my children and my students. This education is inadequate -- lessons are less engaging and less instructive, it is difficult to maintain focus on a computer screen for hours, and many children do not have reliable access to the necessary equipment. Being separated from peers causes soul-crushing loneliness. And some unfortunate children are trapped in dangerous living conditions without the respite of school or the caring eye of a teacher.

Our children need to go back to school for their well-being -- academic and social-emotional.

Children are at low risk of developing significant COVID illness. The CDC analyzed more than six months’ worth of data: out of 277,285 COVID-positive cases in school-aged children, 3,240 (1.2%) were hospitalized, 404 (0.15%) required ICU admission, and 51 (0.02%) died (MMWR 69(39), 10/2/2020).

Less easy to quantify is the impact of COVID lockdowns on mental health. It appears that substance abuse, domestic violence, and suicide have all increased dramatically. And the damage to an entire generation’s social-emotional development may have destructive effects on our country for decades.

The preponderance of data indicates that schools are not “super-spreader” sites for COVID-19. The incidence of school-associated COVID cases seems to follow the surrounding community’s pattern. This suggests that it is adults (teachers and staff) who are at risk for getting and transmitting the virus, not children.

Many teachers are frightened of COVID exposure because schools bring people together, breathing and talking in close contact for extended periods of time. Teachers and non-teacher staff are an eclectic group -- various ages, various ethnicities, in various states of health. They are essential workers, educating and caring for the nearly 7 million children enrolled in California’s schools (2019 data, US Census table S0901). As such, teachers and school staff should be included in the first tranche (1B) of COVID vaccine recipients.

Juliet Mohnkern, Director, High Tech Middle Mesa

I am writing today to advocate for teachers to be in the next round of essential works who will receive the COVID-19 vaccine. While this pandemic has had a wide ranging impact, I feel deeply worried about the wellbeing of our children - not just the children in my school, but children across the country.

At an age where they need connection, supporting, and consistency more than anything students have been isolated and thrown into uncertainty. No only are students struggling with immense

academic losses they are grappling with depression and anxiety. More than anything, we want to be there for them right now - in person and consistently.

In addition, parents need schools open so they can be fully present to return their work without worrying about their children.

In so many ways, schools are the foundation of our society and open them, keep them open and keep them safe, teachers need the vaccine.

Mary C. Barlow, Ed.D., Kern County Superintendent of Schools

I wanted to weigh in on the prioritization of and available COVID vaccine. Using the approach of continuous improvement and the importance of data-driven decisions, I believe that the vaccine should be prioritized based on data points such as:

- The actual community transmission rates among vulnerable populations and communities;
- The job classifications that are the most essential to our health and safety (e.g. healthcare professionals);
- Industries / Sectors with the highest rates of community transmission and vulnerable populations (e.g. nursing homes)
- Those most essential to keeping our economy viable for current and future stability.

Schools will continue to play an important role in our communities in terms of distribution, safety and security for students and families. We are committed to our role in the improvement of health outcomes in our communities.

Vicki King, Esq., President, Solana Beach School Board

I am writing to request that K-12 teachers and staff members be offered priority in receiving COVID-19 vaccinations for the following reasons:

- It is best for students to be on site in schools on a consistent basis.
 - Some students are experiencing learning loss due to an equity gap.
 - Families of socioeconomically disadvantaged students are disproportionately impacted by COVID 19.
 - Some students do not have parents to oversee their education while learning from home, some have insufficient WIFI access, or lack the necessary technology.
 - School districts are experiencing a decrease in student social emotional wellness while students are isolated at home, including depression, anxiety and decreased engagement in school.
- In order for students to be on site in schools consistently, teachers and staff must be protected from COVID 19.
 - While we have protocols in place to keep students, teachers and staff safe when they are in school, we are seeing positive cases come into our schools through community spread, potentially exposing teachers and staff members to the virus.

- As a result, we are experiencing staff shortages and sub shortages due to teachers taking leaves of absence to recover from illness, care for family members, supervise their own children in virtual learning, subs not willing to take the risk of teaching onsite during a pandemic.
- The preventative measures, self-isolation and quarantine necessary to prevent the spread has led to teachers and staff members being out for long periods of time, leading to problems finding people to work in every capacity, including custodians, bus drivers and child nutrition staff. Even though some schools are prepared to return to onsite learning, staff shortages are driving school closures. <https://www.sandiegouniontribune.com/news/education/story/2020-12-19/staffing-shortages-are-driving-school-closures>
- Families and teachers are struggling to maintain work schedules while having students learning from home.
- Vaccinating teachers and all staff members would likely lead to:
 - Less teacher and staff absence due to suspected or confirmed positive test results.
 - More teachers and staff willing to teach on site.
 - More sub availability for teachers and staff.
 - Students learning onsite consistently, decreasing learning loss, helping to close the equity gap and increasing social emotional wellness.

These are our next generation leaders, our future. We have learned through this pandemic that students learn best when onsite. In addition, being in school is best for social emotional learning, as well as families. We cannot open our schools and keep them open unless we protect those who teach and make onsite education possible. Please prioritize our K-12 educators.

Laurie Pettit

The next tier for the Covid vaccine should absolutely include teachers. Our children our suffering without in person school. The most at risk group, the people dying from Covid are the elderly. It makes no sense you would vaccinate workers that aren't dying from the virus first. Teachers and the elderly!!! The Federal CDC guidelines absolutely include the elderly in the first tier after frontline hospital employees.

My Dad is 75, has lung disease and diabetes. He carries an oxygen tank. He had an appointment with his pulmonologist last week and he asked about when and if he was prioritized. His pulmonologist told him she had no idea and to watch the news. The politicians are deciding. We have been looking into whether we can drive him to another state that prioritizes elderly that have zero chance of survival from Covid since its looking like CA will be prioritizes mechanical workers, grocery store clerks, Disneyland workers over the people most likely to die from this disease.

Victoria Shapiro

I'm a parent of two girls who desperately need to return to school for a variety of reasons from academics to mental health to social wellbeing. Please continue to prioritize teachers in the vaccination plan so that children can return to school as soon as possible. Thank you for your service to our state and community.

Amy Opheim

Should go to teachers in CA. Our children are suffering a mental health crisis which is a far greater risk than that of COVID. Vaccinate our teachers so our kids can go back to school!!

Jesse Zilberstein, Los Angeles county

The distribution of vaccine is immensely important, not only to the individual receiving the vaccine but to society at large. With that in mind, I highly encourage the committee to keep teachers and all adults over age 65 at the top of the distribution queue- both of those populations have increased need, and teachers in particular are standing in between our schools being shut and open. In order for kids to be back at school and families to begin functioning strong again, economically and mentally, we need teachers protected. And many of our children have grandparents who aren't her age 75, so I also strongly encourage the over 65 group to be given priority.

Brad Waugh

I am currently working at High Tech High International in San Diego. I am one of the staff members who goes onto campus each day to open the school, making it possible for a handful of students to be able to get the support they need to continue learning. I do this work without the benefit of a vaccine and feel safe and comfortable doing so, however most of my colleagues are not as fortunate as I am and are not able to support their students in the same way, while staying and feeling safe.

To fully open our campus, we would need all hands on deck and I am sure the story is the same at

most other schools in SoCal. For this reason, if you feel that reopening schools to live instruction that is able to support all students, I believe that vaccinating those who work in schools will be essential. Given the core role of schools in the social and economic lives of Californian families and workplaces, it is sensible to make these workers the next priority in the vaccination campaign.

Thank you for your time and efforts on managing this thorny problem of how to best serve the needs of Californians at this time.

John Baker

Education professionals who are working daily with students should be prioritized: teachers, administrators, and staff.

Also please consider other healthcare workers such as psychologists and other outpatient providers who are providing essential services.

William Gillum

I am a teachers of 25 years. I wanted to let it be known that I am excited about going back to work, but do not want to put my family at risk to do so. Please consider how much time, money and lives we can save by putting teachers safely back into the classroom and keeping them there with early access to vaccines.

Andrew Masur

Will Educators Spouses get the vaccine when educators get it?

Mr. Lee Young

Self-employed teachers and independent childcare providers need help getting access to the COVID-19 vaccine.

I am a self-employed teacher and my wife is a childcare provider. We both work with children, but we own our own business and do not have an employer to notify us of vaccine availability or provide us with a vaccine.

We need your help to ensure that we are not left behind. Since we are both in essential work in education and childcare, it appears we may be eligible for the vaccine in Phase 1b. Public and private school systems will have no problem setting up their employees, but we do not have anyone to advocate for us.

Any additional guidance you could provide for self-employed or informal learning settings like ours would be greatly appreciated.

Todd Bigelow

I am a long time adjunct professor working both at California State University, Northridge and at the University of California, Los Angeles. The universities obviously need to reopen their classrooms and I want to be assured that the “teachers” category also includes professors and anyone teaching in a public institution. I will not return to the classroom until I receive a vaccine and I have the right to refuse any classes offered.

Amber Baker Ph.D.

Please make it a top priority to protect teachers, administrators, and support staff responsible for educating children in our community. Also, please consider how and when to get the vaccine to outpatient mental health and medical providers. Thank you for your hard work and thoughtfulness in this crucial decision!

Linda Casper

I work in public education with students in person. My colleagues are getting sick. I'm afraid to go back to work in January. Please help us.

Kim Szczurek, President of the Board, Tahoe Truckee Unified School District

I am writing to you representing the Board of Trustees of the Tahoe Truckee Unified School District. The Board and I would like to emphasize to you the critical importance of fully reopening our schools to in-person learning for all of our students. In order to achieve this, we believe it is imperative to prioritize the provision of vaccinations for the adults providing school services to our community.

We very much appreciate that California's planning process for the eventual distribution and administration of COVID-19 vaccines continues to be guided by three overarching principles. They include ensuring the COVID-19 vaccine meets safety requirements, ensuring the vaccine is distributed and administered equitably, at first to those with the highest risk of becoming infected and spreading COVID-19, and making transparency a top priority by bringing in community stakeholders from the beginning.

Opening our schools not only brings the kids back to the very best place for learning, it restores the critical social and emotional support systems provided by the District. Returning to school will also provide the community foundation for parents to return to their employment or eliminate the need for parents to leave their children at home without supervision in order to work. Our students need to come back to school safely, our school staff wants to welcome them back, and no one should have to risk their health to make this a reality.

The Board very much appreciates the challenges you are facing. You are being tasked with making some difficult decisions, and we appreciate your willingness to consider our plea. We are so anxious to once again provide in-person school to all of the kids of the Tahoe Truckee Unified School District.

Cipriano Vargas, Education Coalition of North County

Education Coalition of North County San Diego

As a nation and a community, we are faced with one of the most challenging times for public education. The good news is that the vaccine is already here and this will be a gamechanger for public education and meeting the needs of our students. As elected officials, and education advocates, we are hopeful of the rollout and encourage this committee to prioritize the education sector.

We are seeing an ever increase need to have students back on campus to address the social emotional toll and learning loss that has impacted our students. As districts, continue to attempt to bring students back on campus, it is essential that frontline education workers have access to the vaccine.

As Education advocates and members of the Education Coalition of North County, we recommend that CVAC include all certificated and classified school personnel as a top priority following healthcare workers and long-term care residents, for access to a COVID-19 vaccine in this next phase.

Zehra Otus

Thank you for your important work. I am very worried that I have seen almost no discussion on differentiating between teachers whose school types allow for safer in person instruction in terms of reducing the spread of the virus as opposed to those whose school types would accelerate it. Priority should be given to pre-K and K-5 teachers whose students can be taught in stable cohorts. This is also the student age group that would cause parents to have to forgo work in order to stay home with their children. Thank you for your consideration.

Amy Bersch

I am a parent of children in the LAUSD school system. We need our kids to go back to school in person. They are falling behind in more ways than we can imagine. WE NEED our teachers to get the COVID19 vaccine as soon as possible so we can reopen schools for in-person instruction. These teachers have been amazing these past 9 months but we need our kids in the classroom not in front of a computer screen.

Thank you for your consideration and please let me know if there is a more formal way I can make my opinions known.

Tracee Heimlich

Hello. I am writing to voice my support for vaccinating teachers and staff members who work at schools in the next phase. I just read an LA Times article saying that they are hopefully going to

be the next ones to receive the vaccines in January. It is so important to get the children back to school.

Danielle Williams BSN, RN, PH

Please put teachers ahead of everyone so that our schools can open January 4th! Schools are already the safest place for children, but the teachers' unions are holding the school and kids hostage because they don't have the vaccine, so please vaccinate them and let's open the schools now!!!--

Caitlin Neilan

I think that teachers and essential workers should go next and after that it should be those that are unemployed aka nonessential workers so that more jobs can open those that are unemployed are hurting financially and need their jobs back so they don't lose their homes and can provide food for their family. Elderly should go last because they are already retired.

Brandi Popovich

Teachers are essential. They should be some of the next people to get the vaccine so the kids can get back into schools physically and their parents can get back to work and we can kick start the economy. We also don't want to lose a generation of diverse leaders due to poor education and remote learning.

Gwen Shaffer, Long Beach

I am writing to provide input on who should be prioritized to receive the COVID vaccine. I believe our K-5 students need to be back in school as soon as possible. There is no disputing that remote learning is taking a toll on our children's mental health and physical health. Learning loss, depression, isolation, screen addiction, lack of physical activity.... the list goes on and on. Please vaccinate K-5 teachers and high-risk students so that our kids can attend school in person. Thank you.

Alan Scott

If teachers, such as in Los Angeles and Long Beach Unified, will not go back to school classrooms until August 2021, as expected, there is no need for them to be next in line for vaccination unless they fall in Age and health related categories.

Also, let's put out the fire where it's raging. LA County is in Covid dire straits.

Cipriano Vargas, Vista School Board

As a local schoolboard member, I'm urging the CVAC to ensure the education and childcare are towards the top in this next phase. We have attempted to create equitable opportunities for our students and their families but without a vaccine to provide immunity to our staff, it has become rather a difficult challenge. We know children need consistency and this on and off environment has created more anxiety that is a taking a toll on all of our stakeholders.

We recently saw a stimulus package that will include about 82 million for education but this will only make a meaningful difference if we are able to infuse it with ongoing testing and Covid vaccine for school staff. Thank you for your work, I know this is a difficult time and appreciate all the work you are doing.

Heather Teerlink, San Ramon

Please consider giving our teachers the vaccine so our kids can go back to school.

Ellen Perkins

As a former mayor (retired) of the City of Palos Verdes Estates, I understand the difficulties of making difficult decisions when there are valid, competing interests on both sides. There is no decision more difficult than the one that you are facing, one which will ultimately confer hope and good health on some in our communities, while delaying it for others. For the most vulnerable, that delay will cause serious illness, hospitalization, lingering symptoms, or death.

I applaud your decision to put frontline health care workers and nursing home residents and staff first. Keeping health care workers safe helps protect all the rest of us; inoculating nursing home patients and staff reduces hospitalizations and deaths for some of the more vulnerable Californians.

I would encourage you to place teachers near the top of the next tier to receive the vaccine. As a college counselor, I am astounded at the loss of learning that has occurred in our public school students since March. It is particularly grave for the students attending our lower-resourced public schools, those who already face a learning gap. Allowing in-person instruction to resume this year is not only critical for these students, but will allow the parents of younger children to return to work, rather than trying to supervise their children's distance learning from home.

The dilemma is the divide between other essential workers and our older Californians. The data for Los Angeles County continues to show that although case numbers are increasing in the younger demographic, most of the deaths are occurring in those 65 and older. Before dying, those older Californians are using hospital and ICU resources, resources that can and should be devoted not just to COVID patients, but also to those facing other illnesses.

I would encourage you to look carefully at the data as you make this decision. Over 75? Yes, including them with the essential workers makes good sense. Over 65 with some “demonstrated health issue” that leaves them vulnerable to more serious complications or death from COVID? If you make that distinction between those over 65 with a health issue and those who are just over 65, you will see people gaming the system, much as some of those with “health care worker connections” now are using their influence to obtain vaccines.

Please make the system as transparent as possible by making the categories unalterably clear: Over 75, over 65, but less subject to a self-declaration or doctor’s fudging that allows someone with insider knowledge or connections to jump the queue. Once the categories have been set, please publicize them in a way that we will all know where we are in the prioritization. As doses of the vaccine become available, please update it to show when we might expect to receive our immunizations.

Demian Barnett, Superintendent/Principal

Thank you for your dedication to our community’s health during this pandemic. I know that with limited vaccine, hard choices have to be made on when certain groups receive it.

I would urge you to put educators after frontline healthcare providers and nursing homes.

Knowing you have a myriad of responses, I will keep this brief.

I am an educator of 30 years and I am seeing the impact of closed, or partially closed schools on children and their families. Learning loss, negative mental health outcomes, disruptions to the ability of parents to work are all taking a huge toll on our communities. We must get schools fully open and vaccinating will allow that to happen.

Vaccinating our educators supports the 6 million children in CA, as well as their families and caretakers. Given the huge number of people we serve in California, prioritizing educators for vaccination would provide a huge benefit.

David Bradkin

I have no problem with teachers going to the front of the list for vaccines as long as schools open this school year - if you vaccinate teachers first AND still don’t open schools we will all know that the teachers’ unions are disproportionately powerful and I will vote against every funding increase for schools for the rest of my life. I am an anti-Trump Democrat, already so disgusted with Governor Newsom and Sheila Kuehl’s hypocrisy.

Teachers better not skip the line just because they’re teachers. You better open the schools - no excuses - if they get vaccinated first. If that doesn’t happen, I will skip the line too. Please don’t give me a reason to.

Kate Mather

My name is Kate Mather, and I am a current Berkeley resident who has lived in California for the last 13 years. I read in the *Los Angeles Times* that you are seeking public input on who should be next eligible to receive the COVID-19 vaccine. I am writing today to strongly encourage you to put teachers at the top of the list.

Teachers perform an essential public service in our state. This is especially true now, as covid forced them to adapt to remote learning. We are all well aware of the challenges our teachers face: teaching students the material they are expected to learn, supporting students during an immensely difficult time, and managing their own physical and mental health, all the while caring for their own children and families while trying to teach full-time. Moreover, the uncertainty surrounding if and when schools will reopen — and if so, how — has added immense stress to an already stressful situation.

I know this because my uncle and one of my closest friends are public school teachers in California. I have heard their experiences — their stress, their fears, their frustrations — first-hand. Our teachers deserve the peace of mind and physical safety the vaccine offers.

Moreover, vaccinating our teachers will help us safely open schools sooner. As a law student who has now spent two semesters learning remotely, I fully understand the difficulties of remote learning. No matter how hard my professors work, learning material via Zoom is not the same as learning it in person. If we protect our teachers with the vaccine, we will be one step closer to safely opening our schools, and giving California children the stability and higher-quality education that they deserve.

I understand that difficult decisions will be made in the coming months as we all anxiously await our turn to be vaccinated. I respectfully — yet strongly — encourage you to offer the vaccine to our state's teachers next. They deserve it.

Coach Kryjewski, Castle Park High

I'm an educator in San Diego County. If the vaccine is able to be distributed can it please go to all schools personel and students so we can all at least get into a hybrid model for our school districts.

Fight On!!!!!!

Anonymous

As a member of the San Ysidro community located by the border.

Our children need to be back in school. They are struggling with online learning, and our covid numbers in the south part of San Diego are horrific.

Teachers need to be the next in line to receive the vaccine across California. These kids have been out of school for 10 months.

Also the communities with the highest positivity numbers should be at the top of the list right after that.

Scott Keiner

Please prioritize teachers and childcare workers for vaccines. We need to re-open schools and many childcare centers have already been open for months, tirelessly working to protect our children and families while putting themselves at risk. These are frontline heroes who deserve to be safe.

Tim Porter

Teachers undoubtedly need to be vaccinated. Those teachers performing in-class teaching need to be vaccinated before those who are performing virtual teaching.

Tamar Gonsalves

Please make sure to vaccinate our teachers next. Kids need to be in school and these people seem to make excuses for everything. One less excuse for them please.

Martin Price, Principal Emeritus, Sherman Oaks Center for Enriched Studies, LAUSD

I am a recently retired principal who worked in LAUSD. I strongly urge you to place educators at the top of the list for receiving the COVID vaccine.

With all the talk of getting the economy going and of the perceived inequities of education delivered online, getting our schools functional again would help solve both of these issues.

Having schools open would free up parents from having to stay at home to supervise their children's learning, allowing them to go back to work. Inoculating teachers would insure their safety and would overcome the teachers' unions objections to opening schools.

Over the summer I argued for a hybrid model of education - two days for group A, two for group B with Wednesday and Saturday used for sanitizing between sessions. This of course should be left to districts to negotiate with stakeholders groups but with school personnel getting vaccinated it would make the next step - opening schools and the economy- all the easier.

Ann Kirkpatrick

I would like to share a comment to suggest that Special Education Teachers, especially some of us whom have been working with students in-person vs. virtually (as well as other in-person child care and educators) be prioritized in the group of 1b educators to be vaccinated.

Amanda Young, Montessori School of Novato

Please consider teachers and childcare workers next for getting the vaccine. Children need to be in school and people are desperate for childcare. I've been in person since July. I wear a mask and a face shield every day. I haven't been around another human without a mask in 6 months to keep my kids safe, but there's still always a risk. Please protect our children.

Janie Griswold, San Diego

I am emailing to advocate for teachers to be amongst the next round of essential workers to be vaccinated in California. Children across California need to be back in school. Vaccinating teachers will make it possible to get our neediest children back in school sooner, and will allow more parents to get back to work. Thank you.

Stephanie Mulhern

I support the next tier of vaccines going to people in education and child care. While I think that everybody needs this vaccine right now, and there are many groups at high risk, our schools are starting to become breeding grounds for this virus. The teachers in my school and I work with about 75 students per day that rotate in groups of 25-30 at a time. We are inside all day in classrooms with limited ventilation, except for when the students go to lunch for a half an hour. Students and their family members are beginning to contract this virus. Classes and teachers are being quarantined.

We all wear masks, and we are told to social distance, "when possible," which is impossible when you have 25 or more students in one classroom or when students are passing in the hallway. Students are close together, and I am in close proximity to them. They sometimes need face-to-face interaction when they want to speak to you or when you need to speak to them without involving the rest of the class. (I try to space apart as much as possible with these types of personal interactions.) In addition, teachers also need to walk through the small hallways that are packed with students from different grades during passing times. When the students are at lunch, they sit close at lunch tables without masks.

I am a middle school teacher, and I know that these students are gathering in large groups without masks outside of school time. I know that they are mixing with many other households other than their own. I know that their families travel and spend time with many people outside

of their own home without masks. I happen to know that this is also true for some of our teachers. The chances of these students and teachers contracting the virus and bringing it to school are high, and we are all so closely exposed to so many people inside during the day that this can spread quite easily. At this point, I am double-masking which makes it very difficult for me to breathe, teach, and communicate effectively. This is the only way I can protect myself as best I can at this point.

Our school has worked very hard to put protocols in place and have added hand sanitizers in every room, but that is only half the battle. The fact of the matter is that we are all so closely exposed to so many people inside all day.

It is not only my school that is subject to these risks. We need this vaccine to minimize contracting the virus so that we can keep ourselves, our families, our students, and our communities safe. On behalf of anyone that works in education or works with children, thank you for your consideration and time in reading this.

Erin Mokhtar

I'd like to express my sentiments about who should get the vaccine after the healthcare workers. I'm a professional mental health worker and a mom.

My older son said he thinks parents should be prioritized to receive the vaccine, as they are responsible for raising children.

My thoughts are that teachers should receive the vaccine first so our kids could go back to school sooner rather than later. Public health officials should consider children's well-being; their needs for caregiving at school and by parents. We need to be a society that cares about the emotional well-being of children and families.

Also grocery store workers, dentists, postmen/UPS/ Amazon warehouse workers, retail workers, restaurant workers. Basically all people who are out circulating and keeping our society functional. They deserve protection.

No kid should lose a parent unnecessarily. No grocery store worker should die on the job.

Seniors are retired, they can stay home, they have Medicare, they have meals on wheels, housing, and public supports.

Middle age adults are out working and supporting others, with rotten healthcare plans and critical financial insecurity.

Allow these vaccines to be distributed through the workplace and through LAUSD.

Linda Aragon

Teachers should not return to in class teaching until we are vaccinated. The proposed new funding from the governor is fine but his efforts towards funding would be better spent expediting the vaccine. This new far more contagious strain of Covid makes the vaccine even more essential.

We are so close to safety! What is the point of opening up now BEFORE the vaccine? The governor is simply sending someone to their death. As a teacher of 36 years and at nearly 60 years of age....it might be me.

What a foolish death that would be when the vaccines are just a few weeks away.

Vaccines first! Do not ruin all the sacrifice we have been through right at the end!

Karen Feitelberg, Director, High Tech Elementary North County

I request that teachers and educators are the next essential workers to receive the vaccination. We have tried to bring small groups of vulnerable students back to school only to have adults contract COVID and have to close our in person school.

It is so important for teachers and staff to be safe so that we can bring students back to school and allow their parents to return to the workforce.

Kelly Long, Chair, District 3 Supervisor; Mike Powers, County Executive Officer and Rigo Vargas, Public Health Director, Ventura County

We want to thank you again for your leadership this year with the COVID-19 pandemic response. We write to you in support of the State's COVID-19 Drafting Guidelines Workgroup recommendations for priority populations in Phase 1b as outlined below:

1. Education and Child Care workers
2. Emergency service workers including fire, police, and corrections officers
3. Food and AG workers including grocery store employees
4. All individuals 75-years-old and above

We particularly applaud the Workgroup for prioritizing food and agriculture workers, including farmworkers. Ventura County has a strong and vibrant agriculture industry that employs more than 41,600 farmworkers. We fully agree with their prioritization as frontline essential workers and urge the Workgroup and your Administration to adopt these recommendations for Phase 1b vaccine distribution prioritization.

Dave Esbin, Executive Director, Californians for Quality Early Learning (“CQEL”)

Tuesday, December 22, 2020 11:42 AM

We urge you to continue prioritizing the early childcare workforce in the allocation of the COVID-19 vaccinations among frontline essential workers. We understand the Community Vaccine Advisory Committee is deciding now on the allocations of vaccinations among essential workers in group 1B, and we are asking you to continue prioritizing the early childhood workforce. Please see attached our corresponding letter.

Additionally, we have attached a petition from 1,950 California child care workers that represent the care for hundreds of thousands of California's young children.

Alex Pearson, Lead Preschool Teacher in Santa Monica

I received this email address from a Los Angeles times article, which encouraged the public to give input to your committee. I am a 33 year old preschool teacher and manager with no (known) underlying medical conditions. I was glad to hear that the recommendations from the federal level are that frontline workers including teachers are included in the next wave of vaccinations. I work with children ages 3-5, and it is not possible to be socially distant from children in this setting (we work hard to have social distance between staff, and to stay outside as much as possible). I feel a lot of pressure to provide this essential service of child care, and to do it safely so that we don't spread COVID. I am cognizant of the people who are in the lives of my children; to give one example, I have a child who includes elderly grandparents in his bubble. I feel that every move I make at work has to take the community's safety into consideration. It is not enough to relax because I am young and healthy, or because children do not often get very sick.

I am also a leader and manager at my school, and so I have to ensure that all staff are following guidelines. It would be a big relief to know that the more vulnerable among our staff members are safe- and it would be a weight off my shoulders to know that there is much less risk of spreading COVID via the workplace. As I said, teachers of preschool aged children cannot socially distance all day long, so I think it is a good call to include teachers, and especially early childhood professionals, in this next wave of vaccinations. I have had two times in the last several weeks where I had to care for a child with a fever while awaiting the parents to pick them up; I can't really think of another field, other than medicine or nursing homes, where part of the job includes being in close contact with sick individuals, and caring for them, so this is another reason why I believe early childhood professionals (those who are currently working in-person jobs) should be next to be vaccinated. Many of them are older and/or have underlying health conditions, and we are in a unique position, even when younger or healthy, to be vectors for this virus.

Jill Buckey, Berkeley, Preschool Teacher

I am writing in strong support of a high priority (1b) vaccine status for childcare workers.

The way back to normalcy for everyone is to get childcare and schools back in safe operation. It is the only way forward.

Running Li

Child care providers are on the front lines of this pandemic as essential services. I strongly agree that they should be on the priority list. Thanks!

Melissa Stafford Jones, Executive Director, First 5 Association of California and Camille Maben, Executive Director, First 5 California

The First 5 Association of California, representing the 58 First 5 county commissions, and First 5 California appreciate your dedicated response to the COVID-19 pandemic. We are writing now to urge that you adopt the COVID-19 Vaccine Drafting Guidelines Workgroup’s preliminary recommendation to include child care workers in Phase 1B, Tier 1 of the vaccine distribution plan. Inoculating child care workers, whom the state has rightfully deemed essential (Executive Order N-33-20), will support economic response and recovery, promote equity, improve safety for vulnerable populations, and improve societal function and stability.

Since the beginning of the pandemic, child care professionals have worked tirelessly to ensure essential workers with children can show up to work reliably. Child care professionals—regardless of settings and licensure—have endured increased COVID-19 exposure, pandemic-related closures, and increased costs for providing care. Their dedication benefits us all, as all sectors of the economy rely on dependable and safe child care.

The vaccine must reach child care professionals across all settings and provider types. Families with non- traditional work hours—such as in janitorial, grocery, hospitality, and retail work — are more likely to use home- based child care options, which often have more flexible hours.⁽ⁱ⁾ This Family, Friend, and Neighbor (FFN) care has become even more important during the pandemic, as families rely on child care to balance work and job searches, caregiving, and distance learning for school-age children. In fact, up to 40 percent of children who were in licensed child care are now served through FFN care.⁽ⁱⁱ⁾

Prioritizing professionals who care for children and families is an equity issue as well as an economic issue. Forty-five percent of child care professionals are Black, Asian or Latinx; the vast majority of child care businesses are women-owned; and half of child care businesses are owned by members of the BIPOC community.⁽ⁱⁱⁱ⁾ People of color are disproportionately contracting and dying from COVID-19, and in California, the Latinx community is hardest hit, representing 48 percent of all COVID-19 deaths.^(iv) Supporting the child care field will support members of the BIPOC community.

Inoculating child care professionals will also help protect vulnerable older populations. More than 40 percent of workers in home-based care are over the age of 50,^(v) and more families report using FFN care from elderly family members and neighbors during the pandemic. At the same time, these professionals are less likely have paid sick days and health benefits, making them more vulnerable to infection, transmission, and prolonged recovery times.^(vi) Inoculating informal care workers will help to ensure the vaccine reaches elderly and vulnerable populations who do not reside in assisted living and adult care facilities.

Further, child welfare workers must also be prioritized in vaccine distribution. Their work to connect families to fundamental health, safety and wellness resources has become even more essential during the pandemic. Rates of reporting abuse and neglect have decreased by at least 28 percent, leaving many to suspect abuse is going undetected and underreported, given the increase in stress families are experiencing.^{vii} Child welfare workers are a lifeline for parents/caregivers and children, and preserving their ability to continue serving families is critical.

Child care and child welfare professionals have always been essential, and COVID-19 has only emphasized this fact. Please protect these essential professions by adopting the Drafting Guidelines Workgroup's preliminary recommendation to include child care workers in Phase 1B, Tier 1 of the vaccine distribution plan, and please prioritize child welfare workers as well.

The First 5 Network remains your committed and continued partner to ensuring equitable and safe access to the life-saving COVID-19 vaccination, as it is to all aspects of California's response and recovery from the pandemic.

ⁱ <https://info.childcareaware.org/blog/finding-child-care-non-traditional-work-schedules>

ⁱⁱ <https://earlyedgecalifornia.org/wp-content/uploads/2020/10/EECA-FFN-Brief.pdf>

ⁱⁱⁱ <https://www.bls.gov/cps/cpsaat11.htm>

^{iv} <https://covid19.ca.gov/state-dashboard/>

^v <https://cscce.berkeley.edu/files/2016/Early-Childhood-Workforce-Index-2016.pdf>

^{vi} <https://cscce.berkeley.edu/is-child-care-safe-when-school-isnt-ask-an-early-educator/>

^{vii} <https://edsources.org/2020/california-sees-steep-drop-in-reports-of-child-abuse-since-campuses-closed/640462>

Heather Posner

I'd like to discuss the urgency of including early childhood educators and childcare providers in any plans to vaccinate teachers and other essential workers. As the executive director of a preschool which has been open during much of the pandemic my family, the families I sent be and I myself am at risk of contracting COVID-19. We need to be considered as essential workers and equal to K-12 educators.

Caroline Fisher, Bizzy Bee & Bizzy B2

Let's not forget the Child Care Essential Workers who do not receive the wages, the glamour and the recognition that other essential workers have. Child Care is an essential in the rebuilding of the economy.

Personally my two schools remained open throughout, working very hard to ensure the other essential workers had a safe place to leave their children and caring for those children who were in need and possibly at risk so reducing stress and trauma.

Don't abandon this important hard working, caring sector of the community - please keep Child Care Personnel as one of the top priorities for COVID immunization as a way of recognition and gratitude that this sector rarely receives.

Rosie Figueroa

Child care providers are on the front lines of this pandemic as essential services, protecting the safety and wellbeing of our children *and* our communities. That's why many child care professionals are advocating to KEEP child care providers in the top phase of essential workers to receive vaccines.

Julie Fellom, Neighborhood Playgarden, San Francisco

I am a 63 year old child care provider in San Francisco. I care for 14 children which allows 28 parents to go to work each day. About 1/3 of my parents are essential workers in local hospitals or the fire department.

Please consider us frontline workers and lift us up in the priority to receive the covid vaccine. If childcare workers get sick (or worse if we die!) childcare for those parents ceases to exist. So many of us were already put out of business in the spring and summer 2020 due to covid regulations or declining enrollment related to the pandemic.

Keep our workforce safe please!

Christina Conyers

Please consider prioritizing those of us in child care. As a part of the City of Los Angeles workforce, those of us in Recreation & Parks have stepped up to provide a place for students to distance learn while LAUSD is closed for in person learning. My colleagues & staff have shown up to work each and everyday since this pandemic started risking exposure to make sure the community has options. We would appreciate your consideration in helping make our workplace a safer one so that we can have peace of mind while we serve those in our communities.

Wilma Bianchi, Lodi

My question is in regards to vaccinating child care providers. I am a child care provider, I am not employed. My daughter is a school teacher and I watch her kids at no cost to her. I have no way

to prove I am a child care provider. What do I need to do, to get vaccinated? Will I need to show some kind of proof? If so, what? How will I find out where to go to get vaccinated, since I am not part of any organization? I have no doubt there are many thousands of families in this situation and will be asking the same questions.

Juliana Ramirez, icensed Provider, Ramirez Family Child Care

Please Keep Vaccine Priority for Child Care Providers. We really need this.

Libby Schaaf, Mayor, City of Oakland

On behalf of the City of Oakland, I want to express my gratitude for your ongoing support and partnership.

The pandemic has devastated our community. Covid-19 has disproportionately impacted our Latinx and African American populations. As I shared in a recent letter to you, our businesses, particularly small and BIPOC-owned businesses are suffering. We know a critical step in reopening the economy is supporting our schools to be safe for return. As such, I urge you to prioritize public school educators, as well as early education and childcare providers, to receive the covid vaccine as part of Tier 1B.

As Governor, you have been a fierce advocate for educational equity -- from our youngest learners all the way through postsecondary success. I hope you can continue to be a champion for our educators, students, and families by ensuring that our educators -- including childcare workers -- receive the vaccine in a timely fashion. As you know, California is forever indebted to the childcare providers and educators whom we have depended on during this pandemic, and I stand with the signatories of the Assemblymembers, including Assemblymember Wicks, who wrote to you with regards to "Support for the inclusion of child care providers and early childhood educators in the Tier 1B designation for early receipt of the COVID vaccine." The evidence is overwhelming that we must support our educators and prioritize them within Tier 1B.

We stand behind you in tirelessly advocating for relief from the federal government and also request your support to get through this crisis. Thank you for your consideration, and I look forward to our ongoing partnership and working with you to support our educators and other essential workers.

Louie Costa, Director, California State Legislative Board

On behalf of the thousands of SMART–Transportation Division members that are essential workers in public transit and rail transportation in California, we are writing to urge you to prioritize these workers for access to a COVID vaccine as soon as possible. Your recommendations for vaccine allocation are be based on science, implementation realities, and

ethics – all of which indicate that these frontline workers should be a high priority as the next round of vaccines becomes available.

These workers are also performing jobs that are necessary for successful distribution of the vaccine to others. In cities across this state, people will take a bus or a train to get their vaccination. Administrating doctors and nurses will commute to work on these services. Without a healthy, robust transportation sector, our state cannot hope to effectively implement any vaccination strategy which is critical in bending the curve and critical for California to recover from this pandemic.

These workers have suffered on the frontlines of the fight against this virus – transporting healthcare workers and sick travelers to hospitals, clinics, and test sites every day since the start of the national emergency. Bus drivers, paratransit operators, Amtrak service workers, and others must regularly be in close, physical contact with passengers in order to perform their jobs. They are at a high level of exposure to the virus.

We ask that you recognize these concerns by prioritizing frontline transit and rail workers in the next phase of vaccine allocation. Thank you for your work to ensure that our state escapes from this pandemic as quickly as possible.

Alex Clifford, CEO/General Manager, Santa Cruz Metropolitan Transit District

On behalf of the Santa Cruz Metropolitan Transit District (METRO), I write to you today to request that public transit workers be included in Phase 1B of the state's vaccine distribution plan, consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Throughout the pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and hospitality. Surveys have found that these essential workers are overwhelmingly low-income and/or people of color and lack access to a personal vehicle. A majority of METRO's riders are transit dependent, with 70% of riders below the low-income threshold of \$25,000 (60 percent of riders have an annual household income of below \$15,000), and 82% of riders do not have access to a private vehicle. Additionally, public transportation agencies have continued to provide critical services to elderly and disabled people throughout California, often serving as a lifeline. Throughout the pandemic, METRO's ADA Complementary Paratransit service has continued to offer accessible door-to-door shared rides for people who are not able to use the bus due to a physical, cognitive, or psychiatric disability. Public transit workers have supported these Californians directly by operating the bus and rail systems that get them to their destinations and by sanitizing transit facilities and vehicles to limit the spread of the virus, consistent with federal, state and local guidance.

Given the clear societal, economic and equity benefits of the services public transit workers provide, we believe it would be a significant mistake for the state to fail to include public transit workers in Phase 1B of the state's vaccine distribution plan. Much like health care professionals,

emergency service workers and food and agricultural workers, public transit workers provide an essential service, cannot work from home, and must interact with the public in the course of their duties.

As the pandemic subsides, public transit service will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the state.

Alex Clifford, CEO-General Manager, Santa Cruz Metropolitan Transit District

On behalf of Santa Cruz Metropolitan Transit District (METRO), I write to you today to request that public transit workers be included in Phase 1B of the state's vaccine distribution plan, consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Throughout the COVID-19 pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and hospitality. Surveys have found that these essential workers are overwhelmingly low-income and/or people of color and lack access to a personal vehicle. Additionally, public transportation agencies have continued to provide critical services to elderly and disabled people throughout California, often serving as a lifeline. Public transit workers have supported these Californians directly by operating our transit system that gets them to their destinations and by sanitizing transit facilities and vehicles to limit the spread of the virus, consistent with federal, state and local guidance.

Given the clear societal, economic and equity benefits of the services public transit workers provide, we believe it would be a significant mistake for the state to fail to include public transit workers in Phase 1B of the state's vaccine distribution plan. Much like health care professionals, emergency service workers, and food and agricultural workers, public transit workers provide an essential service, cannot work from home and must interact with the public in the course of their duties.

As the pandemic subsides, public transit will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the state.

Doran J. Barnes, Chief Executive Officer, Foothill Transit

On behalf of Foothill Transit, I respectfully submit this letter to urge you to classify transit agency workers as essential workers, thereby providing them with early access and availability to the highly anticipated COVID-19 vaccine.

Foothill Transit is the primary public transit provider in the Pomona and San Gabriel Valleys of eastern Los Angeles County. Throughout the COVID-19 crisis our agency has continued to provide vital mobility services to persons who are transit dependent, healthcare workers, first responders, social services providers, childcare workers, grocery store employees, and other

essential workers who are exempt from the Stay Home, Limited Stay Home, and Regional Stay Home Orders. We have implemented numerous measures to ensure that our customers and bus operators stay safe, and we are proud to serve our community in this trying time. Unfortunately, there is no single safety measure that can completely eliminate the risk of COVID-19 contraction of our workforce who heroically transport other fellow essential workers.

This week, the Advisory Committee on Immunization Practices (ACIP), which is advising the U.S. Centers for Disease Control and Prevention (CDC) on who should get the first doses of COVID-19 vaccine, has agreed on initial priorities. The committee generally concurred that healthcare workers should get the first doses of vaccine, while essential workers should be in the second priority group because they often do not have the luxury of working from home and tend to be racially and demographically diverse.

Without transit workers, many of the above-mentioned essential workers would not be able to commute to their destinations. While we are proud of the service we are providing to essential workers in our community, we cannot ignore that this places our own transit workers at a higher risk of exposure. Therefore, we urge you to follow the guidelines set forth by ACIP and include transit workers in the category of essential workers, thereby allowing access to the critically needed vaccine.

Carl Hasty, District Manager, Tahoe Transportation District

On behalf of the Tahoe Transportation District, I write to you today to request that public transit workers be included in Phase 1B of the state's vaccine distribution plan, consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Throughout the pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and hospitality. Surveys have found that these essential workers are overwhelmingly low-income and/or people of color and lack access to a personal vehicle. Additionally, public transportation agencies have continued to provide critical services to elderly and disabled people throughout California, often serving as a lifeline. Public transit workers have supported these Californians directly by operating the bus and rail systems that get them to their destinations and by sanitizing transit facilities and vehicles to limit the spread of the virus, consistent with federal, state and local guidance.

Given the clear societal, economic and equity benefits of the services public transit workers provide, we believe it would be a significant mistake for the state to fail to include public transit workers in Phase 1B of the state's vaccine distribution plan. Much like health care professionals, emergency service workers and food and agricultural workers, public transit workers provide an essential service, cannot work from home, and must interact with the public in the course of their duties.

As the pandemic subsides, public transit service will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the state.

Peter Gregor, Chief Safety Officer, SunLine Transit Agency

On behalf of SunLine Transit Agency, I write to you today to request that public transit workers be included in Phase 1B of the state's vaccine distribution plan, consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Throughout the pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and hospitality. Surveys have found that these essential workers are overwhelmingly low-income and/or people of color and lack access to a personal vehicle. Additionally, public transportation agencies have continued to provide critical services to elderly and disabled people throughout California, often serving as a lifeline. Public transit workers have supported these Californians directly by operating the bus and rail systems that get them to their destinations and by sanitizing transit facilities and vehicles to limit the spread of the virus, consistent with federal, state and local guidance.

Given the clear societal, economic and equity benefits of the services public transit workers provide, we believe it would be a significant mistake for the state to fail to include public transit workers in Phase 1B of the state's vaccine distribution plan. Much like health care professionals, emergency service workers and food and agricultural workers, public transit workers provide an essential service, cannot work from home, and must interact with the public in the course of their duties.

As the pandemic subsides, public transit service will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the state.

Rick Ramacier, General Manager, Central Contra Costa Transit Authority

On behalf of Central Contra Costa Transit Authority (CCCTA), I write to you today to request that public transit workers be included in Phase 1B of the state's vaccine distribution plan, consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Throughout the pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and hospitality. Surveys have found that these essential workers are overwhelmingly low-income and/or people of color and lack access to a personal vehicle. In general, CCCTA riders are:

- 44% low-income (150% below federal poverty level)
- 56% minority
- 22% without access to a vehicle
 - 44% only have 1 vehicle in the household (i.e., "car-lite")

Additionally, public transportation agencies have continued to provide critical services to elderly and disabled people throughout California, often serving as a lifeline. In May 2020, the CCCTA Board of Directors authorized an amendment to its ADA paratransit services contract with Transdev Services, Inc. to include COVID-19 mitigation efforts.

At the onset of the pandemic, CCCTA's paratransit division received a request from the County Emergency Operations Center (EOC) to begin the transportation of COVID-19 positive individuals. To date, the paratransit program has transported 440 COVID-19 positive individuals, which has included transportation to medical facilities or homeless relocation efforts to hotels. Participation in this distinct program by Operators is voluntary and they are governed under a unique set of regulations. This program is an ongoing partnership with Contra Costa County and the Eastern Contra Costa Transit Authority.

Following the initial statewide Shelter in Place Order in March, regular paratransit trip volume dropped by approximately 80%. As this occurred, CCCTA partnered with the Meals on Wheels program to continue to provide essential food delivery service to seniors who were affected by the order. The success of the meal delivery service has been widely recognized by other organizations who have since reached out to expand the paratransit program for similar aid. The paratransit program has delivered meals for the entire County, not just within the CCCTA service area.

From March through December, the paratransit program has delivered the following:

- Meals on Wheels: 19,729
- Lunches: 6,722
- Brown Bags: 92
- City of San Ramon Senior Meal Delivery: 2,227

Given the clear societal, economic and equity benefits of the services public transit workers provide, we believe it would be a significant mistake for the state to fail to include public transit workers in Phase 1B of the state's vaccine distribution plan. Much like health care professionals, emergency service workers and food and agricultural workers, public transit workers provide an essential service, cannot work from home, and must interact with the public in the course of their duties.

Public transit workers have supported Californians directly by operating the bus and rail systems that get them to their destinations and by sanitizing transit facilities and vehicles to limit the spread of the virus, consistent with federal, state and local guidance. As the pandemic subsides, public transit service will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the state.

Karen H. King, Chief Executive Officer Golden Empire Transit District

On behalf of Golden Empire Transit District (GET) in Bakersfield, I write to you today to request that public transit workers be included in Phase 18 of the state's vaccine distribution plan, consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Throughout the pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and hospitality. The number one reason people rider the GET bus is to get to work. Surveys have found that these essential workers are overwhelmingly low-income and/or people of color and lack access to a personal vehicle. Additionally, public transportation agencies have continued to provide critical services to elderly and disabled people throughout California, often serving as a lifeline. Not only do we provided Americans with Disabilities (ADA) paratransit service, but we also provide Non-Emergency Medical Transportation to hundreds of Bakersfield residents every day. Public transit workers have supported these Californians directly by operating the bus and rail systems that get them to their destinations and by sanitizing transit facilities and vehicles to limit the spread of the virus, consistent with federal, state and local guidance.

Given the clear societal, economic and equity benefits of the services public transit workers provide, we believe it would be a significant mistake for the state to fail to include public transit workers in Phase IB of the state's vaccine distribution plan. Much like health care professionals, emergency service workers and food and agricultural workers, public transit workers provide an essential service, cannot work from home, and must interact with the public in the course of their duties. They risk contracting the virus every day when they come to work.

As the pandemic subsides, public transit service will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the state.

Nuria I. Fernandez, General Manager and CEO, Santa Clara Valley Transportation Authority

On behalf of the Santa Clara Valley Transportation Authority (VTA), I write to request that public transit workers be included in Phase IB of the state's vaccine distribution plan. This is consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Throughout the pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and hospitality. While seeing a major decline in ridership, VTA continues to provide vital transit service to an average of thirty-three thousand trips per day. Our ridership surveys find our passengers are overwhelmingly low income and people of color. Most are essential workers and rely on public transit to perform the essential tasks of keeping our economy running. Additionally, public transportation operators continue to provide critical services to elderly and disabled people throughout California, often serving as a lifeline. Public transit workers have supported these Californians directly by operating the bus and rail systems that get them to their destinations and by frequently sanitizing transit facilities and vehicles to limit the spread of the virus, consistent with federal, state and local guidance.

Given the clear societal, economic and equity benefits of the services public transit workers provide, we believe it would be a significant mistake for the state to fail to include public transit workers in

Phase 1B of the state's vaccine distribution plan. Much like health care professionals, emergency service workers and food and agricultural workers, public transit workers provide an essential service, cannot work from home, and must interact with the public in the course of their duties. In doing so, these dedicated employees come in close contact with large numbers of the traveling public on a daily basis. They do this willingly and with a clear understanding of the critical nature of public transit.

As the pandemic subsides, public transit service will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the state.

Moses Stites, General Manager, Fresno County Rural Transit Agency

On behalf of Fresno County Rural Transit Agency (FCRTA), I write to you today to request that public transit workers be included in Phase 1B of the state's vaccine distribution plan, consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Throughout the pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and hospitality. Surveys have found that these essential workers are overwhelmingly low-income and/or people of color and lack access to a personal vehicle. Additionally, public transportation agencies have continued to provide critical services to elderly and disabled people throughout California, often serving as a lifeline. FCRTA has also provided meal delivery throughout the pandemic to provide meal delivery service so rural residents could continue to receive hot meals daily while senior centers are closed. Public transit workers have supported these Californians directly by operating the bus and rail systems that get them to their destinations and by sanitizing transit facilities and vehicles to limit the spread of the virus, consistent with federal, state and local guidance.

Given the clear societal, economic and equity benefits of the services public transit workers provide, we believe it would be a significant mistake for the state to fail to include public transit workers in Phase 1B of the state's vaccine distribution plan.

Much like health care professionals, emergency service workers and food and agricultural workers, public transit workers provide an essential service, cannot work from home, and must interact with the public in the course of their duties.

As the pandemic subsides, public transit service will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the state.

Gregory A. Barfield, Director Department of Transportation, City of Fresno

On behalf of the City of Fresno's Transportation Department - Fresno Area Express (FAX), I write to you today to request that public transit workers be included in Phase 1B of the state's

vaccine distribution plan, consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Throughout the pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and hospitality. During the pandemic, our fixed route ridership has exceeded 9 million passengers. Approximately 26% of our passengers use our system to get to jobs; 19% to access education and 17% to complete errands. Surveys have found that these essential workers are overwhelmingly low-income and primarily represent people of color who lack access to a personal vehicle. Over half of FAX passengers (54 percent) earn an annual household income of less than \$10,000 and another 22 percent earn between \$10,000 and \$19,999. The median annual household income is \$9,300. Our passengers are primarily Hispanic/Latino (47 percent) and African-American/Black (22 percent). Additionally, public transportation agencies have continued to provide critical services to elderly and disabled people throughout California, often serving as a lifeline. The FAX paratransit system has provided over 170,000 passenger trips during this pandemic period. Over 6 in 10 passengers or 65% using the service are disabled and unable to work. Consistent with federal, state and local guidance, public transit workers have directly supported these Californians by operating the bus and rail systems that get them to their destinations and by sanitizing transit facilities and vehicles to limit the spread of the virus.

Given the clear societal, economic and equity benefits of the services public transit workers provide, we believe it would be a serious oversight for the state to fail to include public transit workers in Phase 1B of the state's vaccine distribution plan. Much like health care professionals, emergency service workers and food and agricultural workers; public transit workers provide an essential service, cannot work from home, and must interact with the public in the course of their duties. •

As the pandemic subsides, public transit service will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the state.

Mark Foley, President, San Francisco Bay Area Rapid Transit District

On behalf of the San Francisco Bay Area Rapid Transit District (BART), I write to request public transit workers be included in Phase 1B of the state's vaccine distribution plan consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Throughout the pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and hospitality. These essential workers are overwhelmingly low-income and/or people of color and lack access to a personal vehicle.

Currently, at BART, 75% of our riders are people of color. 51% are from a household with income of less than \$50,000 and only 47% have access to a vehicle.

Given the clear societal, economic and equity benefits of the services public transit workers provide, it is imperative for the state to include public transit workers in Phase 1B of the state's vaccine distribution plan. Much like health care professionals, emergency service workers and food and agricultural workers, public transit workers provide an essential service, cannot work from home, and must interact with the public during their duties.

As the pandemic subsides, public transit service will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the state.

Edward F. King, Director of Transit Services, City of Santa Monica

On behalf of the City of Santa Monica's Big Blue Bus, I write to you today to request that public transit workers be included in Phase 1B of the state's vaccine distribution plan, consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Throughout the pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and hospitality. In fact, Big Blue Bus currently serves an average of more than 16,000 customers daily, and 64% of frequent riders (i.e. those who ride four or more days per week) are essential workers. Surveys have found that these essential workers are overwhelmingly low-income and/or people of color and lack access to a personal vehicle.

Additionally, public transportation agencies have continued to provide critical services to elderly and disabled people throughout California, often serving as a lifeline. A recent survey suggests that more than 35% of Big Blue Bus customers traveling during the pandemic are over the age of 65. Additionally, Big Blue Bus continues to provide on-demand transportation to more than 400 senior and disabled customers monthly, through its paratransit service. Public transit workers have supported these Californians directly by operating the bus and rail systems that get them to their destinations and by sanitizing transit facilities and vehicles to limit the spread of the virus, consistent with federal, state and local guidance.

Given the clear societal, economic and equity benefits of the services public transit workers provide, we believe it would be a significant mistake for the state to fail to include public transit workers in Phase 1B of the state's vaccine distribution plan. Much like health care professionals, emergency service workers and food and agricultural workers, public transit workers provide an essential service, cannot work from home, and must interact with the public in the course of their duties.

As the pandemic subsides, public transit service will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the state.

Keith Martin, Transit Manager, Yuba-Sutter Transit Authority

On behalf of the Yuba-Sutter Transit Authority, I write to you today to request that public transit workers be included in Phase 1B of the state's vaccine distribution plan, consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Throughout the pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and hospitality. State and national surveys have found that these essential workers are overwhelmingly low-income and/or people of color and lack access to a personal vehicle. Additionally, public transportation agencies have continued to provide critical services to elderly, disabled and low-income people, often serving as a lifeline to access needed medical and supplies and services. Public transit workers have supported these Californians directly by operating the bus and rail systems that get them to their destinations and by sanitizing transit facilities and vehicles to limit the spread of the virus, consistent with federal, state and local guidance.

Given the clear societal, economic and equity benefits of the services public transit workers provide, we believe it would be a significant mistake for the state to fail to include public transit workers in Phase 1B of the state's vaccine distribution plan. Much like health care professionals, emergency service workers and food and agricultural workers, public transit workers provide an essential service, cannot work from home, and must interact with the public in the course of their duties.

As the pandemic subsides, public transit service will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the state.

Eric Lucan, Chair, SMART Board of Directors, Member Novato City Council

On behalf of Sonoma-Marín Area Rail Transit Agency (SMART), I write to you today to request that public transit workers be included in Phase 1B of the state's vaccine distribution plan, consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Here in Marin and Sonoma Counties, our Transit Public Servants have been on duty 24-7 in the frontline in the field since the start of pandemic to make sure that other essential workers are able to go to work and serve other Californians.

We must protect these dedicated and specialized workforces so they can continue serving Californians who rely and depend on Public Mass Transit.

Throughout the pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and hospitality. As you are aware, surveys have found that these essential workers are overwhelmingly low-income and/or people of color and lack access to a personal vehicle. Additionally, public transportation

agencies have continued to provide critical services to elderly and disabled people throughout California, often serving as a lifeline. Public Transit workers have supported these Californians directly by operating the bus and rail systems that get them to their destinations and by sanitizing transit facilities and vehicles to limit the spread of the virus, consistent with federal, state and local guidance.

Given the clear societal, economic and equity benefits of the services public transit workers provide, we believe it would be a significant mistake for the state to fail to include public transit workers in Phase 1B of the state's vaccine distribution plan. Much like health care professionals, emergency service workers and food and agricultural workers, public transit workers provide an essential service, cannot work from home, and must interact with the public in the course of their duties.

As the pandemic subsides, public transit service will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the state.

Diana Kotler, Executive Director, Anaheim Transportation Network

On behalf of Anaheim Transportation Network (ATN), I write to you today to request that public transit workers be included in Phase 1B of the state's vaccine distribution plan, consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Throughout the pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and public safety. Even though our ridership and level of service decreased by 80%, we continue to provide public transit services for our essential workers, i.e. public safety professional, maintenance and utility crews, custodial staff, etc.

Additionally, we are asked to re-instate our critical services to elderly and disabled people throughout resumes operation on January 4, 2021, to provide access to nutrition services, access to medical and pharmaceutical appointments. Over 3,000 Anaheim seniors will be able, once again, to have access to these vital services.

Public transit workers have supported these Californians directly by operating the bus and rail systems that get them to their destinations and by sanitizing transit facilities and vehicles to limit the spread of the virus, consistent with federal, state and local guidance.

Given the clear societal, economic and equity benefits of the services public transit workers provide, we believe it would be a significant mistake for the state to fail to include public transit personnel in Phase 1B of the state's vaccine distribution plan. Much like health care professionals, emergency service workers and food and agricultural workers, public transit workers provide an essential service, cannot work from home, and must interact with the public in the course of their duties.

As the pandemic subsides, public transit service will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the state.

Jerry Estrada, General Manager, Santa Barbara Metropolitan Transit District

On behalf of Santa Barbara MTD, I write to you today to request that public transit workers be included in Phase 1B of the state's vaccine distribution plan, consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Throughout the pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and hospitality. Surveys have found that these essential workers are overwhelmingly low-income and/or people of color and lack access to a personal vehicle. When our agency conducted a survey of riders in June, roughly half of the riders said they were taking the bus to essential jobs and the other half were taking the bus for essential trips to the grocery store and medical appointments.

Additionally, public transportation agencies have continued to provide critical services to elderly and disabled people throughout California, often serving as a lifeline.

Public transit workers have supported these Californians directly by operating the bus and rail systems that get them to their destinations and by sanitizing transit facilities and vehicles to limit the spread of the virus, consistent with federal, state and local guidance. While PPE and cleaning precautions help, early access to the vaccine will provide a vital layer of protection for these employees.

Given the clear societal, economic and equity benefits of the services public transit workers provide, we believe it would be a significant mistake for the state to fail to include public transit workers in Phase 1B of the state's vaccine distribution plan. Much like health care professionals, emergency service workers and food and agricultural workers, public transit workers provide an essential service, cannot work from home, and must interact with the public in the course of their duties.

As the pandemic subsides, public transit service will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the state.

Terry Bassett, Executive Director, Yolo County Transportation District

On behalf of the Yolo County Transportation District, which operates Yolobus public bus and paratransit service literally across the street from the State Capitol, I write to you today to request that public transit workers be included in Phase 1B of the State's vaccine distribution plan, consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Throughout the pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and hospitality. Throughout the Spring and Summer, we delivered food to hundreds of homeless individuals who were temporarily re-located to motels in West Sacramento, Davis and Woodland. We continue to provide transportation services to essential workers throughout Yolo County and downtown Sacramento. Surveys have found that these essential workers are overwhelmingly low-income and/or people of color and lack access to a personal vehicle.

Additionally, public transportation agencies have continued to provide critical services to elderly and disabled people throughout California, often serving as a lifeline. Public transit workers have supported these Californians directly by operating the bus and rail systems that get them to their destinations and by sanitizing transit facilities and vehicles to limit the spread of the virus, consistent with federal, State and local guidance.

Given the clear societal, economic and equity benefits of the services public transit workers provide, we believe it is vitally important for the State to include public transit workers in Phase 1B of the State's vaccine distribution plan. Much like health care professionals, emergency service workers and food and agricultural workers, public transit workers provide an essential service, cannot work from home, and must interact with the public in the course of their duties.

As the pandemic subsides, public transit service will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the State.

Kenneth A. McDonald, President and CEO, Long Beach Transit

On behalf of Long Beach Transit (LBT), I write to you today to request that public transit workers be included in Phase 1B of the state's vaccine distribution plan, consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Throughout the pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and hospitality. LBT serves 14 diverse communities and continues to provide essential public transportation services to these communities. Recent surveys reviewed by the California Transit Association have found that these essential workers are overwhelmingly low-income and/or people of color many of whom lack access to a personal vehicle. Additionally, public transportation agencies have continued to provide critical services to elderly and persons with disabilities throughout California, often serving as a lifeline to medical care and necessary services. Public transit workers have supported these Californians directly by operating the bus and rail systems that get them to their destinations and by sanitizing transit facilities and vehicles to limit the spread of the virus, consistent with federal, state and local guidance. LBT has enhanced its cleaning methods to ensure high traffic areas are sanitized for both its bus operators and customers.

Given the clear societal, economic and equity benefits of the services public transit workers provide, LBT believes it is of the utmost importance for the state to include public transit workers in Phase 1B of the state's vaccine distribution plan. Much like health care professionals, emergency service workers and food and agricultural workers, public transit workers provide an essential service. Essential workers cannot work from home and must interact with the public in the course of their duties.

As the pandemic subsides, public transit service will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the state.

Erin Rogers, CEO/General Manager, OmniTrans

On behalf of OmniTrans, I write to you today to request that public transit workers be included in Phase 1B of the state's vaccine distribution plan, consistent with the interim recommendations of the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Throughout the pandemic, California's public transportation agencies have played a critical role in transporting essential workers to their jobs in health care, education, food service and hospitality. OmniTrans has provided more than 4 million safe essential trips since the beginning of the COVID-19 pandemic, and more than half of riders describe themselves as essential workers traveling to their jobs. Surveys have found that these essential workers are overwhelmingly low-income and/or people of color and lack access to a personal vehicle.

Additionally, public transportation agencies have continued to provide critical services to elderly and disabled people throughout California, often serving as a lifeline. OmniTrans' front-line workers have supported these Californians directly by operating the bus and rail systems that get them to their destinations and by sanitizing transit facilities and vehicles to limit the spread of the virus, consistent with federal, state and local guidance. Further, the agency has partnered with local food banks to provide more than 15,000 food deliveries to underserved members of the community.

Given the clear societal, economic and equity benefits of the services public transit workers provide, we believe it would be a significant mistake for the state to fail to include public transit workers in Phase 1B of the state's vaccine distribution plan. Much like health care professionals, emergency service workers and food and agricultural workers, public transit workers provide an essential service, cannot work from home, and must interact with the public in the course of their duties. As the pandemic subsides, public transit service will be vital to a balanced recovery and the continued health of our public transit workers must be a top priority for the state.

Steve Predmore, Chief Safety Officer, Amtrak EVP

The National Railroad Passenger Corporation (Amtrak) has provided intercity passenger rail service throughout the United States since 1971. This service is required under 49 USC 24101, 49 USC 24301, and 49 CFR 239 of the Federal Code. Amtrak employs a staff of approximately

20,000 essential personnel to operate more than 300 daily trains across a 21,000-mile network to over 500 destinations in 46 states. In Fiscal (FY) Year 2019, 32.5 million trips were taken on Amtrak trains.

Amtrak's employees are designated as essential workers as defined by the Department of Homeland Security and Cybersecurity and Infrastructure Security Agency (DHS CISA 2020). Included among these 17,500 employees are the 430 officers of the Amtrak Police Department that are deployed systemwide to protect the traveling public, other employees, and railroad assets. These are sworn law enforcement officers who are the first responders within the Amtrak system.

Despite aggressive safety protocols and enhanced cleaning procedures to ensure the safety of travelers and our employees, the nature of our business has contributed to health impacts for employees from the SARS CoV2 virus. Employee illness and required quarantines for those who have been exposed have caused the periodic curtailment of some passenger train services, disrupting basic transportation services for some rural communities. We are proud of our frontline colleagues, from Station Customer Service Representatives, Train Conductors and Locomotive Engineers, to Communications and Signal Maintainers and Track Gangs; they have kept the nation's passenger railroad fluid and trains operating.

The prospect of multiple vaccines on the horizon is welcome news to the entire country, and to us at Amtrak. In accordance with the importance of their work, and the acknowledgement of the critical nature of Amtrak service, we ask that you include Amtrak employees in your essential worker vaccine distribution planning to ensure that this critical service remains accessible to the nation. Please contact Mary Carlson-Bis, Senior Director Amtrak Emergency Preparedness at mary.bis@amtrak.com or 224-361-1853 to discuss particulars of a distribution plan and develop necessary systems to vaccinate employees at our crew bases and facilities nationwide. On behalf of the workers who keep America moving, I want to thank you for your support, so we can position communities and the economy to rebound with the effective transportation services the nation needs after so challenging a year.

Alex Targonski

I am an essential worker in the transportation and infrastructure profession. I reside in Orange County. I would like to know when the vaccine will be available to me?

Same Letter

Mark Busby, General Manager, Mammoth Community Water District

Eva Plajzer, Interim General Manager; Rick Aragon, Interim General Manager; and Tom Marcouz, Safety/Risk Manager, Rancho California Water District

Jennifer Spindler, General Manager, Crestline-Lake Arrowhead Water Agency

Cari Dale, Water Utilities Director, Water Utilities Department, City of Oceanside

As Rancho California Water District (Rancho Water/District) plans for distribution of the COVID-19 vaccine, Rancho Water asks that our frontline utility staff members receive priority in Phase 1-

B. This phase includes "people who play a key role in keeping essential functions of society running and cannot socially distance in the workplace," as described in the Centers for Diseases Control and Prevention (CDC) *COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*. Vaccinating frontline water and wastewater utility staff members is particularly important because, as a lifeline sector, water and wastewater sector services underpin all aspects of society, including hospitals and long-term care facilities. Due to the specialized skills and licenses required for utility operations, and the corresponding challenges in finding replacements for staff members who may become ill or exposed, it is essential to mitigate staff members' COVID-19 risks through all possible means, including vaccinations.

Rancho Water provides water and wastewater services to residents of Temecula, Murrieta, and southwest Riverside County. In addition, we provide services for a major hospital and dialysis centers. Our services are essential for keeping these facilities operating and for protecting public health. We estimate that 80 essential staff members should be given priority for the vaccine in Phase 1-B. Our operations staff work in small four-person crews and with exposure and quarantine requirements, it would be detrimental for the District if we had crews that could not work. Rancho Water's wastewater plant is ran by nine employees and it is essential that they are healthy and able to work.

John A. Bosler, General Manager/CEO, Cucamonga Valley Water District

As the Drafting Guidelines Workgroup to Advise State on COVID-19 Vaccines develops plans for distribution of the COVID-19 vaccine, Cucamonga Valley Water District (CVWD), asks that our frontline, essential workers receive priority in Phase 1-B. This phase includes "people who play a key role in keeping essential functions of society running and cannot socially distance in the workplace," as described in the Centers for Diseases Control and Prevention (CDC) *COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*.

Vaccinating frontline special district employees is particularly important because our critical infrastructure and community services underpin all aspects of society, including services fundamental to a community's health, safety, and economy.

CVWD provides water and wastewater services to approximately 200,000 residents in the City of Rancho Cucamonga and across portions of Fontana, Ontario, Upland, and unincorporated San Bernardino County. In addition, we provide services for a number of other essential workers such as police stations, fire stations, water for firefighting, AMR Ambulance facility, and other city and county facilities along with numerous health care facilities. Our services are essential for keeping these facilities operating and for protecting public health. We estimate that 133 essential staff members should be given priority for the vaccine in Phase 1-B.

I appreciate your consideration of our essential workers in California's vaccine prioritization plans.

Larry L. Russell, T3, System Operation Services, Director Division V, MMWD

I am forwarding this email that I received from the State of Nevada regarding priority Covid vaccination for Nevada water operators. The State of Nevada's position is that water operators are to be placed in the 1 B CDC vaccination priority. I am requesting information on the position that California has taken on the prioritization of water treatment operator Covid vaccination.

I am the owner of a contract water and wastewater operations company and am writing on behalf of our operators, and I am an elected Board member of the Marin Municipal Water District (MMWD), who employs numerous licensed water treatment operators. If California has not instituted this policy to date, I strongly suggest that we adopt this policy immediately.

If there is no current policy on water treatment operator Covid vaccination prioritization, please forward this email to whomever would be able to institute this policy in California.

Subject: COVID Vaccination Message for the Water Sector

Dear Drinking Water Operators, Wastewater Treatment Operators, and Laboratory Managers,

Questions are coming in regarding the water sector's upcoming access to coronavirus vaccination. As before, you are recognized as Critical Workers. We have reached out to the Nevada Division of Emergency Management (NDEM) and the Department of Health and Human Services (DHHS) for confirmation on where water and wastewater facilities land in the vaccine rollout. The current draft of Nevada's Playbook ([NEVADA-COVID-19-VACCINE-PLAYBOOK-VERSION-2.0.pdf \(nv.gov\)](#)) includes "Utilities and Communications" in Tier 2, Line 7 (see page 21). Nevada's Tier 2 is equivalent to the CDC's "Phase 1B". We would continue to include our environmental laboratory personnel in Tier 2 with the utilities you serve. The "laboratory workers" in Phase 1 are considered to be medical/public health labs.

Please know that the Playbook is considered "fluid" and is likely to be amended as more information on NV's supply of vaccine (or approved companies making vaccines) changes. The Playbook will be a good source of info for you as new versions are produced. As you know from watching the news, hospital staff and elder care facilities are the highest priority right now, so please continue to use the news outlets to monitor progress in NV's receipt of vaccines. As progress is made in moving down the tiers, your point of contact for the administration of vaccines is your Local/County Emergency Management team. We have had questions regarding whether your "COVID-19 Critical Worker Identification" letters will play into this process. At this time we just don't know.

We truly appreciate the hard work and dedication demonstrated by the water sector throughout this emergency event. Please refer to [NVHealthResponse.nv.gov](#) for additional helpful resources.

Shawn Yadon, CEO, California Trucking Association and Shane Gusman, Director, California Teamsters Public Affairs Council

The undersigned organizations represent the California trucking industry's labor and management interests. Truck drivers and warehouse/logistics workers have been on the frontline of the nation's pandemic response. This month, we were proud to see our industry hauling the first doses of the Coronavirus vaccine around the country, providing many Americans with a sense of hope and optimism that better days are ahead.

While essential healthcare workers and first responders are deservedly being prioritized for the first phase of vaccination, we hope it goes without saying that the very truck drivers carrying the vaccine across the country and the logistics workers ensuring safe storage and distribution should be among the first non-healthcare, non-first responders, to receive the vaccine.

Jennifer L. Carr, PE, CPM, CEM, Deputy Administrator, Nevada Division of Environmental Protection, Department of Conservation and Natural Resources

Errol H. Segal, Senior Recycling Consultant, Active Recycling Co., Inc., Los Angeles

As an essential business in the trash and recycling industry, we are taking all the necessary steps to ensure the health and safety of our employees and customers. The city of Los Angeles is delivering recyclables in city vehicles to our business. Trash needs to move for health reasons.

Weekly we have been conducting COVID Tests for all our employees.

We understand, there will be a limited number of vaccines made available to frontline personnel.

If possible, I would like to request Active Recycling be added to the list of your essential workers who are scheduled to receive the vaccines on a priority basis.

We can provide a list of our employees and job classification if needed to add them to the list.

Michelle Ierardi, Flight Attendant

I was just reading correspondence from my health provider in Santa Barbara where I live part time and stay due to being Air Crew based in LAX.

The reason I'm writing is to express my concern that I have not seen Air Crew on any of the front line or first responders vaccine lists. As a flight attendant I believe it is imperative that we are vaccinated with or behind health care workers.

We are first responders and are gathered and unable to distance for long periods of time. We rely on the public being honest about their symptoms and tests. We have seen that fail time and again. Most publicly on the UA flight where the passenger tested positive, had symptoms and he and his wife lied and flew. He had a medical emergency and at least 4 flight attendants and a nurse provided care and are at risk as well as other passengers.

Many of us are high risk and like myself have high risk family and housemates.

Pilots don't wear masks in the flight deck out of the passengers view because it affects their procedures. We brief before each flight, no way to distance. We are all at greater risk than those who are able to control their distancing and not potentially provide cpr, first aid up close and personal.

Please consider the Airline crews in the beginning tiers for the vaccine. We are front line, first responders and are required to serve even when the state restaurants are on lockdown due to Covid19 risks.

Michael Leon Guerrero

Request is hereby made that you classify all "Essential Airline Employees" to be put into Tier 3 for receiving the Covid-19 Pfizer or Moderna vaccine (once FDA approved). There are several reasons for this essential designation:

1. Airline employees have been designed "Essential" employees since January 2020 and have been physically coming into the worksite, and on publicly flown airplanes, since the pandemic started in January 2020;
2. Due to Airline employees (including Airline mechanics, engineers, flight attendants, pilots, etc.) coming into daily contact with the public(including international travelers from all over the World on a daily basis), it is an essential medical tool to vaccinate these public-facing employees so they do not spread the virus to passengers who will then spread it to all USA states and internationally to other countries - this would keep the virus spreading throughout the World despite vaccinations occurring in America [if vaccine is NOT given to all Essential Airline Employees];
3. Other "Essential Workers" in retail establishments do not have daily public contact with passengers who get on airplanes and fly to all USA states and international countries, so Airline Essential Employees should be located in Tier 3 to prevent more virus spread in America and throughout the World;
4. The airline industry is essential to American businesspersons, and worldwide businesspersons, conducting needed meetings and commerce - and should be continued at all costs, without fear of employees spreading the virus, to prevent an American Recession;
5. Because Essential Airline Employees come into daily contact with travelers from all USA states, and with international travelers, these airline employees are at heightened risk to contract Covid-19 and to then spread it to new passengers

6. All airline employees (mechanics, engineers, pilots, etc.) come into daily contact with each other at the worksite due to mechanical failures, meetings, etc. so all Essential Airline Employees should be moved into Tier 3 for the vaccine.

Dennis Lauck, San Diego

Please consider including volunteer Canine Search and Rescue (SAR) workers in the 1B vaccine group as an essential service since we are regularly called to assist local police in finding missing persons - primarily elderly dementia effected residents in dense urban situations. This involves close contact with the public, mainly while obtaining the required scent articles for searches.

J. Bigelow, Essential Worker

I would like to know where the “essential workers” that provide services to business & residential consumers fall in line? Workers from phone/ communication/cable companies are required to go into customers locations to provide service to allow ppl to use internet for school, work, online ordering. No one can function daily without these services. WE ARE EXTREMELY ESSENTIAL & EXTREMELY VULNERABLE. We have to go inside and have no way of knowing if the ppl we are serving are safe to be around, regardless of masks. We also have to touch things in their homes & offices.

DWP, street maintenance, trash and ppl in offices for these companies are NOT. Please report WHERE WE ARE since we are omitted from all stories regarding availability access.

Anne Tobin, Santa Monica

After vaccinating frontline workers (firefighters, police officers, EMTs) and ALL hospital employees, I think priority should be given to the following groups -

- Grocery Store workers
- Retail workers
- Bus drivers / MTA employees
- Prisoners
- Prison guards
- Teachers
- School staff

Nate Solov on Behalf of the International Longshore and Warehouse Union

Hope you had a Merry Christmas with your families during these challenging times. I would like to follow up with you regarding the attached letter that was sent to you asking that waterfront workers to be prioritized to receive the COVID-19 vaccine. We have been following the Vaccine

Advisory Committee hearing. Tier 2 includes workers in transportation and logistics, see below. The port workers have continued to work during the pandemic; workers have tested positive and we lost at least one worker. Will Tier 2 include port workers? It would be great if they would be covered under Tier 2. I can get on the phone to discuss this further.

Phase 1B:

Recommendations for phase 1b most likely will be approved Wednesday, December 30, 2020. The Community Vaccine Advisory Committee is proposing under phase 1b prioritizing the following individuals':

Tier 1 - Workers

- 1.4 million Teachers & Childcare.
- 1.1 million Fire, Police, and Correction.
- 3.4 million Food and Agriculture Workers, including grocery stores.
- 2.6 million Severe Illness: Persons aged 75 years with medical conditions or disabilities that place them at high risk of severe COVID-19.

These Sectors fell out as the most important of this arena to be at the top of Phase 1b, Tier 1.

Tier 2 - Workers

- 0.5 Million Critical manufacturing.
- 2.1 Million facilities and services.
- 1.1 Million Transportation and logistics; industrial, residential, and commercial sectors.
- 2.5 Million Severe Illness: Persons 65-74 years, high risk.
- 0.2 Million Incarcerated
- 0.1 Million Experiencing Homelessness
- 65+ with an underlying health condition and/or a disability.

William E. Adams, International President, International Longshore and Warehouse Union

James McKenna, President & CEO, Pacific Maritime Association

Mario Cordero, Executive Director, Port of Long Beach

Eugene D. Seroka, Executive Director, Port of Los Angeles

John Wolfe Chief Executive Officer The Northwest Seaport Alliance

Danny Wan, Executive Director, Port of Oakland

Curtis Robinhold, Executive Director, Port of Portland

On behalf of the International Longshore and Warehouse Union (ILWU), Pacific Maritime Association (PMA) and its member companies, and the major West Coast container ports – including the Port of Los Angeles, the Port of Long Beach, the Northwest Seaport Alliance (NWSA), the Port of Portland, and the Port of Oakland – we write to thank you for your continued leadership throughout the COVID-19 pandemic. Collectively, we represent America's primary trade gateway to the Pacific Rim and beyond, sustaining employment and economic activity in our host communities and across the nation.

In light of the role we play in our collective pandemic response and ongoing economic recovery, we request you to prioritize testing and vaccine distribution for the essential workers of the West Coast waterfront. Naturally, we expect medical workers, first responders, and vulnerable populations to be among the highest priority; however, we would like to ensure that waterfront workers are given appropriate consideration as you consider other categories of essential personnel.

From the start of the COVID-19 pandemic, we have taken extraordinary measures to ensure the West Coast supply chain continues to operate safely and smoothly in support of the nation's pandemic response and recovery. In this effort to ensure store shelves remain stocked and exports continue to flow to overseas markets, no one has done more than the men and women of the ILWU who have continued to work through the pandemic, risking their lives to keep West Coast ports open. As emergency orders went into place, in order to better protect these heroic workers, members of our coalition acted decisively to obtain personal protective equipment (PPE) and cleaning supplies. The ILWU and PMA worked together to develop new cleaning protocols to ensure marine terminals were as safe as possible for ILWU workers, and they temporarily altered numerous joint practices in order to reduce risk on the waterfront.

As the spread of the virus necessitates more aggressive health and safety measures, we continue to prioritize worker safety as we seek to ensure continued operational capabilities. Ultimately, we view the expedited and widespread availability of COVID-19 testing and vaccinations for waterfront workers as essential to ensuring a safe workplace while maintaining operational continuity.

We, therefore, request the opportunity to work with you to plan for the deployment of COVID-19 testing and vaccinations to waterfront workers as soon as possible.

Andrea K. Lueker, Harbor Manager, Port San Luis Obispo Harbor District

As the Drafting Guidelines Workgroup to Advise State on COVID-19 Vaccines develops plans for distribution of the COVID-19 vaccine, Port San Luis Harbor District (the largest Special District in the County of San Luis Obispo) asks that our frontline, essential workers including our law enforcement officers receive priority in Phase 1-B. This phase includes "people who play a key role in keeping essential functions of society running and cannot socially distance in the workplace," as described in the Centers for Diseases Control and Prevention (CDC) *COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*.

Port San Luis Harbor District provides law enforcement, emergency medical, recreational and commercial boating, fishing and coastal-related services/opportunities to not only the 90,000+ residents within our District boundaries, but the thousands of visitors who come to the area – despite the Governor's Stay at Home Order. The exposure potential for our essential staff is significant.

Due to the specialization of operations, and the corresponding challenges in finding replacements for staff members who may become ill or exposed, it is necessary to mitigate key staff members' COVID-19 risks through all possible means, including vaccinations. We estimate that 26 essential staff members should be given priority access to the vaccine in Phase 1-B.

Kristin Decas, CEO & Port Director The Port of Hueneme Oxnard Harbor District

The Port of Hueneme is an international gateway delivering essential cargo throughout California and 15 western states. The men and women who make this cargo move include International Longshore and Warehouse Union (ILWU) members, all essential workers in the supply chain and countless companies that are keeping our shelves stocked, employees working, and our communities fed. In light of the role these essential workers play in the collective pandemic response and ongoing economic recovery, we request you to prioritize vaccine distribution for the essential workers of California's waterfront and goods movement supply chain.

We expect medical workers, first responders, and vulnerable populations to be among the highest priority; however, we would like to ensure that these essential waterfront and goods movement workers are given priority consideration as you develop the vaccine distribution plan. From the start of the COVID-19 pandemic, we have taken extraordinary measures to ensure the West Coast supply chain continues to operate safely and smoothly in support of the nation's pandemic response and recovery.

Responsible for over 500,000 direct jobs in California and generating over 5 million jobs across the state, these essential workers need to be prioritized for vaccine distribution as quickly as possible, to keep essential cargo moving and the recovery underway.

Juliann McCorkle

Where do security officers land on the pecking order? I'm a security Officer who's had to work during this pandemic, I am definitely an essential worker. So I wonder when I will be able to get vaccinated.

Kate Gilmore

Those who have been employed as an essential worker (out working near others for the whole pandemic with zero possibility of working from home) should be early in the line for vaccines.

Nami Murthy, Outreach Case Manager

My name is Nami and I am an Outreach Case Manager doing street outreach assisting those who are homeless. I hope my story will help include homeless outreach workers for vaccination as

soon as possible. Predominantly, homeless outreach organizations are non profits working in conjunction with the cities we serve. I fear that we are being left out despite the critical service we provide and how high our risk of exposure is.

As a homeless outreach worker, we provide essential services. We work everyday on the field. We go into encampments to provide food and hygiene items, including masks, that can help mitigate spread of covid19. We work with clients day in and day out to help with access to housing and other vital resources, including medical referrals for those who are in dire need of care, safe parking referrals for those sleeping in their car, mental health referrals, referrals for domestic violence survivors to get connected to safety, and so much more. We also respond to concerns submitted to the city regarding homeless individuals by offering services to help the situation, and de-escalate if needed. We are the first responders instead of the police in these instances. Our services are vital to the entire community- not just the people we serve directly. Addressing homelessness, especially during a pandemic, is essential to public safety.

Our job involves incredible amounts of risk - When doing outreach, it is extremely difficult to social distance at all times. It is extremely difficult for our clients to follow covid19 protocols. Homeless individuals cannot shelter in place and are heavily impacted by closures due to covid19, and therefore more vulnerable than ever. Homeless people are extremely likely to have chronic health conditions, and are also at high risk for acute conditions like COVID19 due to lack of shelter and resources. We are in direct contact with hundreds and hundreds of unsheltered people a week. While we follow protocols on our end, with us coming into contact with so many people, we easily could be spreaders of this virus to every homeless individual we serve.

In Santa Clara County, where I work, we have had community spread within homeless shelters and encampments.. I have two high risk parents at home, my father who has heart problems and my mother with lung problems. Despite the risk, I love my job and I know how vital it is- but having this vaccine will give a peace of mind we haven't been able to have for a long time.

Prior to this job (and during the pandemic) I worked at a cancer hospital. I even got deployed at times to COVID19 testing centers. I personally feel much more at risk at this job than I ever felt working at a hospital during this pandemic. Our exposure is higher. Non compliance with COVID19 protocols is higher in this population (mostly due to lack of resources in the community). In addition, our clients, just like the cancer patients I used to work with, are extremely high risk - thus is the nature of homelessness.

I understand that everyone can benefit from a vaccine right now, but we are the communities forgotten first responders. Our job, going out into the field and providing these vital services has similar risks to other first responders. I hope we are not forgotten in this respect, and for the sake of not only our safety, but the safety of societies most vulnerable- that we are considered for the vaccine in the next phase along with other first responders.

Kellan Martz, President, Handle With Care

I run a small nonprofit in Los Angeles that does outreach work to the homeless community, among other homeless services. I am wondering how our small team gets appropriate access to the Covid vaccine?

We should not be considered first in line and do not want to take away vaccines from those who have higher needs than us, such as healthcare workers, nursing home residents, etc. That is the last thing we would want to do. However, I have an obligation to our team to make sure they are protected, when the time is right and equitable for them.

My question is: How do we get on a list or other access to information, so that when vaccines are available to our tier, we are made aware and can get vaccinated? I have followed the tier creation closely, and I believe our outreach team would qualify for vaccines before the general public (once those tiers are officially created).

Michael Hartley

I suggest that priests, ministers, rabbis and any other religious officials who would minister to the sick and dying should be included in the next tier of vaccinations.

I Tallien Perry, General Counsel, Health Advocates, LLC

In its drafting of the Phase 1a prioritization, it appears the Drafting Guidelines Workgroup has thus far **omitted altogether an important subgroup of the Health Care/Public Health Sector** – that is, **the healthcare business administrative staff** that is responsible for the business aspects of scheduling, admitting patients, obtaining insurance coverage for them, billing, handling medical records, and other **non-clinical support functions** that are crucial in order to keep hospital, clinics, and doctors' offices running. These administrative support functions are included in the description of the Health Care/Public Health Sector in California's Essential Critical Infrastructure Workers.

Moreover, the Workgroup's drafts refer to the services that are provided by and in health care facilities. However, health care providers under their recent stresses, in fact, have outsourced many of their important administrative and patient support functions to outside contractors. These outsourced contractors sometimes go on-site to facilities to replace workers that become ill or are re-deployed or work in office buildings that are not part of the facility. This has enabled healthcare providers to preserve and better marshal their internal resources to allocate more resources to front-line health care workers. In most cases, these administrative support workers cannot work remotely and thus are exposed to the virus at their workplace.

Workers providing these sorts of healthcare supportive services will need to be included in one of the proposed Phase 1a tiers. This would include workers at healthcare facilities and outsourced contractors working at facilities and at external offices. I would suggest including

these workers under the proposed Tier 3, “Other settings and health care workers” and for efficiency could be termed “Administrative Support in All Settings”.

Please feel free to reach out to me if you have any questions or wish to discuss this issue further. Thank you.

Patti Louie, PhD, Chief Financial Officer, Volunteers of America of Los Angeles

Our organization would like to comment regarding adult homeless shelter workers.

CUAUHTEMOC ORTEGA, Federal Public Defender, Central District of California
STEVE G. KALAR, Federal Public Defender, Northern District of California
HEATHER E. WILLIAMS, Federal Public Defender, Eastern District of California
KATHRYN N. NESTER, Executive Director, Federal Defenders of San Diego, Inc.
Southern District of California

We, the heads of the four (4) Federal Public Defender Offices in California, write you to ask (or maybe remind you) to include in Phase 1c vaccinations:

- California's federal and state/county public defender staff,
- California's jails' and state and federal prisons' inmates, and
- the California private lawyers accepting federal and state court-appointed criminal cases

as the Center for Disease Control's (CDC's) Phase 1c vaccination plan proposes¹ and our State's own *COV0-19 Vaccination Plan* should eventually include.²

We, of course, also join in with Ninth Circuit Chief Judge Sidney Thomas' December 14, 2020 letter to Governor Newsom, advocating "priority vaccination" of California's Federal Judiciary employees, which also included our Federal Public Defender employees.

Our proposals assume our Courts and those involved in their criminal cases are all essential to fulfilling the Federal and California Constitutions' mandates. Those guarantees include

- that those accused of committing crime have a timely case resolution,
- that they are not indefinitely detained pending their case resolution, and
- that those representing them provide effective assistance of counsel.

Our proposals also necessarily consider the reality that vaccination testing shows the vaccines only protect the vaccinated from the COVID-19 disease. So far as current vaccine testing shows, vaccines do not prevent transmitting disease to others.³

Public Defender Staff Vaccinations

The CDC lists "Legal" among its Phase 1c *Other Essential Workers*.⁴

For nine months now, our 491 Federal Public Defenders and support staff have been meeting with in-custody clients by phone or video.⁵ These are challenging conditions to convey and receive critical information to moving cases to resolution, or to establishing confidence and trust with a client. Investigations, witness interviews, and scene inspection, to be safe, have been limited, not near meeting the Constitution's requirement for providing effective assistance of counsel.

Vaccinating Public Defenders and staff means we can meet clients, conduct investigations, and attend court hearings without fear of contracting COVID-19. Vaccinations sooner means we can satisfy our constitutionally-mandated role in resolving our clients' cases and meeting constitutionally-imposed deadlines, to include speedy trial.

Inmate Vaccinations

The United States Marshal houses California's Federal Court presentence in-custody defendants in a few federal detention centers, private prisons, and county jails. Our post-conviction clients are in California State and Federal prisons. In-person visits translate to meeting clients in negative airflow, close contact rooms which are not cleaned between any attorney-client visits. This places our staff at exposure risk from our clients and expose our clients to risk from us. Further, a masked lawyer or investigator psychologically fails to inspire confidence and adequately convey facial expressions aiding these relationships.

California's Department of Public Health's (CDPH's) 10/16/2020 *COVID-19 Vaccination Plan* already recognized the importance of vaccinating early those in California's prisons⁶:

- CDPH included the California Department of Corrections and Rehabilitation (CDCR) on its Vaccine Task Force (page 10/14) and to investigate "the capability and develop plans for the following state agencies to receive, store, and administer COVID-19 vaccines." (page 4/8); and
- ¹ • At page 15/19: "CDPH is also currently engaging in efforts with the California Department of Corrections and Rehabilitation to review and develop plans for the staff and inmates of state correctional facilities."

Our State's *COVID-19 Vaccination Plan* fails to include federal prison and county jail inmates. Both populations are equally vulnerable due to inability to physically distance and exposure to an ever-increasing COVID-positive corrections staff population.⁷ On December 16, 2020, Orange County Jails reported, "An outbreak in the county's jails, which started last week, now has 627 inmates infected, up from 416 reported Monday." Many federal prisons - pretrial and post-conviction - have had incredible outbreaks; the Federal Bureau of Prisons (BOP) reports over a fourth (1/4, actually over 27%) of their entire inmate population and 12% of staff are currently or have tested COVID positive (the United States general population infection rate is 5.5%).

The CDC's *Phased Allocation* includes "corrections workers" among its Phase 1b *Frontline Essential Workers* (page 10) yet fails to mention jail or prison inmates at all.

If inmates are not vaccinated, they are at-risk to COVID-19 from corrections staff. If inmates are not vaccinated, they are at-risk from their case team members. If they are COVID sick, they cannot attend court or meet with their case team members. So their cases

remain stagnant while their constitutionally guaranteed speedy trial and other deadlines are unnecessarily, and at times unlawfully continued.

Private Lawyers Accepting Court-Appointed Criminal Cases

Just as with this State's County and Federal Public Defenders, California and Federal Courts approve certain private lawyers to appoint on criminal cases and represent criminal defendants. Easily one-fourth (1/4) to one-third (1/3) of cases involve a private attorney; in some county courts it is only private lawyers taking appointments. These lawyers also must go into jails and prisons to meet their clients and go into the field to talk with witnesses and investigate possible crime scenes.

Each court can provide specific lists of these lawyers for Phase 1c vaccination.

Conclusion

Thank you for the daunting task you and the Task Force and Steering Group assumed. We know you are concerned for all populations, but few are so vulnerable as those detained in jails and prisons. Their vaccinations must be considered along with those they come in contact with - beyond corrections staff to the lawyers and staff representing them in court and to the courts where their hearings and trials must occur.

We are inextricably intertwined. Our Constitutions require vaccinations sooner than later to meet their goals.

Lisa M. Maguire, Chief Defender, Private Defender Program and Stephen Wagstaffe, San Mateo County District Attorney

I am writing to you as the Chief Defender of the San Mateo County Private Defender Program seeking inclusion in the Phase 1c vaccinations. We are the sole providers of indigent defense representation within our county. Our Program consists of 111 lawyers and 35 investigators that work as independent contractors and 15 staff members. For the last nine months, we have remained open to the public to provide continuing high-level legal representation to our clients. Our lawyers and investigators have been making appearances in court, visiting clients in jail, visiting crime scenes as well as tracking down and interviewing witnesses. We have had a number of clients exercise their right to a jury trial and, so far, have seen 27 cases proceed to jury deliberation.

Joining in this request, San Mateo County District Attorney Stephen Wagstaffe also seeks the inclusion of the prosecutors and staff in his office in the Phase 1c vaccinations. The San Mateo County District Attorney's Office has also remained open to the public during the entirety of this pandemic. The lawyers in the District Attorney's office are likewise regularly attending court for contested hearings, trials, and other time-sensitive matters.

Lastly, we are seeking the vaccination of the inmates being housed in the two San Mateo County correctional facilities. Many of these inmates are state prisoners that have been sentenced but not transported due to the pandemic. Therefore, the local jail inmate populations are higher than they would be otherwise. The Sheriff's Office has done a good job of monitoring the situation and quickly dealing with any cases that have arisen. However, the situation could take a turn for the worse at any point during this crisis. The inmates are at-risk from new arrestees, staff as well as their own legal teams.

Thank you for your consideration in this matter. Recognizing that this pandemic has impacted just about every aspect of our population, individuals detained in jails and prison have been particularly vulnerable. The lawyers practicing criminal law in San Mateo County cannot do so effectively without having close contact with the inmates and each other.

Cynthia Vargas

The Public Defenders who go to court every day to represent the most vulnerable and have extended closer contact with the public than the other players such as judges.

Lauren Fukai, Los Angeles County

I am writing on behalf of the Public Defenders offices across the state. We are in court daily representing clients whose constitutional rights cannot be violated. We are in daily contact with the jail population, law enforcement and the public.

Our jobs do not stop. We are essential. We need the vaccine please. Thank you.

Melissa Kasarjian

Please consider CPAs because of tax season and required filing deadlines. There are two things certain in life death and taxes; as a CPA I was shocked to see my essential sector was not included on the tier vaccination list. With tax season coming it is vital we get vaccinated so we can help CA residents file their tax returns.

John Neuffer, President & CEO, Semiconductor Industry Association

Thank you for your efforts to protect the people of California from COVID-19 and your ongoing leadership in the complex process of distributing and administering vaccinations. As you continue your planning process for distribution of limited supplies of the vaccine, the Semiconductor Industry Association (SIA) requests you consider the vital role our industry plays in the California economy and providing vital components for medical devices, critical infrastructure, and equipment vital to health care, our economy, and our national security.

Consistent with guidelines of the Centers for Disease Control (CDC), we fully support the need to prioritize limited vaccine supplies to health care workers, long-term care residents and other vulnerable populations, and other essential workers such as first responders. As more vaccine doses become available to meet the needs of additional essential workers, we ask your Administration to consider the importance of vaccinating those semiconductor workers who cannot perform their work remotely and who are part of the global supply chains providing products essential to our response to the pandemic. The CDC recently recommended prioritization of frontline essential workers, including manufacturing, and we request your inclusion of key workers in the semiconductor industry in this category.

As summarized in a recent SIA paper,¹ semiconductors enable the technologies that support a wide range of medical devices, testing and tracing capabilities, and the delivery of remote healthcare services. In addition, semiconductors underpin the information technology infrastructure necessary for enabling remote work and education, and play a key role in virtually all sectors of the economy, ranging from energy and communications to transportation and finance.

Given the vital importance of these technologies, we ask for your administration to consider appropriate prioritization of our workers who must be present at the work site – such as technicians and maintenance personnel in semiconductor fabrication or laboratory facilities, and scientists and engineers requiring the use of specialized equipment for research and design.

Because of the critical role of the semiconductor industry for virtually all sectors of our economy and national security, the Department of Homeland Security (DHS) Cybersecurity and Infrastructure Security Agency (CISA) identified workers in the semiconductor industry as essential critical infrastructure workers to ensure continuity of operations in this vital industry.

For these same reasons, we ask you to consider the important role of key workers in our industry as you plan to administer the vaccine.

¹ <https://www.semiconductors.org/wp-content/uploads/2020/10/From-Microchips-to-Medical-Devices-SIA-White-Paper.pdf>.

Damaris E Bautista

My concern is for people that are not part of large organizations/corporations, but are still part of the essential worker categories. For example, small family businesses & independent contractors that provide janitorial and/or caregiving services. My dad has a very small family business and provides essential janitorial work. He is over 60 and my mother is high risk due to underlying conditions. Technically, if he were to be a part of a large corporation that employed janitorial services, he would have priority. How will small businesses or independent contractors not be penalized for being essential workers outside of a corporation?

I imagine that there are many other families in this scenario.

Sally Aichroth, Los Angeles

My husband and I live in Los Angeles. Thankfully, we are healthy at age 61.

My parents are both 88 and reside in Placer County. They, like us, have followed the COVID rules and remained healthy. We need our lives to return to “normal”. The isolation has started to have an impact; particularly for my aged parents.

I read in the LA Times California was considering vaccinating incarcerated people prior to the general public. This seems patently unfair and unjust. We have obeyed the laws and followed the rules. Those that have not and are not able to leave their premises should not be in line ahead of the general population. Vaccinate those that work within the congregant prison setting so they can't bring it in to the prison but how unfair to vaccinate prisoners prior to my 88 year old parents.

Christopher Blehm

If you vaccinate felons before firefighters, cops, teachers, grocery store workers, and delivery drivers, the press will find out and your names will be published.

Blood will be on your hands if folks serving their communities die while those serving time for betraying their communities are protected.

Felons to the back of the line.

Donna Sintic, Santa Monica

I am 67 years old, live in LA County and am in good health for my age. I work part time at a museum that is currently closed due to restrictions so am therefore currently unemployed.

Since the lockdown in Spring, I have hunkered down to the letter of the mandates because I was told my age group was the most vulnerable. I gave up & watched other age groups and politicians defy mandates while I complied.

Now I read that after understandable vaccine recipients (healthcare, police, fire, emergency workers) that my age group has been pushed lower down the priority list even after prisoners. This is outrageous. Hear my voice!

I am frustrated & angry! And I vote in every election & if this is not handled morally, I'm a lifelong Democrat who will vote out the current administration in California. Hollywood better not be vaccinated before me.

Ruth Davidson

I strongly disagree with vaccination of prisoners vs. tax paying citizens! Vaccinate guards now and prisoners last! They made their choices and don't deserve vaccination before tax paying citizens!

Anonymous

I see no mention in any article of when people who work full time jobs and have children may get vaccinated. I understand that older people are at risk to get seriously ill, but it is a bit infuriating to read that homeless people, prisoners, and millions of healthy old people will all get the vaccine first. NONE OF THOSE PEOPLE WORK. Sheltering in place is much less of a burden for people who don't work and don't have kids. At what point will you consider the long-term damage to our economy and try to stop the flood of people leaving to Texas? I have a healthy friend who is 37 years old with no health conditions, and he received the virus in Galveston yesterday. I would argue that people with real jobs and kids need the vaccine more than anyone other than healthcare workers and people with serious existing conditions.

I plead with you to consider the members of our society who are actually working (and paying massive taxes for the privilege), particularly those with children.

Robert Aitken

Please make sure first responders are able to get priority access to a COVID vaccine. We risk our health and safer for others on a daily basis and unfortunately COVID has been going around many agencies recently. This has affected our staffing and risks public safety. Please help us to be able to effectively respond to emergencies in our communities.

Jane Hansen

I feel compelled to voice my concern that we are putting prisoners and drug addicts (most of the homeless population) above other citizens in the vaccine distribution process. I agree that the elderly and others with underlying health issues (diabetes, heart disease etc.) should go before others, but think it's maddening that someone who committed horrible crimes should jump the line. Don't you think it better to reward good behavior? So, my husband and I who are 50 and have not broken any laws or become addicted to drugs get our lives valued less than people who have consciously committed crimes?

Protect our front-line workers, elderly and high risk individuals first. Then, go by age group. Otherwise, it's just unfair.

Anonymous

The next tier after healthcare professional must include people with pre existing conditions at high Risk base on their primary care doctor assessment regardless of age. The idea that inmates will receive the vaccine before law abiding citizen with high risk pre existing condition is simply shocking.

Dan Komaromi

Please do NOT give priority to the jail/prison population. There are communities with crowded living conditions (for example the cities of Santa Ana or El Monte) where there is rapid spread of the virus and where people are following the law. Why should someone who brutally murdered or raped a victim get vaccine priority over someone else in a law-abiding community with a similar crowded living condition? This is the worst example of left wing craziness gone out of control.

Rachelle Yuvienco

Those that work in essential industries like grocery stores pharmacies, retail sector should be treated like hospital front line workers due to exposure. Why would prisoners who have committed crimes get the vaccines first? They had a choice to whether they commit crime it not, and they chose to commit crime, they should suffer consequences. Why should they get it before me, whose been staying home and obeying rules and laws? You need to think about people who have to work to serve the public needs.

Cassie Marie

In March, when we experienced the strict lockdowns that were imposed in California, not much was open and available in the community. Grocery stores and grocery workers were one of the very small groups risking their health to ensure sustenance for the rest of us. Following hospitals, healthcare workers & first responders, nursing home & assisted living facilities, I urge the Committee to consider putting grocery workers among the next groups to receive the vaccine. Much can be done remotely and at home. It is not comfortable, and there may be long term repercussions for some of these changes we've all endured, but everybody needs to eat. Grocery will always be open. Besides healthcare, it may be the next most essential service there is. I hope that we'll be able to protect grocery workers soon who are exposed, inside, everyday, to 100s of people, have been since the beginning, and will be until the end of this pandemic. Thank you for your consideration.

Louis DeJoy, Postmaster General, US Postal Service

I am writing to formally request that employees of the United States Postal Service (Postal

Service) be afforded the opportunity to receive COVID-19 vaccinations during the early stages of the national rollout of the COVID-19 vaccination effort by the federal government. While we would certainly not seek higher prioritization than those segments of the population that are at a higher health risk or who are "first responders" and health care providers that directly treat those who have been impacted by COVID-19, we do request appropriate prioritization for our employees based on our role and established designation as an essential service provider.

As the COVID-19 pandemic spread throughout America's communities and during all of calendar year 2020, the women and men of the Postal Service delivered. Our 644,000 employees demonstrated unwavering dedication and constant commitment to our mission of service to the American public and ensured that households and businesses throughout the country received the medicines, health supplies, benefit checks, financial statements, and other important correspondence and sustaining goods they depend upon-and we continue to provide critical mail service to the American public.

Amid the recent resurgence of COVID-19 throughout the nation, the Postal Service continues to experience high rates of absenteeism, particularly in areas of the country that have experienced increases in the number of cases. The nature of our operations is such that spikes in COVID-19 incidence in any locality puts our employees in those localities at greater risk and has the potential to impact the services we provide. To date, we have lost 119 of our colleagues to COVID-19 and more than 14,000 employees have contracted COVID-19 nationwide.

The Postal Service continues to take all appropriate measures to protect the health and safety of our customers, and of our employees while they are performing their critical jobs in a manner consistent with the advice of medical and public health professionals. To achieve this goal, we work closely with the Department of Health and Human Services, the Centers for Disease Control and Prevention, and other public health officials to ensure that we are fully informed about their latest guidance on appropriate workplace practices and so we can adjust our policies accordingly. We regularly reinforce workplace behaviors to ensure that contact amongst our employees and with members of the public reflect the best guidance regarding healthy interactions, social distancing, and risk minimization.

Our employees live, work, and serve in every community in the United States, and we remain highly focused on our statutory mission of binding our nation together and providing the American people with prompt, reliable, and universal postal delivery services-delivering to more than 165 million delivery points nationwide six to seven days a week. The vital role we play to help sustain the nation is never more evident than during this pandemic.

The Postal Service's role as a provider of essential government services under federal law is clear. We are mandated by statute to operate "as a basic and fundamental service provided to the people by the Government of the United States, authorized by the Constitution, created by an Act of Congress, and supported by the people." We are additionally a critical extension of infrastructure within underserved rural communities, which make up over 48 million residential and business delivery points.

As we seek to protect our employees and customers during the COVID-19 pandemic, and to ensure continuity of service to the American public, we will continue to coordinate any planning necessary to enable appropriate prioritization in the roll-out of COVID-19 vaccines. As such, we request that Postal Service be appropriately prioritized in your planning for the distribution of COVID-19 vaccines to the providers of essential services.

David Padilla

I hope the need to vaccinate California's postal employees is considered. They have been working bravely throughout this pandemic and many of them have become ill with the coronavirus.

Steven Edgar Quillen

My name is Steven Edgar Quillen and I am a letter carrier with the US Postal Service in San Diego. I have not seen any specific mention of letter carriers or USPS window clerks in any of the proposed phases for vaccine rollout. Please consider these employees for prompt vaccination, as they are part of our critical infrastructure and exposed to the public in the course of performing their duties.

Rachel Citron, MSW

Perhaps I missed it but I don't see in the plans for our essential workers such as postal workers, bus drivers, and grocery store workers who have lots of public contact, tend to be low income, people of color living in multi generational homes and helping our communities continue whether they want to or not and are terrified in the plans. I would argue they need to be next. Please, please consider them next for the vaccine.

Cody D

Please include food, drink and grocer workers in the next tier of vaccine distribution. We have to risk our lives, we don't get N95s or fancy PPE like health care workers. Please, help us curb the spread. We HAVE to stick our necks out to make a living. Even though our customers might not wear masks, or not wear them correctly. There isn't anything we can do but hope and pray a vaccine is delivered to us before we become statistics.

Wes Cetnarowski, MD, Chief Medical Officer & Senior VP, Scientific Affairs, BBraun Medical Inc. Tuesday, December 22, 2020 8:19 AM

I'm writing to urge the California Department of Public Health (CDPH) to include workers who manufacture medical products that are essential to the COVID-19 response in the next phase of vaccine distribution in California.

B. Braun Medical Inc. and its more than 2,000 employees in Orange County and other California locations manufacture and distribute intravenous fluids and other medications that are critical for treating patients during the COVID-19 crisis. Since the beginning of the pandemic, B. Braun implemented and has practiced strict safety measures to protect our workforce and ensure that critical supplies of medical products are delivered to healthcare providers in the US. This is becoming increasingly challenging as the number of infected Californians continues to increase. To help ensure that our life-sustaining medical products remain readily available, I am requesting that sufficient supplies of the COVID-19 vaccine be secured and delivered at the earliest possible date to protect our essential workforce. This includes employees at our Irvine manufacturing site, distribution facility in Ontario, and compounding pharmacies in Irvine, San Diego and San Francisco. Our on-site medical staff is prepared to work with state and county health officials to assist in the distribution of the vaccine to our employees as needed.

Please let me know if any additional information about our operations is required. I look forward to your prompt response and to partnering with CDPH to provide this vital protection to the essential members of our workforce at B. Braun.

Tallien Perry, General Counsel, Health Advocates, LLC

In its drafting of the Phase 1a prioritization, it appears the Drafting Guidelines Workgroup has thus far omitted altogether an important subgroup of the Health Care/Public Health Sector – that is, the healthcare business administrative staff that is responsible for the business aspects of scheduling, admitting patients, obtaining insurance coverage for them, billing, handling medical records, and other non-clinical support functions that are crucial in order to keep hospital, clinics, and doctors' offices running. These administrative support functions are included in the description of the Health Care/Public Health Sector in California's Essential Critical Infrastructure Workers.

Moreover, the Workgroup's drafts refer to the services that are provided by and in health care facilities. However, health care providers under their recent stresses, in fact, have outsourced many of their important administrative and patient support functions to outside contractors. These outsourced contractors sometimes go on-site to facilities to replace workers that become ill or are re-deployed or work in office buildings that are not part of the facility. This has enabled healthcare providers to preserve and better marshal their internal resources to allocate more resources to front-line health care workers. In most cases, these administrative support workers cannot work remotely and thus are exposed to the virus at their workplace.

Workers providing these sorts of healthcare supportive services will need to be included in one of the proposed Phase 1a tiers. This would include workers at healthcare facilities and outsourced contractors working at facilities and at external offices. I would suggest including

these workers under the proposed Tier 3, “Other settings and health care workers” and for efficiency could be termed “Administrative Support in All Settings”.

Trisha Schuster

I believe that we ought to prioritize by risk. So essential workers with risk factors, seniors with additional risk factors should be next. The exception should be teachers who should all be vaccinated in order to reopen the schools, but start with the elementary teachers.

Thanks for your hard work on this. I’m sure it’s very difficult.

Sarah Boot, Public Policy, Amazon

As Sally Kay previously shared, Amazon stands ready to assist you to ensure that our over 100,000 essential workers in California who cannot work from home receive the COVID-19 vaccine at the earliest appropriate time. We wanted to update you that we now have an agreement in place with a licensed third-party occupational health care provider to administer vaccines on-site at our Amazon facilities, just like we do for seasonal flu shots.

I am attaching a letter to Governor Newsom from Brian Huseman, Amazon’s Vice President, Public Policy, with more details about our approach and the latest CDC guidance on essential worker vaccination.

We appreciate and understand that the Draft Guidelines Working Group is deliberating the prioritization of vaccine distribution – and that they are advised by the Community Vaccine Advisory Committee (CVAC). As such, we are also sending this letter to CVAC’s public comment email address.

However, we wanted to keep the administration in the loop on our efforts and to reiterate our offer to collaborate with you on essential worker vaccination as well as vaccine distribution. Please let me or Sally know if you would like to discuss further.

Lisa Newman

Amazon workers and those in retail should also receive consideration.

Kaela Tucker (a concerned high-risk retail worker)

I’d like to give my personal opinion on vaccine distribution. High-risk people (regardless of age) need the vaccine ASAP, especially those who work in public facing/retail jobs because we are exposed to countless irresponsible and uncaring individuals everyday. You can limit capacity but that won’t stop people from shopping nor will it stop people from recklessly pulling down their

masks. As an extremely high-risk individual who is working a retail job so I can support myself and have health insurance, I am very scared that it's not an 'If' I will get it but 'When'. And unfortunately for me that likely will mean death. If you choose to prioritise high-risk people please please please include those who may be young but also high-risk. If you choose to prioritise 'essential business' workers please please please include those who work in food service or retail settings that have to serve the public even if the business itself isn't considered 'essential'. Because the current shelter-in-place order doesn't shut down non-essential businesses I am forced to work and expose myself day in and day out and I don't want my retail job to be the reason I die. I'm asking that you please take care of us high-risk people who are in constant exposure.

Brian Huseman, Vice President, Public Policy, Amazon

Amazon stands ready to assist you to ensure our essential workers who cannot work from home receive the COVID-19 vaccine at the earliest appropriate time.

We now have an agreement in place with a licensed third-party occupational health care provider to administer vaccines on-site at our Amazon facilities, just like we do for seasonal flu shots. We also will work with our providers, and you, to ensure that relevant health authorities receive the reports and information necessary to track vaccine doses administered to our workers. Vaccinations can be done in conjunction with our internal on-site COVID-19 testing program, now available at over 650 sites across the United States, which is capable of testing up to 50,000 workers a day. We will continue this effort as long as is necessary.

We are proud of the role that our essential workers have played during this pandemic to help customers stay safe and receive important products at home, which is critical for people with underlying medical conditions and those susceptible to complications from COVID-19. In California, Amazon and Whole Foods Market have more than 100,000 full- and part-time essential employees who cannot work from home, in addition to thousands of delivery drivers and other partners.

The CDC's Advisory Committee on Immunization Practices (ACIP) voted to recommend that essential workers be prioritized for vaccination during phases 1b and 1c, using the US Cybersecurity and Infrastructure Agency (CISA) guidance. We urge you to follow the CDC guidance and are ready to work with you to vaccinate our essential workforce. Since the beginning of this crisis, we have worked hard to keep our workers safe and informed, and we are committed to assisting you with vaccination efforts as we work together to protect them and continue to provide essential services during the pandemic.

Libbie Booker, Tustin

I am an RN currently working from home as a Medical Case Manager but I am also a Caregiver, through In Home Supportive Services, for my adult son who has a traumatic brain injury. He is 24 hour supervision and lives with me.

What tier do Caregivers through IHSS fall under for receiving the virus? I am 61 years old. If I get ill with COVID, there is nobody else to care for him and I would also be unable to quarantine from him. Am I considered an Essential Worker and if so, under what category or tier?

Secondly, what tier would my son fall under, as a 31 year old adult with a traumatic brain injury?

Sunil Gupta

As an IHSS provider (caregiver), I come under Phase 1A, tier 2 as per CA guidelines. How and when can I get Covid vaccine?

Suzie

In your Notes you had ? of how IHSS people would be notified and vaccinated, but no information on how. I am 75 disabled with Heart damage, my IHSS provider is 66 and part Native American, how will we be notified and how do we get vaccinated? We live in Orangevale CA.

Stacy Ruddick

I can not seem to find any information about how or when San Diego county IHSS workers will be notified that the vaccine is available to them. Both San Bernardino and Los Angeles county is vaccinating its IHSS workers already. San Diego county does not seem to have us as a priority to give us information, they also have not done a good job on getting out PPE to us either. I was contacted once from the union saying they were passing out PPE but the date had passed and no one has called back when I left a message. The PPE is only mentioned as a reference about how they have failed us and I don't want to have a repeat when the vaccine is available. Can you please let me know who or where I can find this information?

Newton Bui

I am an IHSS provider. I would like to know how will home-based IHSS workers be notified that it's their turn for the COVID-19 vaccine?

This information helps us to avoid from receiving scam text messages, phone calls, or emails

Barb Dancy

I am an In Home Supportive Services worker in Los Angeles County. My understanding is that I am in Tier 2 of Phase 1A on the vaccination schedule. I contacted IHSS and they said they don't have information about when the vaccine will be available for its' workers. Can you tell me how to get it please?

It seems that all I can see online and in the news and from your latest meeting is the planning for Phase 1B, but IHSS workers are in phase 1A and no one has been contacted about how to get it. I saw the answer given from the 12/16 meeting, but they only said there will be multiple ways to be notified...again, nothing coming.

Marina Aguirre

When do IHSS care providers and their client get the Covid-19 vaccination we are both high risk. Please respond and let me know as soon as possible. Thank you and hope to hear from you soon.

Claire Verbinski

There seems to be a real lack of information on when IHSS providers get vaccinated. My KP doctor doesn't know. The agency I work for doesn't know. I can't find information online. How can I find out?

Mina Katoozian

My name is Mina Katoozian. I am a 65 year old with a rare autoimmune disorder. I am caring for my 96 year old mother.

I saw Governor Gavin Newsom's presentation which showed the groups of priority groups to receive COVID vaccine. My group, IHSS, was under 1b priority.

I have sent an email to my union, SEIU 2015 but did not get any reply! My own doctor does not know!

Fran Cameron

I remain appalled that IHSS workers fall to the 1c group. We are government essential workers who also are often low income and minority groups. The elderly and disabled we care for are low income and minority as well. We were still working, carrying the letter defining us as

essential during stay at home orders! Our people are dependent on us and would be institutionalized if we were not available. Placing them in a more restrictive setting defies HCBS law and the Lanterman Act. Is it that you don't care about the well being of people with disabilities and fragility? We are responsible for their well-being and health. why aren't you?

Carole Krezman

I am eager for all non family IHSS workers to be vaccinated. It's scary letting people outside our household into our home. It also upsets our children and grandchildren when they can't come in but "those strangers" can.

I am eager for everyone who has a communication disability to be vaccinated since they would be separated from their communication partners if they become covid positive. That's likely to require more medical support and result in a worse outcome. (Some communication disabilities only occur when the person is sick, stressed, or unable to access AAC communication technology.)

I am eager for everyone who routinely drools to be vaccinated since face masks and drool are unsafe and gross.

Additionally, I am concerned that it isn't simple to prove my disability. SSA used to give me a letter, but now that I'm 65, SSA just calls me old. This may be an issue for other disabled people over 65 who are not receiving any disability services.

Caroline Lechman Tuesday, December 22, 2020 3:36 AM

I am providing medical care as an IHSS employee. When will I be able to receive the vaccine? I work in San Bernardino county.

Karynne Tencer

Caretakers are like the nurses. They protect the elderly and the people with Alzheimers and ALS etc who don't understand social distancing or masks.

Charles Albright

What's the vaccine priority tier for Private caregivers taking care of a 64 year old cancer patient in a private residence ?

Molly Fishman, Director, Federal Government Relations, Thermo Fisher Scientific

I hope this note finds you safe and healthy. Thanks for all your are doing for my home state of California during these critical times!

I'm reaching out because Thermo Fisher Scientific currently has over 2,600 employees designated as essential, working at our businesses in California, that are critical to the COVID-19 response pipeline. With the most recent CDC Advisory Committee on Immunization Practices (ACIP) guidelines released this past Sunday, December 20th, our executives are interested in setting up a call with the right folks in the Governor's Administration regarding the roll out of vaccine distribution in CA.

Might you be available for such a call or be able to connect me with the best person (people) who could help me set up such a call with our executives?

Robert Dugan, President/CEO, California Construction and Industrial Materials Association

My name is Robert Dugan. I am the CEO California construction and industrial materials association. As you know the construction and construction materials industry has been deemed essential since the beginning of the current COVID19 public health pandemic. We would like to formally participate in the community vaccine advisory committee.

While I understand our industries have done a good job of protecting our employees' health during this challenging time, we would like to engage to ensure that our essential employees are recognized in the process. Obviously, our priority follows that of those working in public health, emergency medical, public safety, and teaching industries. I also wanted to share with you a report that the California Construction and Industrial Materials Association (CalCIMA) recently completed on how construction and materials businesses are operating with safety at the forefront during the COVID-19 pandemic. [The Essential Role and Benefit of California's Construction and Materials Industry During COVID-19.](#)

Debbie Haruff, VP, Business Operations, Ichor

Thank you for posting all of the COVID vaccination information.

We are a global essential infrastructure company that has three sites in Alameda County, California.

We would like to understand the process for 'registering' our eligible workers in phase 1B (mid to late Jan) to receive the vaccine.

Do they need a letter stating they are part of an essential business? Is there a registration process? Is there a differentiation between direct labor working on site and indirect labor working from home?

All guidance is much appreciated. We realize this is a very busy time for everyone.

Linda Mele, Torrance

Thanks to everyone at the California Department of Public Health for your hard work in this very difficult season for public health.

I work in the construction industry as a Construction Manager for nonprofit affordable housing developers in the greater Los Angeles. Since Thanksgiving, there has been an explosion of cases on our construction sites and I am not comfortable visiting them although I should visit and perform progress inspections on multiple sites each week.

I polled my colleagues who perform the same job as I do, and they all have COVID issues on most of their active construction sites in at least 3 different Southern California counties with many different contractors and pools of workers. Construction workers work in many different locations and intermingle with a wide variety of other contractors throughout the region...a recipe for wide spread of COVID.

Construction is a risky industry in general, and construction workers are therefore accustomed to rules and regulations. I feel that the crews did well in the early months of the pandemic. But it is hard to distance construction workers given that some work requires close teamwork to put the work in place. And COVID fatigue is also an issue. Therefore, the construction industry in our area is now very vulnerable to COVID spread.

I respectfully request that Construction industry workers, including personnel such as myself who do not construct the work but regularly visit and inspect construction sites, are placed in the category of "essential workers" for "critical infrastructure" and therefore prioritized in the second wave of vaccine distributions.

Dave De Young, Painting Contractor

I am extremely happy to see the vaccine coming out to California and would like to comment as to who should receive these earlier doses.

I think certainly those age 70 and over, those working with seniors in any regard, and considering the infection rate amongst the Hispanic community I believe anyone working in the commercial or residential construction industry should be vaccinated.

The construction labor force is primarily Hispanic and in the winter/spring months people are working inside closer together. Even roofers I see outdoors work side by side and often spreading the virus.

Getting the entire construction industry immunized would bring down the infection rate dramatically.

Thank you.

Gabriel Karshens

I feel a field that is at risk and being largely overlooked are construction workers. We were deemed essential workers and have continued to have to work in person since the pandemic started. Thankfully I have managed to stay healthy, but I cannot say the same for many of my coworkers. We are in contact with literally dozens of people everyday and as a project manager I have to go to 2-3 different sites almost daily. I feel very exposed! I would happily take the vaccine as soon as it is available.

I also feel that putting smokers higher up the list is a great disservice to the general population. People who knowingly and purposefully compromise their health should not be rewarded for it!

Preston Young, Policy Advocate, California Chamber of Commerce

The California Chamber of Commerce (CalChamber) has more than 14,000 members which represents one-quarter of the private sector jobs in California. Our membership includes firms of all sizes and companies from every industry within the state. While CalChamber counts some of California's largest employers as members, more than two-thirds of its members have 100 or fewer employees.

The pandemic has impacted everyone throughout our state, country and the world. Determining the order and priority of vaccination distribution is certainly a challenging feat. However, when viewing the task of vaccine distribution through a lens of equity and social benefit, it becomes slightly easier to decipher categories of individuals/workers who should be prioritized in the distribution.

Obviously, frontline health care workers who have placed themselves in harm's way for the past nine months must receive priority in the distribution hierarchy. Employees and residents in congregate healthcare facilities who are at a higher risk of exposure and severe infection should also be in the first round of distribution.

Thereafter, the distribution of the vaccine should be prioritized based on the totality of several factors: workers who provide critical services necessary for survival, who are consistently exposed to the public, have comorbidities, live in shared congregate workplace housing, and offer stability to society and the economy.

Specifically, prioritization must be given to:

- Workers in the supply chain who are directly responsible for ensuring the safe and timely delivery of the vaccine itself;

- The most at-risk members of society when holistically considering comorbidities, virus exposure, living situation and ability to safely isolate, function and necessity of their critical work;
- Teachers, educators, and childcare providers who must return to the classroom and childcare settings for the benefit of children and so that parents can return to work when safe;
- Agricultural, food, beverage, medication/nutritional supplement workers who provide essential and necessary products to the population.

We appreciate your efforts in organizing California's vaccine distribution plan and will continue to partner with the CDPH to ensure the most at-risk members of society and indispensable critical workers are equitably prioritized.

Brad Anderson President & CEO California Dairies, Inc. Visalia; Jeff Berdion Secretary-Treasurer Teamsters Local 386 Modesto; Greg Landers Secretary-Treasurer Teamsters Local 517 Visalia; oug Godinho Business Rep. Stationary Engineers Local 39 (IUOE) Fresno

On behalf of the member-owners and employees of California Dairies, Inc. (CDI), the State's largest dairy food processor and marketing cooperative, we collectively write to thank you for your work to ensure an equitable distribution of a COVID-19 vaccine. Our employees have been considered essential workers from the beginning of the pandemic and have worked to keep the dairy supply chain free of obstruction, providing consumer-ready dairy products produced in California. Given the extraordinary role our employees have played, we request to be considered as early as possible in Phase 1B of the vaccine rollout.

The dairy industry is the State's largest agricultural commodity, representing more than \$7 billion in economic productivity. CDI handles 40 percent of the fluid milk produced in the State. If any one of our processing facilities were to be shut down to a COVID-19 outbreak, the milk products supply chain would be severely impacted. To date, we have managed the situation extremely well in partnership with our 850 employees, but we remain concerned about what lies ahead.

Specific to vaccine administration, CDI has experience in partnering with local health administrators to provide flu shots to our employees. We are confident we can employ a similar program to efficiently distribute the COVID vaccine.

We look forward to working with you and your Vaccine Commission on the distribution strategy. We can also provide additional details as to how we can be of assistance, if needed.

Billy Gatlin, Executive Vice President, California Cattlemen's Association

As the COVID-19 Community Vaccine Advisory Committee continues to prioritize candidates for California's allocation of COVID-19 vaccines, the California Cattlemen's Association (CCA) urges the Committee to prioritize employees of California's meat packing plants as top-priority candidates for vaccination within Tier 1 of Phase 1b of vaccine allocations.

CCA also urges the Committee to prioritize employees of livestock feedlots within Tier 1 of Phase 1b. While CCA does not directly represent California's beef packing plants, CCA recognizes that employees of these facilities are essential not only to California's beef producers, but to all Californians who rely on the reliable and efficient operation of the food supply chain. Indeed, these front-line workers are essential to consumers nationwide who rely on the steady flow of California's agricultural products to feed the nation throughout this pandemic.

Both the U.S. Department of Homeland Security and the State Public Health Officer have identified employees of meat processing facilities as "essential critical infrastructure employees."¹ CCA appreciates that your Committee has identified California's 3.4 million Food and Agriculture sector workers among the "Leading Candidates" to receive the vaccine in Tier 1 of Phase 1b. CCA believes that among the candidates identified for Tier 1 vaccination, employees of meat processing facilities ought to receive particularly high priority.

An analysis of the criteria suggested by Committee members at your November 30 meeting underscores the urgency for providing COVID-19 vaccination to frontline workers in California's meat processing plants:

- Societal Impact of Job: The societal impact of meat processors is extremely high. By preparing nutritious beef and other meat products for consumers, meat processors provide "daily living basics" identified by the Committee which are "necessary for survival." The food products produced by these frontline workers are also vital to feeding our most vulnerable populations—school students, elderly citizens in need of assisted care, etc. Given the vital role meat processors play in producing staple food products for Californians, the societal impact of their jobs is extremely high.
- Impact on Economy: The Committee has identified "price stability" as a factor weighing upon an occupation's impact on the economy. Meat processors are essential to the stability of meat prices. By June of 2020, COVID-19-related shutdowns and slowdowns at processing facilities resulted in diminished beef supply even as consumer panic drove heightened demand, resulting in a 67% increase in wholesale beef prices over January 2020 prices.² The Committee has also identified "indirect support of economy" via support to "schools, child care, families," etc. as a factor weighing upon economic import; as discussed above, meat processors provide vital nutritional products to schoolchildren, care facilities, and families throughout the state.
- Equity: The Committee has identified numerous equity concerns that factor into prioritizing vaccine recipients, including "disproportional impact on already disadvantaged communities" and "increased pressure on racial and ethnic communities." A Centers for Disease Control and Prevention (CDC) report on COVID-19 spread within meat processing facilities has found that "COVID-19 outbreaks among meat and poultry processing facility workers can

rapidly affect large numbers of persons,” and found that 87% of meat processors who contracted COVID-19 early in the pandemic were “racial and ethnic minority workers.”³

- Occupational Exposure: Meat processing employees cannot work remotely; they must report to the processing facility to conduct their work. The CDC report referenced above summarizes the severe occupational exposure confronting meat processors: “Distinctive factors that increase meat and poultry processing workers’ risk for exposure to SARS-CoV-2...include prolonged close workplace contact with coworkers (within 6 feet for ≥ 15 minutes) for long time periods (8–12 hour shifts), shared work spaces, shared transportation to and from the workplace, congregate housing, and frequent community contact with fellow workers. Many of these factors might also contribute to ongoing community transmission.”⁴ Virtually every factor identified by the Committee relating to occupational exposure is present among meat processors.

While meat processing facilities have implemented *significant* safety protocols to mitigate the spread of COVID-19 among their employees, the very nature of the job places processors at heightened risk of contracting COVID-19. Vaccination will ensure that California’s meat processors can safely provide nutritious food to Californians without exposing themselves and their communities to increased risk of contracting COVID-19. Thus, for the reasons detailed above, CCA urges the Committee to highly-prioritize employees of meat processing facilities among those slated for vaccination under Tier 1 of Phase 1b. CCA also urges the Committee to prioritize employees of livestock feedlots, who fare similarly to meat processors when the Committee’s criteria and factors for vaccination prioritization are considered.

CCA appreciates the Committee’s hard work in ensuring that California’s most vulnerable populations are expeditiously vaccinated against COVID-19, and we appreciate the Committee’s recognition of the vital roles performed by California’s agricultural and foodservice employees. Should the Committee wish to discuss these recommendations further, please do not hesitate to contact me via phone at (916) 444-0845.

¹ Christopher Krebs, Director, U.S. Department of Homeland Security Cybersecurity and Infrastructure Security Agency, “Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response” (Mar. 19, 2020) (including “those employed in food processing (packers, meat processing, cheese plants, milk plants, produce, etc.) facilities; livestock, poultry, seafood slaughter facilities” among essential critical infrastructure employees in the “Food and Agriculture” sector); CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, ESSENTIAL WORKFORCE (Apr. 28, 2020) (including “those employed in food ingredient production and processing facilities; aquaculture and seafood harvesting facilities; livestock, poultry, seafood slaughter facilities” among essential critical infrastructure employees in the “Food and Agriculture” sector).

² “Meat Prices on the Rise as Supply Declines During COVID-19 Pandemic,” *Food Quality and Safety* (June 5, 2020) (analyzing USDA Agricultural Marketing Service data).

³ CENTERS FOR DISEASE CONTROL AND PREVENTION, *Update: COVID-19 Among Workers in Meat and Poultry Processing Facilities — United States, April–May 2020* (July 10, 2020).

⁴ *Id.*

Rome A. Aloise, Vice President, International Brotherhood of Teamsters

Every day, nearly 100,000 Teamsters work to ensure the safe and efficient operation of California's food chain. Teamster members do everything from pick, process, distribute, and sell food products. From the lettuce fields of Salinas, to Central Valley canneries, grocery distribution warehouses, Costco retail stores, and trucks combing our roads - you will find us everywhere. Without a doubt, we are an essential work force.

As a diverse union, the Teamsters also represent front line health care workers and first responders. We understand why they are first in line for the vaccine. However, the bulk of our membership falls within Tier 2 of the CDC guidelines. We submitted previous comments on behalf of our members in trucking, delivery, school bus drivers and paratransit drivers. While we would not advocate for one group of Teamsters over another, it is incumbent on us to lift up the importance of our members in the food chain.

We appreciate your work on behalf of all Californians during these difficult times. The Teamsters will continue to do our part to weather the storm.

Hope Adler

I work for Instacart getting groceries through the pandemic.

When are we going to get vaccinated. We don't have a lobby group or a union?

Frank Halstead

Food supply chain workers deserve consideration for vaccine priority. The high numbers of workers in food processing, Tyson, Farmer John's, etc., and warehousing, Ralphs, UNFI, etc., are facing higher rates of infection do to the nature of their work. These workers also fall into the most effected demographics, Latino and black, and live geographically in the most populated communities with high infection rates.

For all the above referenced reasons I submit food supply chain workers get priority for the vaccine.

Bonnie B. Holman, *Director, Sustainable Agriculture, Leadership Team, Food & Agriculture Division, SCS Global Services*

Food and Agriculture workers have been prioritized as essential workers for receipt of the Phase 1-B vaccinations. For the purposes of determining subgroups of food system workers to be further prioritized, we must include the critical service providers to food and agriculture companies for the purposes of keeping the food system safe for the American people. Food system and food safety inspectors represent 'the mechanics under the hood' whom are ensuring that the food that arrives to grocery stores meets federal food safety regulations. Other food

system auditors fulfill critical roles ensuring operations follow OSHA regulations, legal labor regulations, and environmental permitting regulations.

Food system auditors fall within the category of high risk for transmission and disease and represent a vector risk that must be recognized and prioritized for vaccination. Inspectors travel to and from locations across the US (some operate globally), inspecting many different food and agriculture sites and facilities during any given month, to include interacting with workers at each site, as part of their core work to ensure food safety, occupational health and safety, labor, and environmental legal compliance within our food system.

Food products cannot be bought by distributors or retailers without companies first demonstrating a current food safety inspection report and certification that is provided by SCS Global Services and similarly positioned companies that offer this critical service. I ask that this critical group of food sector workers be explicitly listed in your guidelines to ensure that all CVACs will not miss the criticality of this work to keep food safety assurance strong and food supply chains running smoothly.

Please share with me any steps we must take to fall within acceptance for Phase-1B vaccinations for critical infrastructure workers. We have many auditors who reside in California, where SCS is located, and others who reside in different states.

Maria Ashley Alvarado, Secretary-Treasurer and Stacey Cue, President, Teamsters California State Council of Cannery and Food Processing Unions

Thank you for your efforts to address the COVID-19 pandemic. We appreciate and recognize how such efforts have been a massive, complicated undertaking for the CHHS Agency.

The Teamsters California State Council of Cannery and Food Processing Unions represent thousands of food manufacturing workers employed by business members of the Producers Alliance of California. These workers have provided vital services throughout the pandemic, dependably producing and distributing safe, shelf-stable food, critical to our country's food supply.

It is our understanding that COVID-19 vaccines are now being made available for health care workers and some of the most at-risk populations in our state. We also understand the Advisory Committee on Immunization Practices approved recommendations on December 20, 2020 to the Centers for Disease Control and Prevention to make "*food and agricultural workers* next in line for the COVID-19 vaccines (as part of "Phase 1 b").

We are writing to request and confirm that essential California food production workers be given priority and offered the COVID-19 vaccines, consistent with the recent ACPI recommendation being adopted by the CDC. Such action will help to keep thousands of workers healthy, avoid food supply disruption, and sustain important businesses and jobs in California.

Kim Walters, Monrovia

After all the frontline doctors, nurses, Emt, police and at risk in nursing homes — I would recommend grocery store employees they are frontline workers. My son made it through 9 months now he tested positive on Monday for COVID. My husband and I are over 65 and at risk as well, and having symptoms.

Jeffery Gross

When considering a definition of what constitutes an essential industry (and essential worker) for purposes of COVID vaccine prioritization, I would strongly encourage you to adopt a broad definition with respect to workers in the food, grocery and agriculture sectors. These sectors are considered “critical infrastructure” by the federal government. The continuity of our food supply depends on workers in these sectors, and these workers cover a broad array of different jobs. Examples of the diverse jobs covered by these sectors include: field worker, grocery store clerk, independent contractor who works evenings to do inventory resets in grocery stores, workers at food manufacturing/processing facilities, food brokers who form a link in the supply chain between food manufacturers and grocery stores, people who work at distribution warehouses, people who work in trucking and logistics, and corporate office personnel and administrative staff who are not able to effectively work remotely.

I would also encourage you to adopt a simple, easy to administer way for these employees to be identified and verified by the relevant public health agencies or bodies responsible for vaccine distribution.

One such method, which has been discussed by FMI (Food Marketing Institute), a principal industry trade group, would be for employers in these sectors to issue letters to their employees, signed by an officer of the company, verifying their current employment and that the company qualifies as “critical infrastructure” under the federal definition of that term. The employees could then present these letters as evidence of their qualification for vaccine prioritization. The work of the relevant public health agency would be simplified in that they would only need to confirm that the companies at issue are legitimate and appear to qualify as critical infrastructure. The companies would bear responsibility for the accuracy of the information presented in the letter.

Richard Ziff, SGS Produce

Please consider Wholesale Produce workers as priority to get the Covid vaccine. Workers such as myself can not work from home. The nature of our business requires us to daily be in the warehouse and office. We are an critical link in the supply chain of produce to supermarkets around southern California. Without us, the supermarkets would not have produce. A majority of workers in the industry are also minorities.

Kristina Szura, Project Coordinator, ALDI Inc.

I hope this message finds you well - I am reaching out on behalf of ALDI from our national office in Illinois. We have several store locations and a division in the state of California (Moreno Valley) and I have been tasked with taking a more proactive approach in gathering some vaccine information specifically for our California employees. We would like to better understand the following:

1. Where will the vaccine be available in California, and what proof of employment / essential worker needs to be provided if ALDI, as part of the food retail industry, is included in one of the earlier phases of the release before the general public?
2. Who will the vaccine be available to (i.e. where does ALDI or grocery workers as part of the food retail industry fall in the phases of release) and when will it be available to this group?

Having this information as early as possible would be very useful to our team to make sure we are preparing communications and documentations in accordance with California state procedure and policies. Thank you for your help!

Ronald J. Bateman, Executive Vice President, Associated Produce Dealers

I am the Executive Vice President of the Produce Dealers and Brokers of Los Angeles. Our multiple employers operate in and around the Los Angeles Wholesale Produce Market at 1601 East Olympic Blvd in downtown Los Angeles and employ approximately 2,000 essential food distribution workers.

Our downtown wholesale Produce Market was the inspiration of Mayor Tom Bradley back in the 80's to ensure the smooth distribution of fruits and vegetables to the Southern California area. Our members' employees receive Produce from the growers break it down, repackage, and distribute it to the restaurants, cafeterias, schools, colleges, correctional facilities, and grocery stores in California.

During the pandemic, our essential wholesale produce market workers, who cannot work from home, have come to work every day ensuring fresh fruits and vegetables are available to our citizens. These essential workers are at risk of contracting the COVID-19 virus while in the service of providing ample supplies of food to our community. This critical distribution system must remain uninterrupted and functioning.

As our wholesale produce market workers are members of the Food and Agriculture Workers classification, we are scheduled to receive the vaccine during the next round. It is critical for our community that the wholesale produce distribution system our produce market workers engage in is not stopped or interrupted in any way.

Derieth L. Sutton, CEcD, EDFP, MS EPM, V.P. Economic Development & Government Relations, Niagara Bottling, LLC

I am writing today to urge you to prioritize eligibility of employees in food and beverage manufacturing to receive vaccines after healthcare workers, first responders, and those populations most vulnerable to the disease.

As you may know, early in the pandemic, the U.S. Department of Homeland Security defined the food and beverage industry as being critical to our nation's infrastructure. Niagara Bottling, LLC, a family-owned and operated beverage supplier headquartered in Diamond Bar, CA, has continued operating throughout the pandemic to ensure Americans have access to healthy, safe, and affordable water. The food supply chain has faced challenges over the past ten months. Our nearly 1,700 California team members have worked hard to ensure a plentiful water supply in grocery stores, other retail outlets, and homes and offices.

It is critical that food and beverage manufacturers continue to operate as part of critical infrastructure to ensure a safe and readily available food supply. We agree with the recommendations from the National Academies of Sciences, Engineering and Medicine (NASAEM) that employees in these sectors be eligible to receive vaccines in Phase 2, behind healthcare workers, first responders and those populations most vulnerable to the disease. As you develop your state's vaccine distribution program, it is essential that all levels of government prioritize the bottled water industry, and the larger food and beverage sector, for vaccination.

Scott Borden, Co-Owner, Uptown Tavern, San Diego

I'm not an expert and I have an inherent bias as a restaurant owner, but still it seems to me these 2 actions would have faster impact on controlling the virus:

1. Ask everyone who has already had COVID to step aside and wait to get the vaccine until later. This is 2 million + people in CA who may already have some immunity. They should get the vaccine for sure, but waiting a month or two would allow others with no immunity to get protection and give the virus fewer targets going forward.
 2. Rather than focusing on elderly (and I'm 64), why not focus on a more active demographic in front line jobs like restaurant workers? Let's face it, these are the people spreading the virus right now either at work or in their social lives, so why not vaccinate them, slow down the rapid spread and THEN take care of the elderly.
- My 2 cents.....

Vince Daniels, Chief Human Resources Officer, Shamrock Foods Company

As California prepares for the COVID-19 Vaccine, I am writing on behalf of Shamrock Foods Company to reinforce the critical role the food distribution and dairy industries play in our community. As you strategize vaccine distribution, I ask you to prioritize food distributors and dairy manufacturers as they are considered essential and critical infrastructure.

Shamrock Foods Company began in 1922 and specializes in the manufacturing and distribution of thousands of high-quality food and food-related products. We serve as a vital food source across the West Coast for food banks, grocery stores, restaurants, hotels, caterers, hospitals, long-term care facilities, schools, tribal and other government agencies.

We are proud of our continued role in nourishing families for nearly a century, including support of those most in need during the pandemic. Since March, we have donated over 2.5 million servings of fresh milk and dairy to local food banks in addition to food donations totaling over \$1 million. In the early stages of the crisis, we lent drivers and warehouse associates to partner retailers to help manage the extraordinary demand at grocery stores. We also played a critical role in filling the retail supply chain gap with essentials like meat, produce, pasta and canned goods from our foodservice division. Further, Shamrock has been a significant participant in the USDA Farmers to Families Food Box program, which helps farmers and millions of families impacted by the pandemic by providing nutrient-rich dairy and food items. To date we have delivered 1.5 million food boxes to our food bank partners across several states in our footprint.

Our family of associates has grown to encompass over 600 dedicated California team members. Ensuring a reliable supply of food is critical, and we are proud that we have been able to continue serving our community during these unprecedented times. Thank you for all of your efforts and for your consideration. I'm available for additional discussion on this matter and would be happy to answer any questions.

Allison Pratt , Chief Partnership and Strategy Officer, Alameda County Community Food Bank

I am writing to strenuously assert that Alameda County Community Food Bank – and all food banks in California - and our member agencies should be at the top of the priority list for vaccines. 1 in 4 Alameda County residents are in need of food bank assistance (This is in the 400-500k+ range). This represents 100-200k more than last year. And the communities most impacted by COVID are also those most impacted by hunger.

March to December 2020, ACCFB will distribute 42.6 million pounds of food – that's the equivalent of 35.5 million meals in 10 months.

Food banks are taking all possible precautions to ensure that we are keeping staff, volunteers, and clients safe, but we need the COVID-19 vaccine for frontline staff in order to ensure continuity of service. The vast majority of our human-power – non-profit staff and often unpaid volunteers -- is public facing and widely exposed to large groups of people. As an example: one drive-through food distribution serves more than 1,000 people 3x a week – with two paid staff.

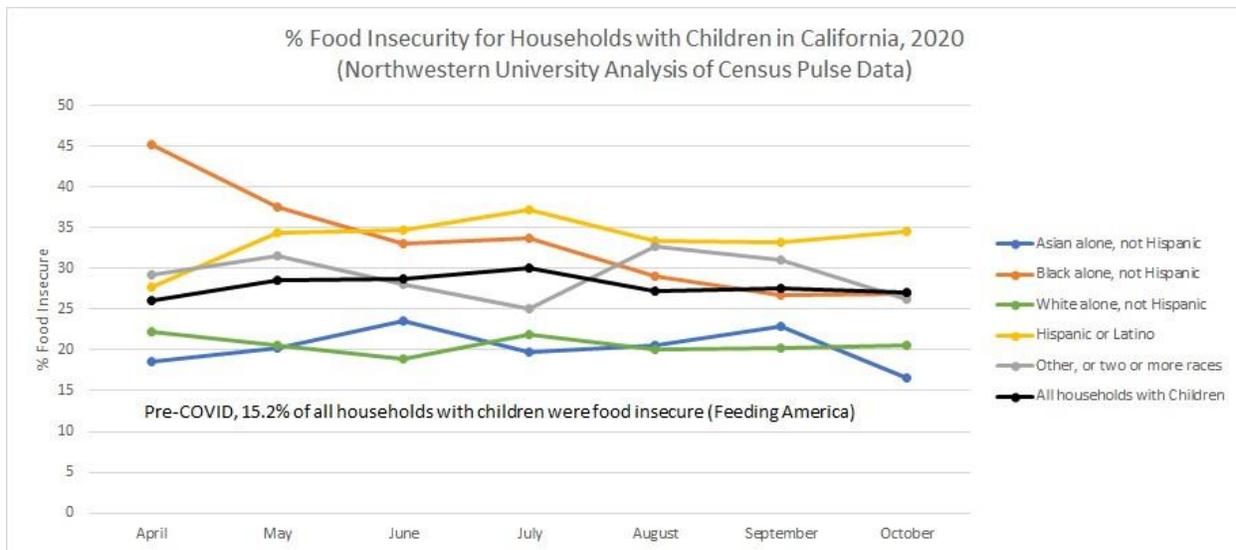
Food Insecurity as a result of COVID-19 is going to be a deep and prolonged crisis, directly affecting many times the number of people affected in the health crisis – and the response depends on a small number of people, most of whom are very exposed.

Please prioritize food banks, and our member agencies, for urgent receipt of COVID-19 vaccination.

Becky Gershon, Senior Policy Advocate, California Association of Food Banks

California Association of Food Banks represents more than 40 food banks that partner with more than 6,000 community-based organizations across the state, all working together towards a shared vision of a hunger-free California. We write to you regarding the urgent need to provide the COVID-19 vaccine to essential frontline food bank staff in Phase 1b of the vaccine distribution timeline in California.

As we near the one-year mark of the devastating COVID-19 crisis, Californians are continuing to face a double threat to their health, between rising COVID-19 cases and rising hunger. At the height of our state’s shutdown in April, approximately a quarter of Californians, 10 million people, were food insecure. Food insecurity remains particularly elevated amongst families with children, and disproportionately so for Black and Latinx households. Among Hispanic or Latinx households with children, for example, a staggering 35% of households are food insecure:

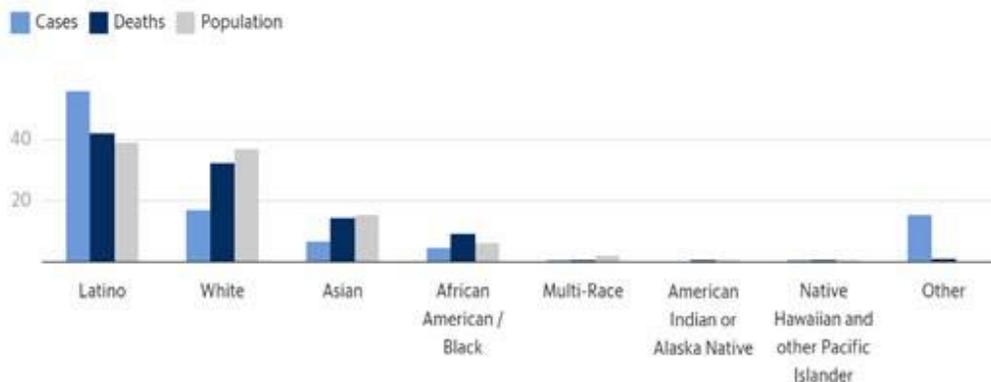


While the state has responded by improving existing and creating new social programs to assist many of the poorest Californians, food banks throughout the state continue to be on the frontlines, serving more people with more food than ever before. They do this with a severely diminished volunteer force, which under normal circumstances, can make up to 70% of a food bank’s workforce volume.

It is well documented by now that the people bearing the overwhelming burden of the COVID-19 crisis both in terms of their health and economic well-being are low-income essential workers. Rural communities with large numbers of food-system workers, like farmworkers and meatpackers, for example, have an infection rate that is five times higher on average than

RACIAL BREAKDOWN OF CALIFORNIA'S CORONAVIRUS PANDEMIC

As of July 1, 88,642 of California's coronavirus cases have been Latino patients.



Census data (used for population columns) does not include "other race" category.

Chart: Jayson Chesler • Source: California Department of Public Health • Get the data

comparable counties. Furthermore, members of the Latinx community in California are getting sick and dying from COVID-19 in disproportionately high numbers:

While California's two million undocumented immigrants are often excluded from federal and State public benefits, access to emergency food resources from trusted partners such as food banks and food pantries is particularly urgent given the climate of fear affecting so many California communities. Food banks across the state continue to report that families are afraid to enroll in CalFresh, and some even ask to cancel their benefits due to fears around how it will impact their immigration status. Our food banks and community partners are the only places where our neighbors can access the food they need with no questions asked.

Food banks are taking all possible precautions to ensure that they are keeping staff, volunteers, and clients safe, but they need the COVID-19 vaccine for frontline staff in order to ensure continuity of service. If a food bank were to shut down because of COVID-19 exposure, even temporarily, it would further perpetuate the secondary public health crisis of hunger, as people lose a vital food source that they may have come to rely on. Ensuring that people have access to the food they need to stay nourished and healthy will prevent costly hospitalizations that are known to spike during the fourth week of the month when families exhaust food budgets. Especially at a time when we all need to be relieving pressure from our medical system, it is more vital than ever that people can safely access the food they need.

We are asking for frontline food bank staff to be included in Phase 1b of the COVID-19 vaccine distribution timeline. With only 50 food banks in California, this would be a limited population but with a very high impact in terms of protecting some of our state's most essential and vulnerable people. We would be happy to provide an estimated number of essential frontline staff if that would be helpful.

Again, we thank the committee for the opportunity to provide this letter, and would be happy to answer any questions or provide further detail if needed.

Janice Selby, Sacramento

I am writing to request that you prioritize staff and volunteers at food banks and food closets to receive the vaccine as soon as possible. These workers and volunteers are in close contact with many people, including elderly and at-risk populations, throughout the community and are doing critical work during this time. I have a relative who works a food distribution site in Truckee and they have been extremely busy as needs have increased due to so many people being out of work. Please prioritize those that are working for food banks as they are very essential workers and are filling an urgent need throughout California.

Getting those who work in food banks vaccinated would go a long way towards ensuring that families that are hungry continue to receive food during this difficult time.

Michael Trolan

I work in a mortuary and handle dead covid cases. If mortuary personnel get sick then there will be no one to care for the dead.

You can verify my licenses at dca.ca.gov under Cemetery and Funeral Bureau.

I need to vaccine right away also.

Carey James Nord, CA Embalmer #6574 and Professional Fiduciary #3

Two important quasi health care providers appear to have been forgotten. #1- Licensed CA embalmers and funeral home personal and #2 licensed professional fiduciaries.

I am hold both licenses and seems like these workers have at least and probably more exposure than grocery store workers and others who apparently will be getting preferential treatment in the “shot line.”

Who should I talk to about getting moved up on the vaccination list?

Garrett Keating, PhD

I'm with Cal/OSHA – Oakland and have a question about a recent presentation given by Dr. Brooks at the 12/16 CVAC meeting. See the figure below from his presentation, specifically the categories circled in red. My question is: do you have further breakdown of those Govt Ops and Emergency Services numbers that might show more specific information on the job titles and state/county/local agencies where these jobs are found. If this information does not exist, can you direct me to information that will explain how these total numbers were determined. I am trying to determine what Cal/OSHA positions are considered as essential. I appreciate any assistance you can provide.

Dave Doyle

Journalists are out in the public working with total strangers. It is time to get them on the list of people who are in the earlier rounds of vaccinations.

Shawn Yadon, CEO, California Trucking Association and Shane Gusman, Director, California Teamsters Public Affairs Council

The undersigned organizations represent the California trucking industry's labor and management interests. Truck drivers and warehouse/logistics workers have been on the frontline of the nation's pandemic response. This month, we were proud to see our industry hauling the first doses of the Coronavirus vaccine around the country, providing many Americans with a sense of hope and optimism that better days are ahead.

While essential healthcare workers and first responders are deservedly being prioritized for the first phase of vaccination, we hope it goes without saying that the very truck drivers carrying the vaccine across the country and the logistics workers ensuring safe storage and distribution should be among the first non-healthcare, non-first responders, to receive the vaccine.

Quinn Piening, President, California Tow Truck Association

On behalf of the membership of the California Tow Truck Association (CTTA), we understand that many difficult decisions are being made regarding the prioritization and allocation of a COVID-19 vaccine in California. Like the rest of the world, the COVID pandemic has ruthlessly impacted California's residents and businesses and a successful, swift recovery is dependent upon the equitable, efficient distribution of a vaccine, once available. To that end, CTTA supports efforts to initially prioritize health care workers, who bravely continue to be on the front line of the fight against this deadly pandemic, and others at highest risk, such as the most vulnerable living in nursing homes.

Next, it is imperative that "emergency responders," upon whom the public relies for their daily safety, be considered for subsequent prioritized access to the vaccine. These uniquely situated workers – including firefighters, law enforcement officers, emergency roadside responders, security, and other public safety personnel – come into regular close contact with individuals, who may not be following COVID prevention safeguards in emergency situations, in order to remove them from harm's way. For example, CTTA represents emergency roadside responders, who have steadfastly continued to rescue stranded motorists throughout the pandemic, thus placing themselves in a higher risk of becoming infected and spreading COVID. This role is critical to the safety and efficiency of our state's roadways, particularly given the massive, pandemic-induced decrease in airplane travel. As Californians continue to travel by car, we need to ensure that these emergency roadside responders are able to safely protect motorists without unnecessarily exposing them to further COVID danger.

As such, we respectfully request that you and other decisionmakers on this matter consider prioritizing COVID vaccine distribution to emergency responders, like emergency roadside responders. Thank you and please let me know if you need any additional information.

Michael Roddy

I am 73, but am engaged in emergency rebuilding in the Rogue Valley of Oregon, where over 3,000 homes burned down. The people who lost their homes cannot find housing, and ag workers are sleeping in the orchards where they had been employed. It is cold and damp in that part of the state, and families and children are suffering. We can build homes for them quickly, but only if me and our main crew (NorCal Framing, a general contractor from the Modesto area) are preparing to send men there to save lives. First priority is myself, though: there are administrative and logistical challenges that I am experienced in meeting ((I've built 700 homes with light steel, about half for emergency housing). Nobody else has our team's skills and ability to move quickly. If we wait, people could die from exposure. Suppliers will be Chispa Steel, noncombustible cladding firms, metal roofing companies, and others. Please help. I lived in the Rogue Valley for 19 years, and know many people there who are suffering. All I need is the two shots, and we could save many lives. Better yet, vaccinate the NorCal Framing crew (a licensed general contractor) as well. A prompt response would be appreciated; I can provide more details if you wish.

Rosalinda Rios

I am suggesting that after all emergency and medical personnel, nursing homes residents and workers including homebound, over 65 years and essential workers, continue to go first. Then, it makes sense to go into proven highly infected areas such as East Los Angeles, Santa Clarita, etc and bring down infection rates. If we were Texas, I believe El Paso area would be first. People protesting vaccine should be passed over immediately. No time should be taken or wasted on them now. This should be announced in a polite way. It may change the stubborn view of some. In time, they can make a better choice for themselves.

Lara Fishman

I want to extend my appreciation for all of what you are doing for the community and beyond.

I am a single mother of two and on unemployment. My husband participates and no capacity and I simply can't afford to get sick.

Would there be any consideration for single mothers in this capacity to get the vaccine as soon as possible after those more at risk in the front lines, immuno suppressant and the elderly?

Rachel Levin

I strongly believe that single parents and caregivers should be prioritized when it comes to vaccinations. The impact if a single parent dies and or becomes permanently disabled by this virus will be life changing for his or her dependents.

Anthony Chavez, CTR, Geospatial Specialist III, AFCEC Geospatial Integration Office & USAF GeoBase Program

The Air Force is inquiring the geospatial capture of vaccines within the State of California. We would like to know if there is a dashboard or feature layer in which we can utilize, that you are capturing? Please let us know if this is in your wheelhouse. We would like to emulate anything you have along with giving 100% credit. If we do come up with something on our end, we also, would be willing to share with the State of California.

Melanie Woodworth, Newport Beach

Why not use the #s from the hospitals in our states to tell you who should get the vaccine next? Who are our ERs and ICUs seeing most? Who is dying most? That should tell you who gets the next round. Oh, and CA should make our own deal with Pfizer to get those warehoused vaccines distributed.

Sean Jackson

As you determine the priority for vaccine distribution please consider Aerospace/ Defense workers who were deemed essential by the state of California during during the various Stay at Home orders. These individuals have been working on-site since March and are unable to work from home which increases their risk of COVID exposure.

John Hutar, President and CEO, San Mateo County and Silicon Valley Visitors Bureau

I am also writing to seek your support on including hotel workers in the early round of vaccine recipients. Hotels are deemed essential and in many cases used for COVID quarantine. Food workers are already earmarked in the early vaccine phase so it seems logical to also include workers who have direct interaction with guests and those servicing areas of the hotel where guests are living.

Thank you for considering this matter and thank you for lending your expertise in developing what will surely be a thoughtful and equitable approach in distributing the vaccine. I remain at your disposal if you have any questions.

Marc Tobia

Please prioritize the vaccine to those who must work outside of their homes during the next phase of distribution. It is unfair and cruel to make those who cannot work from home wait to receive a vaccine. Grocery workers, food workers, factory workers, drivers, food delivery personnel, and other workers who keep our economy going and help people have the option to stay at home should be prioritized. These people do not have an option to social distance or stay home, and we should acknowledge that. We should give them peace of mind and a thanks while the rest of us benefit from their labor and shelter.

Karl Blasius, age 73 and Elisa Jorquez, age 78

Staff of essential services, particularly food stores and pharmacies, should be given high priority for early vaccination. They are in contact with large numbers of the public daily, including many with impaired health. By acquiring an infection they may spread it widely and interrupt essential services by their own disability.

Christina Hildebrand, President, A Voice for Choice Advocacy, Inc.

I am writing to you on behalf of A Voice for Choice Advocacy (AVFCA). AVFCA advocates for people's rights to be fully informed about the composition, quality, and short- and long-term health effects of all products that go into people's bodies, such as food, water, air, pharmaceuticals, and cosmetics.

We understand the mission of the Community Vaccine Advisory Committee is to prioritize who receives COVID-19 vaccines in California and to do this equitably. The FDA has granted the Pfizer and the Moderna COVID19 mRNA vaccines Emergency Use Authorization (EUA). While blanket EUA has been given to those 16 and older for the Pfizer vaccine and 18 and older for the Moderna vaccine, the clinical trials do not include enough recipients in key subgroups, to be able to determine the safety and efficacy in groups such as those pregnant or breastfeeding, those over 85, those with co-morbidities, those taking other medications and those of ethnic backgrounds.

A Voice for Choice Advocacy asks in all your deliberations and recommendations, you use extreme caution, first and foremost remembering that, at this stage, all COVID EUA vaccines are live human experiments, with the very real possibility of severe, unknown side effects that may be worse than the COVID-19 itself. When considering the safety and prioritization of a COVID-19 vaccine, AVFCA has significant concerns regarding vaccine safety, due to the lack of full clinical trials, the lack of manufacturer liability and that the vaccines use novel technology. AVFCA also has concerns that Californians will not be given full informed consent and may be coerced into taking the vaccine fearing discrimination or retribution. We ask this Committee ensure:

- All those offered the vaccine are given full informed consent, explaining the possible benefits, risks, and unknown factors, including information explaining their taking a COVID-

19 vaccine under Emergency Use Authorization is experimental, the lack of full clinical trials for safety or efficacy, the lack of manufacturer liability and that the vaccines use novel technology.

- All recommendations, marketing and communication with respect to the COVID-19 vaccine are transparent with respect to the lack of completion of clinical trials and therefore lack of long term safety and efficacy data, the lack of manufacturer liability and transparent about the possible known and unknown side effects.
- The vaccine is only offered to those Californians for whom the serious risk of COVID-19 outweighs the potential risk of the novel vaccine, even if this means limiting vaccination to a small subgroup of Californians.
- Californians are made aware that they have a right to decline the vaccine and will not be discriminated against or suffer retribution for doing so, and that vaccines cannot be required without medical, religious and disability accommodations.
- Disabled and people of color, who have been experimented on throughout US history, are not targeted by giving them vaccines that have not been fully researched, among their subgroups.

A Voice for Choice Advocacy also asks:

- COVID-19 vaccines be researched among those who are sick, pregnant or lactating, or have had COVID-19, before recommending them to these groups.
- Clinical trials are increased to include greater numbers of ethnic minorities, including blacks and native Americans.
- Antibodies and T-Cell immunity be researched to determine how long vaccine and natural immunity lasts and if immunity will be conferred if the virus mutates.
- The vaccines be researched to understand if they prevent COVID-19 transmission or just reduce the rate of severe symptoms.

These points are further detailed and documented below. Thank you for your time and consideration. Please feel free to contact me if you have any questions.

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COVID-19 Vaccine Safety and Prioritization
~Detailed Summary~

Safety, Liability and Informed Consent Concerns

Under section 564 of the Federal Food, Drug, and Cosmetic Act (FD&C Act), the FDA Commissioner may allow unapproved medical products or unapproved uses of approved medical products to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused when there are no adequate, approved, and available alternatives. However, vaccines, or other medical products, that are approved under Emergency Use Authorization have not gone through thorough safety and efficacy testing, and may be based on very limited evidence and consciously or unconsciously influenced by the intense pressure to speed vaccines to market (as is likely the case with a COVID-19 vaccine). Furthermore, under the Federal Public Readiness and Emergency Preparedness (PREP) Act all COVID-19 vaccine makers are provided immunity from liability for their products (<https://www.phe.gov/Preparedness/legal/prepact/Pages/default.aspx>).

The rush to manufacture a COVID-19 vaccine has been unprecedented, which means the safety review also needs to be unprecedented. AVFCA is hopeful that the Scientific Safety Review Workgroup is able to assess each vaccine independently, without influence from any third parties. The evaluation of the COVID-19 vaccines will be extremely difficult, given the information available will be based on only partial safety and efficacy data, due to the incompleteness of the vaccine clinical trials.

While fully tested vaccines may provide a level of immunity in the future, vaccine development is usually a long, complex process, often lasting 10-15 years, involving a combination of public and private involvement (www.historyofvaccines.org/content/articles/vaccine-development-testing-and-regulation). Vaccines usually go through animal trials and then once a vaccine has been proven safe and effective in animals they are moved to three-stages of human trials (www.cdc.gov/vaccines/basics/test-approve.html).

Let us not forget the past. In 1976, an outbreak of swine flu at a US military base led to fears of a devastating pandemic. By the end of the year, 40 million out of some 200 million Americans were vaccinated for the new strain with a brand new rushed vaccine, but no pandemic appeared, dozens of vaccine recipients were diagnosed with Guillain-Barré syndrome and public health credibility suffered (<https://www.history.com/news/swine-flu-rush-vaccine-election-year-1976>). In 2009, another H1N1 vaccine was rushed to market without fully being tested, due to fears of a global swine flu pandemic. It resulted in one in every 50,000 who received the vaccine having their immune system attack clusters of neurons. Scientists studied this for six years and in 2015, the UK government officially acknowledged that the vaccine caused brain damage, leading to permanent narcolepsy (www.cdc.gov/vaccinesafety/concerns/history/narcolepsy-flu.html).

The Scientific Safety Review Workgroup's safety evaluation will be further impacted because the two COVID-19 vaccine frontrunners use mRNA technology and the third uses adenovirus-vectored vaccine technology, neither of which have ever been approved by the FDA for human use. There is no knowledge of the safety or efficacy of these novel vaccines technologies long term. These vaccines are completely experimental and those given the vaccines prior to the completion of the phase three trials late next year are guinea pigs, and will be monitored for two years during this live experiment.

Furthermore, previous coronavirus vaccine testing (for SARS and MERS) resulted in severe issues of Disease Enhancement. Disease Enhancement occurs after an animal or human receive a vaccine and then when exposed to the virus develop more severe symptoms than those who had not been vaccinated. For example, in studies of an experimental SARS vaccine reported in 2004, vaccinated ferrets developed damaging inflammation in their livers after being infected with the virus

(www.ncbi.nlm.nih.gov/pubmed/12725690; www.ncbi.nlm.nih.gov/pmc/articles/PMC3454321/; www.sciencedirect.com/science/article/pii/S0264410X05009163). COVID-19 vaccine trials have not been conducted sequentially to exclude the possibility of this serious reaction happening if exposed to the virus months or even years after vaccination.

Given the public and political demands it is likely that the Scientific Safety Review Workgroup will recommend a COVID-19 vaccine. When the group does recommend a vaccine for distribution, A Voice for Choice Advocacy is extremely concerned that those offered the vaccine will not be provided with full informed consent. We ask both Committees, the Governor and the California Department of Public Health in all their recommendations, marketing and communication with respect to the COVID-19 vaccine to make the following clear, and for doctors and pharmacists to do the same, so patients can make an informed decision with their healthcare providers:

- The COVID-19 vaccine is approved by the FDA with Emergency Use Authorization, and has not gone through full clinical trials for safety and efficacy. Therefore the long term safety and efficacy of the vaccine is unknown.
- The COVID-19 vaccine uses mRNA or adenovirus-vectored vaccine technology, which has never been approved by the FDA for human use. Therefore its long term effects are unknown.
- The vaccine manufacturer and person administering the vaccine has no liability and therefore if a person has an adverse reaction from the vaccine they have no recourse to sue or get any financial compensation.
- The relative known risks of the COVID-19 vaccine vs COVID-19, its survival rate, therapeutic treatment options to aid informed consent.
- All adverse reactions should be reported by the patient to their physician who is obligated to file a report in the Vaccine Adverse Events Reporting System database, as well as contact the manufacturer. The patient can also file a report themselves.

Prioritization and Coercion Concerns

HHS and ACIP have both discussed the prioritization of whom should get the vaccine as it is rolled out in recent meetings. AVFCA believes that with their guidance, as well as the guidance from the Community Vaccine Advisory Committee, that California will create an equitable and fair prioritization to distribute the COVID-19 vaccine. However, with at least for the next year the COVID-19 vaccine being an experimental medical treatment, AVFCA urges you to ensure that only those who want the vaccine and have given full informed consent based on, at minimum, the above five points, are given the vaccine, and that Californians are not misled or coerced into taking a COVID-19 vaccine.

The goal of an EUA vaccine should NOT be 100% vaccination, or even close to that. With never before vetted technology, without completed clinical trials and without full FDA approval, a COVID-19 vaccine must only be offered to those who will be severely impacted by not taking the vaccine. We know from the CDC that 99.2% of the population survives COVID-19, and even among the highest mortality groups the survival rate is over 94%. Without the long term risks of the vaccine having been studied, an in depth risk to benefit analysis needs to be conducted for all subgroups for whom the vaccine becomes available.

AVFCA asks the Community Vaccine Advisory Committee to ensure:

- The vaccine is only recommended for those Californians for whom the risk of the vaccine outweighs the potential risk of the novel vaccine.

- Californians, as the vaccines become available to their priority group, are given full informed consent and made aware that they have a right to decline the vaccine and will not be discriminated against or suffer retribution (including but not limited to sanctions, penalties, job loss, denied access to grocery stores, travel, entertainment, education) for doing so.
- No entity should be able to require proof of ~~immunity~~ vaccination to COVID-19 as a requirement for receiving any benefits or services provided by the state, such as CalWorks, CalFresh, WIC, Medi-Cal, IHSS, education, etc, and it is made clear to recipients that there is not a requirement linked to them receiving these benefits.
- Employers and employees are made aware that COVID-19 vaccines cannot be mandated as a contingency of work for any employee regardless of their possible exposure, without religious and disability accommodations, per the 1964 Civil Rights act and the U.S. Equal Employment Opportunity Commission (EEOC)'s 2009 guidance which unequivocally concludes that "both the ADA and Title VII prohibits an employer from compelling its employees to be vaccinated...regardless of their medical condition or religious beliefs – even during a pandemic."
- While the disabled and people of color have been disproportionately impacted by COVID-19 in many ways, and may be a high on the priority list for getting the vaccine, that these groups are not innocently experimented on, as they have been in US history (https://en.wikipedia.org/wiki/Unethical_human_experimentation_in_the_United_States).

Additional Concerns and Research needed

There are many outstanding questions, which should also guide both workgroups decision making, and while some may be outside their purview, the workgroup should demand them to be further researched:

- The vaccine clinical trials have been conducted among those who are healthy, not pregnant or lactating, and who have not had COVID-19. Therefore no safety data among those who are sick, those who are pregnant or lactating, or those who have had COVID-19 exists. AVFCA asks that these groups are researched before the COVID-19 vaccine is recommended for them, even if they are in a priority group.
- The majority of clinical trial COVID-19 vaccine recipients were injected less than 4 months ago. Not only can the safety not be established, but the long term efficacy can also not be established. It is not known how long the vaccine antibodies will last or if they will confer immunity if the virus mutates. Furthermore, the length of immunity for those who have had COVID-19 has not been fully established, but leading researchers believe it is at least six months, but likely much longer (<https://www.biorxiv.org/content/10.1101/2020.11.15.383323v1>; <https://www.nature.com/articles/s41591-020-01143-2>; <https://www.medrxiv.org/content/10.1101/2020.08.11.20171843v2>). Research has also implied T-cell cross-reactivity from previous coronavirus infections conferring immunity (<https://pubmed.ncbi.nlm.nih.gov/32753554/>; <https://pubmed.ncbi.nlm.nih.gov/32753554/>). AVFCA encourages this to be further researched and funding to be put towards accurate antibody and T-cell testing development, so those who have had COVID-19 know their immunity status.
- While the three frontrunner vaccines are thought to lessen the symptoms of COVID-19, they seem not to prevent the transmission, as is the case with other vaccines, such as the pertussis

vaccine. If this is the case, the vaccine will reduce the rate of severe symptoms, but may mask transmission. AVFCA encourages this to be further researched.

- As safe and effective therapeutic options become more readily available, these should become a California healthcare priority to increase patient survival rates and reduce social and economic impacts of the COVID-19 pandemic.

Maria B. Juncal Ortega

Since the coronavirus vaccines have skipped essential vaccine trial steps, the long-term serious adverse effects are not known. The mRNA vaccines contain never used RNA technology in vaccines. Millions of Americans are unknowingly participating in a post-marketing vaccine trial. That is immoral and unacceptable since it goes against informed consent law! Unfortunately we, the people, are being exposed to aggressive marketing for very profitable coronavirus vaccines without legal liability in case of serious vaccine injuries or even death. The Pfizer/ BioNTech FACT SHEET FOR HEALTHCARE PROVIDERS ADMINISTERING VACCINE (VACCINATION PROVIDERS) states and I will quote: "Although limited scientific information is available, based on the totality of the scientific evidence available to date, it is REASONABLE TO BELIEVE that the Pfizer-BioNTech COVID-19 Vaccine MAY BE EFFECTIVE for the prevention of COVID-19 in individuals as specified in the Full EUA Prescribing Information." These words are not indicative of robust, factual science. Because all the aforementioned reasons, coronavirus vaccines need to remain optional. Nobody should be coerced into getting an experimental, unsafe and ineffective coronavirus vaccine!

Bailey Hyland, Richard Ishimaru, Ivy Ly and Sydney Martinelli

Our names are Bailey Hyland, Richard Ishimaru, Ivy Ly and Sydney Martinelli and we are second-year pharmacy students at UCSF. We are advocating on behalf of those that are more likely to face the negative consequences of COVID-19, such as hospitalization or death. CDC data(<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>) shows that those of Hispanic or Latino, Black or African American, and American Indian or Alaska Native backgrounds are approximately 4 times as likely to be hospitalized and approximately 2.6 times as likely to die due to COVID-19. We are recommending that once phase 1b and 1c begin, that these groups be prioritized over others who fall within the respective categories (persons 75+ for 1b and persons 65-74 and persons 16-64 with a chronic health condition for 1c). California has been committed to fighting COVID-19 using scientific data and principles, and we believe our vaccine roll-out plan should also follow that data. It is abundantly clear that some populations are more vulnerable than others, and we should be fighting health inequities and systemic racism using tools well within our control, such as vaccine distribution. Disclaimer: The views and opinions expressed herein do not necessarily state or reflect those of The Regents of the University of California, UCSF, UCSF Medical Center, or any entities or units thereof.

Christopher Rauen, Berkeley

I have been listening to the Community Vaccine Advisory Committee meetings and much of the focus is on communication information out to populations that are eligible to be vaccinated. While this is important, my related questions, which do not seem to have addressed by the committee, is (1) how does someone verify that they are a member of an eligible group (i.e. Group 1A, Group 1B) and receive an appointment and vaccine and (2) how will health departments or health care providers weed out potentially fraudulent submissions. Many of the Group 1B (and some of the Group 1A) employment categories include a significant number of informal or undocumented workers (i.e child care, agriculture and food service) which will likely compound this issue.

Perminder Bhatia, MD, Neuro-Pain Medical Center Inc., Fresno

Covid has been affecting a large number of the population in California. And so far the speed to give Covid vaccines to the public has been very slow.

Is it Red Tape.

Too much control

Distribute Vaccine to every Physicians office who has -8 Freezer and epipen

Why its taking 7-10 days to approve the site.

MR

This process of distributing covid vaccine has been too slow. This should have been given out to primary drs, and retail chains at the same time. Not in tiers. And the younger than older generations should've been first. 20,30,40,50 etc. We Americans have no one that's really thinking this out. U.S will be last to control this virus, due to mismanagement of the highest level.

Sarah

Hi. I have recently been made aware of your committee and It appears that there is zero representation for hair stylists, or any other personal services on this vaccine advisory committee yet our industry has been hard hit with shut downs and we work closely with the public. I'd think there should be some considerations for so many of us in this industry who continually fall between the cracks to be given early access to a vaccine. This will not only help reduce the possibility of the spread of COVID 19 between us and our clients but it will also hopefully help save our businesses and allow us to work as we continue through these next months.

I have been expected to shut down my business completely for nearly 6 months out of this year and without some protections I project we will be forced closed again and again. Unemployment is threatened for those of us who are considered self employed and it does not cover our business lease amounts as well as our own personal bills. Loans are not helpful as they add more debt to our shoulders and personally being given less then \$8000 from a loan won't cover my business lease and my personal bills for any length of time but that is all I qualify for. We aren't allowed

to have both a loan and unemployment either. So basically, we are forced to close, we are forced into massive financial hardship and we are faced with losing our individual businesses. Let alone salons will go under which will leave many self employed stylists, nail techs and estheticians without a place to conduct their businesses when we are allowed to work. These circumstances are forcing people to work regardless of the mandate out of sheer necessity for financial survival. This goes against the goals that have been stated. This is why my industry needs someone who can advocate for us to be allowed vaccine access sooner rather than later.

Please let me know how on earth to get these concerns addressed within your advisory committee and who could even get on your committee to help us?

Nick

I know that many of you wish to follow the Hippocratic oath which starts with "first, do no harm." But I feel that when distributing a vaccine, for which demand far exceeds supply, that you apply a similarly ancient tenant: "an eye for an eye."

What I mean by this, is that if an individual has been complicit in the spread of this virus, say, by walking around without a mask indoors at the grocery store and yelling about "my freedom," or going to bars and clubs because "the virus isn't real," that they go immediately to the back of the line for vaccination. Regardless of whatever other boxes they tick.

These people put the healthcare system, and thus the rest of society, at greater risk of harm. In many cases, out of sheer selfishness. These people do not deserve the fruits of the labor of scientists, doctors and nurses that they won't listen to. Its time that they experience real consequences for their antisocial behavior commensurate with the harm they cause.

Because it might be difficult to assess a patient's attitude towards life saving vaccines just by looking at them, I propose that a system using sentiment analysis of their social media accounts be employed. Those wishing to be vaccinated will have to login to their accounts on a device managed by the vaccinator. If the patient scores high in anti-mask or similar antisocial rhetoric, they will be denied the vaccine and be added to a list distributed in real time to other vaccination sites. Those tempted to merely delete their profiles, posts, etc., will be checked against existing public archives as well by this system.

The private sector already has such tools in place for use in employment screening. They could very easily be repurposed for this task.

Once people who followed the simple, rational advice of "stay home, wear a mask, and wash your hands" have gotten back to normal through vaccination, then and only then, should those responsible for its extended duration be given these life saving medicines.

Miranda Keala Priestley

I'd like to take this moment to offer an opinion with regard to the rollout of the vaccine.

I can't speak for all adults with medical conditions that contribute to a higher fatality risk, but the two adults in this household have been isolated since March 14: no exercise, no visiting with loved ones, no leaving the four walls of this apartment. Behind healthcare workers, grocery workers, seniors, and the unhoused population of our city, it is my opinion that those of us who have done what was asked and required (out of consideration for our lives and the lives of others) should be next in line. At the very least, we should not be forced to wait for the general public tier, nor should we come behind any member of this community who denied this virus or acted casually in the prevention of the spread of this virus by participating in inessential activities.

Heidi Duncan

For those of us who travel in RV's for many months at a time, will there be an opportunity to obtain the vaccine while on the road? This type of travel typically covers multiple states.

Paul Chang

It is a fact that NOT everybody want to receive the vaccine immediately. Thus it is suggested, that it is time, that portion of the vaccine is made available, as a type of permit, to open market.

For people who need to make international travels, or go out more frequently, they can purchase a permit on Amazon or in drugstore, and get vaccine injected in any local hospital.

Annette Winter

I'm retired, age 79 and healthy; don't have to be anywhere, don't need a job, know how NOT to get the virus and think the vaccine should go to folks who need to work to support families, pay bills and send their kids to school so they can get back to work before healthy old people who aren't at risk. Just sayin'

Marc Smith, Irvine

First of all, thank you so much for all that you are doing to help Californians navigate and get through this crisis. Kudos to everyone!

Secondly, as far as vaccine distribution goes, I am a 49 old male so I am not in one of the initial groups for vaccination. However, I a very ready for the vaccination!

So, I would like to recommend that you set up a website for people who do not fall into one of the initial groups but want to get vaccinated that allows us to sign up to be on a waiting list.

This waiting list would be used when there are excess amounts of vaccine that need to be used before expiration and otherwise would be thrown out and wasted. When we sign up on this website, we could note how far we are willing to drive to go get the vaccine. I live in Irvine and would be happy to drive four or five hours if it meant I could get vaccinated. I have heard that some rural areas will have more vaccine than they need and a lot of people on these areas don't want to get vaccinated.

Please don't let any vaccine go to waste!

Cheers to 2021!

Joan Tateyama

Just make a list!

Regardless of what you do someone is going to complain.

Don't get stuck in analyzing this to the death (of us :).

Charles Hsieh

Often the best is the enemy of the good. A mass vaccination campaign to achieve herd immunity needs to be simple to implement in order to be scaled up quickly. Having rules or prioritizations that are not easy to implement may result in confusions, frauds and wasted time and/or vaccines. Right now, the virus is literally going viral in the State, and the vaccination campaign, if carried out quickly, can help to douse the flames. Thus, in considering how to prioritize, please also consider how practical or cumbersome any such rules/prioritizations would be for the local health authorities to administer, how easy they would be for the general public to comply, and whether there is any chance that they may inadvertently slow down the mass vaccination campaign.

Fred Mangarelli

This email contains my personal feelings with regards to the vaccination process and is not associated with my company.

The short term goal should be reducing the number of deaths and number of people that get very sick until there is enough medicine to vaccinate everyone. I really don't care if a healthy 20 year old grocery worker gets covid because the probability of them recovering is greater than a 50 year old with type 2 diabetes and is obese.

It seems the approach being taken is vaccinate those with a high rate of exposure. I agree with that approach to a certain extent. Front line health care workers, paramedics, EMT's, and firefighters should be first in line to receive the vaccination. We have already started vaccinating the nursing home patients, which is the right move.

I know I have very little say, but the approach I would take would be to vaccinate after the above population every high-risk adult based on the probability of them getting seriously ill. It's clear as day, age and preexisting medical conditions play into the survival rate. Why would we vaccinate prisoners and essential workers before we vaccinate those with a high probability of dying or getting seriously ill? If a prisoner or essential worker fall into the high risk category then they should get the vaccine. I completely disagree with the blanket approach of vaccinating individuals because of the probability of exposure. It should be based on the probability of survival and getting seriously ill. This approach would start reducing the number of deaths and free up the beds in the ICUs.

Kristen Blincoe

I would like to give input into the rollout of the COVID-19 vaccines. When considering who the next priority recipients should be, health should be considered before age, and profession and living environment should be combined with health and age to create a total risk score. Those who are both high risk due to health, age, or living environment *and* work in a high-risk profession should get priority over those who are only one or the other. I know that it is easier to manage distribution when qualified individuals can be identified based on occupation or age, but if the risk is to reduce cases and reduce deaths, we need to make a higher priority for those who are physically at risk due to health issues. Physicians should be authorized to contact their high risk patients and put them on a priority list for distribution at the nearest distribution location. Distribution locations should be set up similar to testing sites in parking lots or other available space close enough to a facility with the cold storage, but not necessarily in the facility if there is concern of disease transmission.

Additionally, I would encourage the implementation of some kind of a waitlist that the public can put their names on with contact information so that if vaccines are available after the initial targeted recipients have received theirs, members of the public can begin to get vaccinated as well. I recognize that it is important to vaccinate the priority individuals first, but there is no excuse for having vaccine sitting unused just because those who are priority choose not to get it when there are people in the general public that would be willing to take it. The goal should ultimately be to get the vaccine into as many people as possible as quickly as possible. This not only will help reduce transmission and strain on the medical system, but it will also build confidence in the safety of the vaccines themselves.

Tim M.

Mom and pop landlords, property managers, plumbers, residential electricians and other HOUSING PROVIDER related service people should be included in the "next in line:

discussions to receive the Covid 19 vaccine. Some of the housing providers must enter multiple occupied apartments, houses and other people's living spaces numerous times per day. They are at an extremely high risk of exposure. Furthermore, people in their own homes are not likely to be masked which puts these housing providers at an even higher risk of being exposed. Clearly, these housing providers are essential and should be considered as such as the list is being developed.

Mike Moran

Your public messaging about covid19 has been a disaster. Your “messaging” about the vaccine has been useless, too. How many doses have been received? How many administered? What is your anticipated realistic schedule for proceeding through the different “tiers” of recipients?

Eric Rasmussen

I don't understand how your clown car operates. It says the CDPH will determine allocation and distribution of the Covid-19 vaccines. Then it says the local public health officer will determine the allocation for the local area. Today is my birthday and I am now 81 years old with two stents and a pacemaker. I don't want to elbow any deserving person out of line but I do to know where I stand it what appears to be a total stuff-up that even makes POTUS seem organized.

I live in Redondo Beach with zip code 90277; I am enrolled with Torrance Memorial Hospital system. Does "local area" mean Los Angeles County? Does it mean Redondo Beach? Does it mean Cerner Health? Does it mean Torrance Memorial Physician Health system? I have read the CDPH.CA.GOV website. The information is utterly insufficient. Who is in charge of zip code 90277?

My sister-in-law in Indiana, who is younger than me, already received her first inoculation. But Indiana seems to be an organized state, quite unlike California.

Bhupendra Shah

I heard lots of complaints about the distribution of vaccine local planning in Stanford, Santa Clara and Alameda county.

My friends and family members above age 65 already received Covid-19 vaccination in Arlington TX and Coral spring FL and Orlando FL. I am above age 80 and still waiting for vaccination in Fremont CA. Not even communication about it. Please compare Texas and Florida distribution with CA. We should be more advance than other states. Thank you very much.

LaDeane Hansten, Columbia

Please consider adding college kids and those who work with them to the priority list. They may have no choice but to go back to class sizes that we know are too large, while living in overly-cramped conditions on and off-campus.

The potential for spread, especially in Isla Vista and population-dense areas like it is immense. This has already been shown at San Diego State University.

We cannot operate under the assumption that the long-term effects for this age group are minimal. 26-40 year olds just had the highest mortality rate they've had in the HISTORY of the U.S., due to COVID. Please protect the kids and the workers.

The elderly Zev Brooks

Please consider the youth as a priority. 17-30 They may not be as susceptible, but they suffer the most by not being able to go out, experience dating, missing job opportunities.

They also are most likely to spread the virus. Vaccinate them and transmission will decline. Most parents would rather see their kids enjoy a fuller life and wait.

Stacy Sahagun, Premier Homecare Angels

My name is Stacy Sahagun and I work for Premier Homecare Angels. We are a Homecare agency that provides caregiving services to the elderly in their homes. I am inquiring about how we can get our caregivers access to the vaccine. I believe that we are in Tier 2 as we do provide In-Home Supportive Services. I am just looking for any information that can help us. We are not sure if there is somewhere we need to apply. We haven't received any kind of information from anyone about whether our agency will be provided the vaccine or where we can access it. Any information is helpful.

Audrey Krall, MSN, CRNP, RN, Spring Fertility, Nurse Practitioner

I was provided with this email by the CA Office of Public Affairs. They informed me that you could provide updated information on the availability of the COVID vaccine to healthcare workers.

I work as a Nurse Practitioner in a private clinic and was curious about publicly available vaccines, as I am not affiliated with a hospital.

Please let me know if there are opportunities for signing up to be vaccinated through the state department.

I appreciate any information that you can provide.

Tony Marques

I am 78 years old and I need to know when can be vaccinated against Coronavirus?

Amed Franco

Pharmacy Partnership Red Cap

I was following up to my previous email. I was hoping you can direct me someone that can assist with signing up for the vaccine for the clients we support and the employees who support them.

Jane

I am a School Nurse. What tier School Healthcare workers (technicians, etc.) fall under to receive the COVID-19 vaccine?

Renee Novich, Over 70 and a San Francisco resident

1. Why is there no public information about who, when and where to get a vaccine?
2. Other states, counties are already vaccinating those over 65 or 70 upon request and by appointment. Let's get going! i.e., public health in Dade Co. Florida has a drive thru appointment underway and the public are getting vaccines now.
3. How can I get an appointment for a Pfizer vaccine now?

David Crandon, O.D.

There is a group of medical professionals that are Tier 1a, but have been left in a grey area about how to get the vaccine.

Can you please help?

I am a doctor, and optometrist, who works in Nursing Homes providing mobile eye exams and treatment to the patients. I go around to different Nursing Homes every day.

Because I am not an employee of the Nursing Home itself, I have been left off any lists that are compiled for vaccines. The LA County Nursing Homes say they are only given enough for their residents and staff as they are given the Moderna vaccine they keep on site.

In other counties I have been unsuccessful getting any response from CVS or Walgreens with advice.

So, as an ancillary staff doctor with direct patient contact to patients in Nursing Homes, how do I get my vaccine? Of course, I am not the only one.

Can I come to a community clinic get it?

I also work in the Riverside County Jail system as their staff optometrist. But I can't get it there either, even though RUHS is their contracted health care provider.

Can you please contact me with suggestions. I can supply all my credentials.

Marianna Kritsberg, MSW, LCSW, RN, Branch Manager, Northern California, Genex

Our RNs fall into this category:

- Community Health Worker/Promotoras: People with deep community connection who facilitate access to health/social services and improve the quality and cultural competency of service delivery. Activities include outreach, community education, informal counseling, social support, and advocacy.

How/when can they receive the vaccine? – 80 RNs in Alameda County.

Sandra Kozuch

I live in Curtside Towers in Woodland Ca. We are the largest facility for seniors in Woodland. We have residents that are in 70's,80's,and 90's in age. Some of the residents are mobil but most do not drive, have walkers, and numerous medical problems. There are many who have medical care come to their apartment to assist in daily needs. We have a third floor meeting room that is large and could vaccinate these older citizens here because some can not travel in town. We should be on the list of senior homes. Please help us with this and help the seniors here. We have been socially distancing since March and it is becoming depressing not able to do anything.

Elizabeth Chang

My husband is a physician assistant working at a private urgent care (not affiliated with a hospital system) and he sees and tests covid patients daily. How and when would he be able to get the COVID vaccine? We are looking at multiple california and san diego websites and cannot find an answer.

Marianna Kritsberg, MSW, LCSW, RN, Branch Manager, Northern California, Genex

Hi, I am inquiring as to the distribution of the COVID19 vaccine for our agency in Alameda County. Our nurses provide case management/home visits/patient care coordination in Alameda County. Our office is at 5820 Stoneridge Mall Rd, Ste 110-28, Pleasanton, CA.

I would like to get our RNs vaccinated as soon as possible. Our team is 80 RNs. We should fall under Tier 2, Phase 1. I have been speaking with our colleagues in California that provide similar services for Kaiser, Sutter, etc., and they have received the vaccine already.

Can you please provide us a timeframe and procedure for our nurses obtaining the vaccine, so we can keep providing services to the community?

David Mohammadi

My Mother (on CC) was selected to get the vaccine Nasrin D. Mohammadi, we filled out the survey (link below): <https://veoci.com/v/p/form/prtb3w4xr5j8>

She works for the Afghan Elderly Association, but she has not received a confirmed date to come in for the vaccination.

Please advise what are the next steps for Nasrin Mohammadi to come in to receive the first phase of the vaccine.

Joyce Harris

Governor Newsom's office suggested that I contact your group to get clarification to the following question:

According to the LACDPH Health Advisory: Covid-19 Vaccine Update dated December 4 and posted online, Phase 1a includes:

"Long-term care Facility (LTCF) Residents: skilled nursing facilities, assisted living facilities and other residential care"

What does "and other residential care" mean?

My mother is 95 years old and lives in her own home in LA County with the help of caregivers around the clock. She has no family near her. She is not mobile, has COPD and significant pain. Does she qualify for phase 1a? If so, how can I arrange to have her get the vaccine? Can a home health nurse give her the vaccine at home or is there a mobile vaccine service that I can contact? (I live in Virginia.)

She is a member of Kaiser Woodland Hills, but they are not able to give me any information on how vaccines will be issued to patients like my mother. Additionally, I contacted the LA County

Department of Public Health and the California Department of Public Health, and they are also unable to give me any information on how and when my mother can obtain a vaccine. (Emails to both departments have gone unanswered.)

It is my strong opinion that my mother, at age 95, should be included in phase 1a as she is just as vulnerable as the elderly in a nursing home. I am concerned that my mother -- and others like her -- will be overlooked or forgotten. What's the plan?

How should I proceed? Please respond and advise. Thank you for your help.

Sally Sachrison

I am an essential worker. Can I get a vaccine?

Denise Pearson

We would like to get our staff vaccinated for COVID-19. Who should I talk to to get them vaccinated?

Dr. Kathleen Golden

I am a healthcare provider who is treating patients who present with COVID 19 symptoms and additionally provide COVID self testing on site at the workplace. My employer is back east and advised me to seek assistance with locating a COVID vaccination site here in the bay area given they are in Maryland. How can I get vaccinated please.

Laura Conner

I work for a contract research organization as a clinical research associate. I am an essential worker working on clinical trials as a part of health care and have traveled by plane at least once a week throughout the pandemic. I travel to hospitals and clinics and have contact with immunocompromised people, and many different people when I travel due to the nature of my work.

I would like to get vaccinated as soon as possible to avoid the possibility of spreading covid unknowingly on one of my trips.

How and when can I get vaccinated?

I'm in San Diego county.

Cindy Chavez

Please provide an estimated timeline for vaccination for my adult disabled son who has been unable to work since may 20 due to multiple underlying medical conditions. Down Syndrome, asthma, and comprised immune system to name a few. I am an in home health care provider, over 60 and have multiple medical conditions.

I was shown letters notifying IHSS workers in San Bernardino and LA that give them information that allows them to make appointments to receive the vaccine. Can you please advise about Sacramento Co IHSS workers.

M.V.

Can you tell me what tier IHSS providers fall under?

Liane Joy Monsalud, Administrator, Bonita Springs Senior Care, Hollister

My name is Joy and I am the Administrator for a Hospice Facility, based out of Hollister, with our main office in Gilroy, CA. Our company is a small healthcare company that focuses on Home Health, Hospice, Home Care, DME, and Transportation. I would like to enroll and register our company to get vaccinated for COVID-19 and I was wondering if you can help me speak to someone about how to get our team registered. I understand that the vaccination is being offered primarily in tiers to frontline workers, and the majority of our staff are nurses, caregivers, OT, PT, MD, etc. If you would be so kind and let me know how I can move forward with registering our company, that would be greatly appreciated.

Jeff Harris MD MPH, Malibu

Who can i contact to apply to give COVID 19 vaccine in my Malibu Ca office in LA County to physicians, health care staff and others in group 1A?

Gail Meikle PT

I am a physical therapist who works in home health in Los Angeles. I am an independent contractor and not an employee of a home health agency. Each day I go into strangers' homes and risk my health and fear getting Covid 19. All I have are my surgical mask and gloves to protect me.

When will home health physical therapists be able to receive the Covid 19 vaccine? I feel we should be protected ahead of people 75 years and older who are not working. I am 66 years old. How will I be notified as I am not an employee but an independent contractor? (self employed).

Helen Wade, CEO, Speech Language and Educational Associates

I, Helen Wade, founder and CEO of Speech Language and Educational Associates (SLEA) am petitioning the Public Health Department to have our employees considered Phase IA eligible for receiving the COVID-19 vaccination. SLEA employees provide direct care and therapy through Occupational Therapy, Speech and Language Pathology, as well as Applied Behavioral Analysis Therapy to children and adults on the Autism Spectrum, among other special needs and disabilities. Our clinicians and technicians are certified and licensed professionals who work in the home, community, clinic-based, and assisted living settings, thus qualifying them as direct health/ home care providers. This qualification falls under Phase IA as determined by the Advisory Committee on Immunization Practices, which you may know to be the guidance provided to the CDC Director when determining vaccination prioritization and allocation. Most importantly, our employees fall under Phase IA eligible workers as shown by your site: CDPH Allocation Guidelines for COVID -19 Vaccine During Phase IA.

Our employees are at high-risk every day they do not receive the COVID-19 vaccination. Additionally, our client's well-being, and the well-being of their families can be severely impacted should our employees not receive the vaccination in the first phase.

We urgently ask that you approve SLEA employees for the COVID-19 vaccination during Phase IA, and that swift guidance is provided regarding instructions on where to go to receive the vaccine, and the timeline for this request to be approved. We are more than happy to open use our facilities as a vaccination sites for our employee's as well, so as not to overwhelm other offices, and ensure an expedited vaccination process.

I urge you to consider our case and provide the requested guidance and vaccination allocation.

Leslie Rodrigues, San Leandro Funeral Home

Inquiring who I would contact in Alameda County for myself and two other employees to be added to a list for the COVID Vaccine?

We work at San Leandro Funeral Home and understand we will be considered in phase 1a, Tier 3.

Please advise.

Judith Metez

I am a RN with CVS Health and go to patient's homes and see patients in ICU settings that have Pulmonary hypertension who are high risk. I also have a husband is high risk with a lung

condition. CVS is not offering me a vaccine at this time and is recommending I ask my county health department. Can you offer me the vaccine since I am a front line worker entering many hospitals in Ca. I am also 59 y.o.

Mary Porath, Dr.of Audiology

I am a private practice health care worker who sees patients face-to-face as a licensed audiologist. How do I register for the vaccine as I am not affiliated with a hospital, nursing home or clinic? My colleague in Alaska in the same position as myself was successful in getting the vaccine administered through registration and suggested that I contact you. I am also 73 years old and have an elderly, fragile 83 year old husband. I am concerned that I am going to slip through the cracks and I risk myself every day.

I would appreciate a better response than the one I received from your outreach team. I just need to know how a health care worker that is not affiliated with a hospital or clinic gets access to the vaccine. Other states and other California counties have a policy and protocol for this. I am just directed to a website which provides NO information on this topic.

Cid Luevano

I am a manager for a Pulmonary Physicians office. Where and how will I find out when the office / medical staff here can get the vaccine?

Araceli Gutierrez

I am hoping to be writing to the correct department.

I am the Area Director for a home care company in San Diego, Ca. We employ 125 care professionals who work with the elderly in their homes one on one. We are wondering how and when the Covid vaccine will be available to our staff. Any contact person or direction in this matter would be greatly appreciated.

Kim Kapogiannis

I am a daycare provider for essential workers. I have contracted covid 19 in November. I believe from what I have read I'm eligible soon for the vaccination. My question is how will I know when I can be vaccinated? I did reach out to my dr at Kaiser – not much info from her .. Do we receive an email stating it's our turn now?

Walter Maynard, MD

I am a CA licensed physician in that provide testing for Covid-19 patient at my office in Inglewood. I am not on the staff of any hospital in Los Angeles.

I am 74 years old, diabetic, obese with 3 coronary artery stents and I've been treated for prostate cancer.

I was on the conference call for the advisory committee meeting number five on December 23, 2020. I waited for information as to where I can obtain a vaccination. Somehow I missed it or the information I wasn't given out.

None of the nearby LA hospital that I contacted are willing to provide me or my staff members with a COVID-19 vaccination.

It was my understanding that under the CDC guidelines provisions were suppose to be made for the vaccination of all tier 1 members.

Were they made and where can I get vaccinated?

I would appreciate any help that you could give me in clarifying this matter and obtaining the vaccination with the other tier 1 class members.

Cristina McDorman, Envision Medical Gas Testing, Inc.

I would like to find out how I can get my husband signed up for the COVID vaccine? He is a self-employed medical gas technician who has worked in southern California hospitals for over 15 years. He has been dealing with the Oxygen systems failing and repairing Oxygen outlets in COVID patient rooms everyday since March. His hospitals have told him that they cannot get him a vaccine. I know that other states have a registration process if you are a self-employed first responder. Can you please let me know if there is a registration site that I can go to or how I can get him a vaccine? Thank you for your help.

Carol Boyer, National Director, Community and Government Partnerships, Delphi Behavioral Health Group

Can you please let me know when our residential behavioral health providers will be eligible for the vaccine?

Laura and Ed Courson

I hope this email gets through to you. I have tried all day searching the website with various names and numbers. Just one question:

My husband and I are 81 years old. I understand the Research Group indicates we are in the 1.b covid vaccine group which is coming up in January. My husband also has COPD and Emphysema . . . very, very bad lungs.

How will we be notified when and where to go get our vaccine? How will the Dept of Health and Newsom's office know our name, number and our condition? No one seems to know, including CVS who we understand will eventually get the vaccine. We live in the Natomas area, Sacramento.

Richard A. Brown, MD, Torrey Pines Orthopaedic Medical Group, La Jolla

I am keenly interested in the timing of vaccine for our staff. Who will get the vaccine to administer these doses. What will be the notification protocol?

Je Dun

I'm 66; when will i get vaccine?

Starline Martz

What happens if you're next in line for the vaccine, but had to travel for an emergency? Would I still be able to receive it?

Miriam Mountain

I have questions regarding Covid-19 Vaccine distribution:

1. How is LA County identifying individuals that meet the criteria for each Phase of the Covid-19 vaccine distribution?
2. How and when will LA County notify individuals once they become eligible to receive the Covid-19 vaccine?

Nicole Goldberg, Practice Administrator, Barry Rotman, MD Inc.

We cannot locate any information regarding a timeline for private practice MD's to get vaccinated. The main hospital systems are receiving them, but how will private practice get notified on when and where to get it?

Christine Brozowski, M.D., Berkeley

I am a practicing California Physician inquiring about COVID vaccination. I am a Dermatologist, so I must see patients in person (no virtual visits) and patients take off their masks for treatment of their faces. Therefore, I am at high risk of getting COVID as I spend time immediately adjacent to 10-15 non-masked patients every day, Can you kindly help me access a COVID vaccine? My colleagues at Alta Bates Hospital, across the street, are able to get it through the hospital, but as I am a Community Physician, I cannot.

Leslie Oldershaw

I own a private medical practice in Alameda county. How do I arrange for Covid-19 vaccines for my 5 employees. 4 clinicians and one bookkeeper.

Susan Garcia

Would like to verify that California is including in the 1a group HUD Section 202 senior residents. We were contacted by Walgreens area rep for Santa Clara County. He said at the time that he was only working with skill facilities and didn't even have enough vaccines. He only had info on the group he is working with and didn't know what group we are classified in or when we will be next. We are a nonprofit 100% Project Base HUD Section 8/202 with over 200 residents all over 62 of age with an average of 75.

Deanna Brewer, Community Administrator, Winding Commons Senior Living

My name is Deanna Brewer and I'm the Community Administrator for Winding Commons Senior Living in Carmichael, CA. We are owned and operated by Ray Stone Incorporated and currently manage 7 senior living communities in Northern California. We do not fall under licensing as Assisted Living or Skilled Nursing, however the majority of our residents are between the ages of 80 and 100 years old. Each property houses 50-200 seniors in congregate living. How do I get information about receiving the COVID-19 vaccine for our senior residents and essential employees? I understand that Walgreens and CVS are going to the different communities to deliver the vaccine. Is it possible to get the same service for our communities? Can you provide information or resources that would help me.

Brian Pazevic M.D., Medical Director, Scripps Encinitas Surgery Center

I am the Medical Director at the Scripps Encinitas Surgery Center. Although we are affiliated with Scripps Encinitas Hospital the employees are not direct Scripps Employees. As such they have not been contacted yet through the Scripps Hospital channel.

I understand that there is a to be a rollout of vaccinations for “specialty clinics” such as ours under Tier 1B or 1C. We are hoping to be able to be vaccinated on the same campus and at our affiliated hospital across the parking lot from our center (Scripps Encinitas Hospital).

Do you have any information on the registration, rollout or timing of the vaccination process for our nurses and ancillary staff?

Min Min Tun

Where can I find information on the pace of vaccination? Or the percentage vaccinated based on doses received by CA?

I would like to comment that I would like CA to act with utmost urgency and to utilize all resources and personnel available to vaccinate as fast as possible. This is the best strategy against the virus, Everyday the vaccine sits unused prolongs by many more days lives, education and economy disrupted.

Also I would like to advocate for younger immunocompromised people (65 and younger) to receive vaccine in the early phases - Phase 1b or Phase 1c or sooner.

Ian Hobson

My name is Ian Hobson and I work in the Personnel & Training Unit at the Union City Police Department. I have been tasked with scheduling and coordinating the vaccination of employees when that time comes.

I am just wondering if there is any information you could provide as to when vaccinations would be made available to law enforcement and where they would be, any procedure that would be put in place, etc. I would just like to pre-plan as much as possible on our end to make it easier for everybody, especially due to me having to work the majority of time from home.

Jason Sprinkle

Good afternoon, I reached out a few weeks ago prior to the meeting CDPH was having to go over essential businesses and vaccines, and was informed that the meeting was happening, and that there would be some movement on when essential workers could get vaccinated. I don't see any info on your site. Can you help me with a resource to get access to vaccinations for essential workers? Thank you!

Jodi Taitz

My office of essential workers have not received information regarding how to get the vaccine. How can we do this?

Tony Sloss, Vaccine Liaison Officer, Public Health Operations Center, Health Services Agency, County of Santa Cruz

Can you clarify for me what Vaccine Phase and Tier would staff in mortuary services fall into?

Also, if a resident in our county is a healthcare worker in a neighboring county, can that person receive health care prioritization in our county, or should they be getting that vaccine prioritization in the county in which they work?

Gary Nichols, Administrator

Gary Nichols, Administrator of a home care facility for the elderly, licensed by CDPH – License #342700613, requests that his staff and residents receive the vaccine.

Cathy Miller

Cathy Miller, Administrator of an elderly care facility licensed by CDPH (License #425801797) would like to know who to speak to in regards to their facility receiving the vaccine.

Kathi Flood

How do we get notified that it is our turn to get the vaccine? Will it be through our HMO or a govt agency?

--I am 72 with a vulnerable lung (partly removed). Yet all of the pre-existing conditions seem to apply to those under 65. How do I let officials know that I have this chronic condition?

Marina Aguirre

When do IHSS care providers and there client get the Covid-19 vaccination we are both high risk. Please respond and let me know as soon as possible. Thank you and hope to hear from you soon.

Claire Verbinski

There seems to be a real lack of information on when IHSS providers get vaccinated. My KP doctor doesn't know. The agency I work for doesn't know. I can't find information online. How can I find out?

Mina Katoozian

My name is Mina Katoozian. I am a 65 year old with a rare autoimmune disorder. I am caring for my 96 year old mother.

I saw Governor Gavin Newsom's presentation which showed the groups of priority groups to receive COVID vaccine. My group, IHSS, was under 1b priority.

I have sent an email to my union, SEIU 2015 but did not get any reply! My own doctor does not know!

Fran Cameron

I remain appalled that IHSS workers fall to the 1c group. We are government essential workers who also are often low income and minority groups. The elderly and disabled we care for are low income and minority as well. We were still working, carrying the letter defining us as essential during stay at home orders! Our people are dependent on us and would be institutionalized if we were not available. Placing them in a more restrictive setting defies HCBS law and the Lanterman Act. Is it that you don't care about the well being of people with disabilities and fragility? We are responsible for their well-being and health. why aren't you?

Carole Krezman

I am eager for all non family IHSS workers to be vaccinated. It's scary letting people outside our household into our home. It also upsets our children and grandchildren when they can't come in but "those strangers" can.

I am eager for everyone who has a communication disability to be vaccinated since they would be separated from their communication partners if they become covid positive. That's likely to require more medical support and result in a worse outcome. (Some communication disabilities only occur when the person is sick, stressed, or unable to access AAC communication technology.)

I am eager for everyone who routinely drools to be vaccinated since face masks and drool are unsafe and gross.

Additionally, I am concerned that it isn't simple to prove my disability. SSA used to give me a letter, but now that I'm 65, SSA just calls me old. This may be an issue for other disabled people over 65 who are not receiving any disability services.

Caroline Lechman

I am providing medical care as an IHSS employee. When will I be able to receive the vaccine? I work in San Bernardino county.

Karynne Tencer

Caretakers are like the nurses. They protect the elderly and the people with Alzheimers and ALS etc who don't understand social distancing or masks.

Charles Albright

What's the vaccine priority tier for Private caregivers taking care of a 64 year old cancer patient in a private residence?

Linnea Marengo

Schedule for Covid vaccination in California/El Dorado County IHSS essential worker. How and when can I anticipate a corona virus vaccination - I am interested in know when I can expect to receive the first vaccination and second, and how I will be notified.

Pat

I am an In-Home Support Services essential worker, and I was wondering if I qualified as a Day Care Worker in the Tier 1-2 to get the Corvid Vaccines? Also, when the vaccines roll out for Tier 1-2, how do I go about getting them?

Marci Valner

I am considered an essential worker because I receive IHSS for my daughter with Rett Syndrome. How do I get a Covid-19 vaccine for myself and my daughter?

Rosa Flores

My name is Rosa Flores and I am interested in getting the covid vaccine , thank you for your time I look forward to hearing back from you.

Humberto Urbina

I am requesting information about what group is next for receiving the Covid vaccine. I fall under the group of 65 and above.

Dat Hoang

I have my step daughter get Down syndrome living with us. Did she get priority to get vaccines?

Maria Mangini FNP CNM

I am an active primary health care provider, aged 70.

I would like to receive SARS-COVID immunization. Please advise.

Kristin Butler, RN, MSN, CCM, WOC

I am an RN , I serve the homeless population in Alameda County as a Home Health Wound Care Nurse . I also am a resident of Alameda County

I am an RN , serving many of the homeless population and very low income population in Oakland, as a Wound Care Nurse delivering care in patient's home or temporary shelter.

I have read the county's Covid vaccination plan and phasing.

My understanding from this is that I am in Phase 1a, Tier 2.

My employer is a very small independent Home Health Agency. There is no knowledge within our company of how we are to access the vaccine.

I have spoken with my health provider, Kaiser, and been told that there is NO PLAN yet for vaccinating members who are clinicians in direct patient care but not Kaiser employees. And that I should look to state/county for the vaccine.

I live in Alameda County, serve the very poor and marginalized high risk communities in Oakland.

PLEASE help me to get access to the vaccination as appropriate in Phase 1a , Tier 2.

I have been reading and searching for the portal or other method the county intends clinicians to use but without success.

Also note, I am trying to educate my patient population and their families of the importance of vaccination. There is great resistance.

If I am able to demonstrate safely being vaccinated, my education will have greater impact.

Additionally, I have an autoimmune condition and was recently hospitalized (discharged 12/20) for a flare of this condition.

PLEASE HELP as I have no knowledge of how to schedule my vaccination, and have to be able to deliver the care needed for the very high risk populations of Fruitvale and the homeless Shelters in Berkeley and near to Oakland Airport.

Mary Egan

I am an IHSS worker would like to know when I can get the vaccine and how will I be notified?

Cathy Testi

I'm trying to interpret the vaccine schedule. Can you please explain where you place the IHSS workers and those they care for on the schedule for vaccinations. Originally I thought IHSS was in phase 1B but now I'm not so sure. Also, who will be administering the vaccine to the IHSS people.

Liberty Dietrich

I am an IHSS full time Care Provider in direct contact with elderly people on a daily basis. I have researched that the public health department is closed due to outbreak.

How do I find the places in the Fresno County Area to get the covid-19 vaccine as IHSS care provider?

Stephen Fischer

I as so many other Californians want to know how will be notified when we can get the vaccine and when do you think it will be available to me age 69 with many health issues Copd, No spleen and former cancer patient non Hodginks Lymphoma and finally where would we get the vaccine.

Michael Pimentel, California Transit Association, Deputy Executive Director

I hope you could provide input on the expected timing of adoption of the Phase 1B vaccination guidelines.

Is the Drafting Guidelines Workgroup expected to act on 12/30 to adopt the Phase 1B guidelines (as presented at the CVAC meeting) and move them to the Governor, or will the guidelines still be up for discussion for action at a later date?

Secondly, is the Drafting Guidelines Workgroup meeting on 12/30 viewable by the public?

Grace St. Clair, Compliance Director, Corporate Office, IPM Medical Group

I am trying to find out how are staff and physicians can get vaccinated. They would fall under Tier 2 maybe 3. They are essential healthcare pain management doctors and staff who see patients. We are not affiliated with a hospital but have clinics throughout the Bay Area. I am not sure how we can get them set to be vaccinated? We don't have the refrigeration systems to house the vaccine.

Carolyn Barnes, MD, San Bernardino Cancer Care Center

I am a Radiation Oncologist working in a free-standing center. My staff is caring for cancer patients daily in person to deliver life saving radiation treatment. They, however, do not have access to the vaccine because we are not affiliated with a hospital. The local hospital is waiting for a formal statement from the government stating it is ok to deliver vaccines to local outpatient clinic health care workers.

When will it be ok for hospital to proceed with this? My staff is also Tier 1a but there is no plan for their vaccination yet.

Kevin Hood, The Oaks Surgery Center, Murrieta

We have tried to email our local Riverside Health Dept inquiring where we are in the queue to get vaccines for our doctors and nurses and nobody responds. I am unsure how the process works and where we are in line to get vaccinated. Any help would be so appreciated.

Jennifer Chang DDS

Please provide references and guidelines for licensed clinical dentists on how we can register to receive the covid 19 vaccine within the local hospitals.

Dentist have always been in high risk working with aerosol of patient's mouths daily without access to covid-testing our patients , in addition as a profession we were the last to receive aid in

obtaining any PPEs during the start of the pandemic. Our profession is essential and high risk for exposure, yet there has not been any direction or aid to help us register with local hospitals to schedule for the vaccine.

I find it heartbreaking and disappointed that we are not being helped as dentists worked diligently to treat emergency dental treatments throughout the pandemic to help reduce patients from entering urgent care or emergency rooms for facial abscess infections. In my 20 years as a dentist I have never felt so heartbroken as a health care provider by realizing how overlooked the dental profession has been when the spouses of department Chairs at hospitals throughout La County or clerical tier 4 social workers/ office administrator employed by a hospital gets access to schedule for the vaccine prior to licensed clinical dentist.

Andrea Long, MPT, CSCS, MFDc, License # PT26899

I am a physical therapist who works at an outpatient clinic in Oakland. The clinic where I work is not associated with a hospital/healthcare organization. I work with post surgical patients, patients who are elderly and patients who have significant underlying health conditions. I do not have a job which can socially distance. I spend 30+ minutes in close contact with each of my 10-15 patients per day. There are about 60-70 patients coming into our clinic on a daily basis. I am at very high risk for contracting COVID.

I ALWAYS wear a mask and I ALWAYS wear my face shield. I wash my hands between each patient. I sanitize my table and all high touch objects between each patient. How/When/Where can I get the COVID vaccine? I know of physical therapists in other states who have already had their first dose. PLEASE prioritize physical therapists as critical health care providers. I risk my own health and the health of my family each day I walk into the clinic.

Steve Kim, Garden Silver town

I'm an administrator at an assisted living facility for seniors in the city of Los Angeles. We have over 58 seniors living in our facility as well as 20 staff members who care for them on daily.

I am not getting clear information as to if there is anything we need to do to be in line to get vaccines when they are available.

Is there an enrollment process that I am not aware of?

I was told by others that we are already in a database and that we just need to wait for someone from DPH to contact us about scheduling a date and time to come to our facility and provide vaccines.

If someone could please clear up things we would very much appreciate it.

Cassidy Woods, Newport Home Care

My company is a home health care company and it provides care to individuals in skilled living facilities, assisted living facilities, hospitals, as well as other care facilities. We provide care to COVID-19 positive patients and the vulnerable population. We fall into Phase 1A Tier 1 and we have not been contacted about the vaccine for our employees. We have over 70 employees working full-time for primarily seniors. We need information on how to get our employees vaccinated as soon as possible. We have contacted the Orange County Covid 19 Vaccine Taskforce, Governor Newsom's office, and the Orange County Health Department and cannot get any information. Please advise how we can get our employees vaccinated.

George

I was wondering when can home healthcare employees get the vaccine.

Steven Degalan

When can I expect to have my staff vaccinated? We are considered phase 1A.

Colette M. O'Keeffe

I have been unable to find the plan for distribution of CoVID-19 vaccine to people age 65 to 74. I would be very appreciative if you could share the current plan.

Prasad Narayana, EH&S Lead, Union City Environment Health and Safety, Zoetis

Our company is a Pharmaceutical manufacturing facility that manufactures diagnostic instruments and devices for both Humans and Animal health. We are located in Union City, California, Alameda County. Considering that we fall under the Essential Pharmaceutical category (Phase 1b) we are interested in knowing how do we reach out to any agencies (Alameda County Public Health) to obtain Covid-19 vaccines to our employees. How does the County Health or LHJ identify if we are in the list or do we need to reach out to them so they have the list of companies that fall under the Essential manufacturing site.

I appreciate much if you can provide direction to how we can reach out to the local LHJ,

Louris Khalaf, MBA,Ms (ASCP), COO, Physicians Immunodiagnostic Laboratory, Inc., Burbank

I don't know if you can help me getting some answers in regard to TTF laboratories employees vaccination. I have not been able to get an answer from LFS nor TTF. Many of our clinical

laboratory scientists, phlebotomists and our laboratory first-line health workers assisting with COVID collection and testing wanted to know about getting on the vaccination list. Is there anything VTF is doing to help laboratories on the TTF list with vaccination plans or recommendation on where, how we could get our laboratorians vaccinated.

Jaleh Samani, Director of Toxicology

I am a healthcare provider and working for a private laboratory. Could you please let me know where we can register to receive COVID-19 Vaccination.

Donald Palmigiano

Are we not included here? Because we do a lot more than collect samples, I might have missed something though.

----- Forwarded message -----

From: "COVAX, Public Health" <covax@acgov.org>

Date: Wed, Dec 30, 2020 at 4:32 PM

Subject: Automatic reply: Workers in phase 1a seeking vaccine guidance and assistance

To: Donald Palmigiano <donpalm@hey.com>

Alameda County offices will be closed on January 1, 2021.

Thank you for your email and please note the current volume may delay our response up to 2 business days. If this is a media inquiry, please email eoc-pio@acgov.org

If you are emailing regarding sign up for a vaccination this week (12/29-12/31), you or your executive leadership will receive an email from us soon. Please read that email in its entirety.

As you know, vaccine supply is limited and we are bound by State and Federal recommendations for who may receive vaccine at this time. We are currently finishing Phase 1a, Tier 1 and starting on some groups within Phase 1a, Tier 2.

Please note, only the following categories of Health Care Workers are being vaccinated this week:

- 911 First Responders: Paramedics, EMTs and Critical Care Responders
- Community Health Worker/Promotoras: People with deep community connection who facilitate access to health/social services and improve the quality and cultural competency of service delivery. Activities include outreach, community education, informal counseling, social support, and advocacy.
- Public Health Field Staff: People that are part of the COVID-19 field response and/or vaccinators. Activities include homeless street outreach.
- Testing Staff: COVID-19 testing staff are individuals who work onsite to perform registration, specimen collection, testing, supervision and support for community mass testing efforts.

Medical Reserve Corps: People registered as Medical Reserve Corps volunteers with Alameda County.

Your employees not listed in the categories above will be covered in a later vaccination tier in the coming weeks. Thank you for your understanding and ongoing service to the community.

More information on phases:

COVID-19 vaccines have arrived in Alameda County and we are committed to safe and equitable vaccine distribution for our residents. Vaccine is being distributed according to federal and state frameworks. We are working through the phases and reaching out to people/entities who are eligible.

Please note:

- For general information, please visit our [COVID-19 Vaccines](#) page.
- For local planning efforts, please check our website for ongoing updates.
- Please see how California is making decisions for more information on vaccine rollout.
- To become a vaccinating organization, please note the State requires registration with COVIDReadi and CAIR2.

* COMING SOON* In mid-January 2021, California will rollout CalVax, a state-wide centralized system for healthcare providers enrolled or interested in participating in the California COVID-19 Vaccination Program. CalVax will replace the existing COVIDReadi system. CalVax allows providers to enroll in the California COVID-19 Vaccination Program, order vaccines, update account information, and manage vaccine reporting tasks.

If you are already enrolled in COVIDReadi or are further along in the process of enrolling (completed part A and at least one part of B) before January 8th, you do not need to re-enroll in CalVax.

For more information covidcallcenter@cdph.ca.gov or (833) 502-1245.

For general COVID-19 questions, please visit <https://covid-19.acgov.org/index> or call 510-268-2101.

To comment on how vaccine distribution is prioritized, please write to COVID19VaccineOutreach@cdph.ca.gov

Donna Hall

Can you please tell me how I would register my nonprofit outpatient mental health center psychotherapist to obtain the covid-19 vaccination and what group we would fall in to? We do not have the equipment necessary to store or give the vaccination.

Bei Zhang O.D.

This is Bei Zhang O.D. from Dr. Bei Zhang Optometrist, INC. We're a group of Optometrists working at LensCrafters Pleasanton and Newark, CA.

We're essential workers providing service to patients with visual needs.

We'd like to know how and where we could obtain COVID vaccines for the optometrists when it's the turn for group 1C.

Kristy Feck, CEO, Toolworks

I am trying to determine how to get my employees who provide in home support to people with disabilities and seniors, on the list to receive the vaccine in the Tier 1b distribution.

Can you let me know how we may coordinate with you to ensure our essential workers are able to get access? My county DPH website refers me to this address and they are not returning calls.

J. Chele Rubendall, CLS, MT (ASCP), Lab QA Manager, Exceltox Laboratory

You have been so helpful in the past, I hope you can aid with this dilemma. I've been tasked by the owner and the director of Exceltox Labs in Irvine, who is currently running between 7-8,000 high complexity TaqPath rtPCR tests per day. We have 34 employees who are working overtime in order to achieve the 24 hour TAT. EXCELTOX LAB CLIA #05D2068631.

We wonder why healthcare workers are being offered the vaccine, yet lab workers with direct viral contact are not being offered the vaccine. No one I know has received an offer for one.

Do you have any idea who I can contact to get on the radar of whoever decides who will be in queue with the other healthcare workers?

I see on LinkedIn and other sites that Labs are upset about being in the background, yet were the first to jump when asked to run more and more timely tests in BSL2 settings.

Raman Gill

I am a periodontist based out of Sacramento region and travel around for work. Can you please guide me to get on the waiting list to get the vaccine?

Petrus Williams

I am a 65 year old African American male with high blood pressure, high cholesterol and recurring respiratory ailments. How will I get notified that I can visit a clinic for the vaccine?

Thomas Tripp, Hayward

I've been reading and following as well as I can understand the prioritization of vaccine recipients.

As yet I've seen no advice or guidance as to how potential recipients will be notified when it's time to receive the vaccine.

Will someone be contacting me or do I need to apply somewhere?

I am a 71 year old man with comorbidities and I'm just wondering how the administration and notification will be communicated. Any guidance will be helpful.

Donna Barry

I am disabled and 61 my daughter is at very high risk and I am her health and social security advocate and in home caretaker. Since it's just us, not at a facility, how do I get on the list for the vaccine? Please forward this request to the correct person

Michael Carter, HR Generalist, Riaz Capital, Oakland

My name is Michael Carter and I am the HR Generalist for Best Bay Apartments Inc. dba Riaz Capital, A property management and development company in Oakland.

I am reaching out to inquire about what the process is for our business to get in line to have our critical infrastructure employees take the Covid 19 vaccine when it becomes available.

Please let me know if you have any information about this and if you require any additional information from me.

Denise Young

Hello, my name is Denise Young and I am 66 years old. I am currently working in a special education class in person at Pleasanton Middle School in Pleasanton. Right now I am working as an aide in this class of fragile students. For some students we handle all of their physical needs, and we do not socially distance from any of the students. We wear masks and use PPE. Our school provides plenty of PPE. Some students can't wear masks. I also work as an LVN in this district.

We have been working since October and due back to work in the classroom on the 5th.

When can I get this vaccine? I am not working in a hospital, but do feel like a front line worker on some ways. No one mentions our group of workers.

Bobby Bray

I teach at a private school for audio production. Some classes are remote but often classes have to be in person due to the nature of the subject(s) and sometimes in small rooms for several hours at a time. The school follows all CDC recommendations plus more but I am very concerned that we may not be part of the 1B group as we are not a K-12 school.

It is also a professional media production facility (recording studio) which has been allowed to stay open during purple tier lock downs. If we don't qualify to be part of 1B what group would we be part of?

Nancy Wilda

I have a question that I am unable to find an answer for.

Are all of the doses of vaccines received by the state being administered as the first dosage? Or are half of the doses received being held back to guarantee availability when the second dose is required in 3 or 4 weeks, depending on the manufacturer?

If they are not being held back what happens if the vaccine is not available when the second dose is required?

Frank Piersol

My name is Frank Piersol and I am a retired Los Angeles police officer. I am 76 years of age, I have preexisting conditions including having had my aortic heart valve replaced on two different occasions, and I have been living alone in isolationism for the past nine months. By all standards I am considered to be in the "high risk" category in respect to the administering of the Covid19 vaccination and am anxiously awaiting to get vaccinated.

Although I agree in general with the points you have brought up in your Dec. 29 article in the Los Angeles Times regarding "jumping the line" to get vaccinated I find it almost unconscionable that a thirty-three year old, presumably healthy, Disney employee would be able to get vaccinated ahead of me (or people in a similar situation as me) simply because she had a relative with a connection at a local hospital!

Although I fully understand that the vaccine has a limited shelf-life, and that allowing unused vaccines to go to waste would be unacceptable, I believe that were each hospital to establish a local registry of all people who fall within my risk category they could telephonically reach out to them and provide them the opportunity to respond to the medical facility and be vaccinated. If for some reason these people were either unwilling or unable to respond to the facility in a timely manner the remaining vaccines could then be administered on a first come, first serve basis. I for

one would be thrilled to get this notification and receive my vaccination with the hope I could once again interact with my grandchildren.

Please give this suggestion some consideration and pass it on to the appropriate Los Angeles County Health authorities if you believe that it has any merit.

James Dutton

After two weeks of COVID 19 vaccinations, media accounts indicate that the pace of vaccinations lags well behind the number required. I am concerned that this pace will continue to fall well short of the number of vaccinations needed to protect our community as quickly as possible. Meanwhile, we are in the throes of a public health catastrophe, our hospitals are full, and the number of deaths continues to rise.

Now that a vaccine is available, our focus needs to be vaccinating the most people possible in the shortest period of time. For that reason, I urge those responsible in the State of California to move forward and implement as soon as possible the CDC ACIP updated interim vaccine allocation recommendations of 12/20/2020 for Phases 1b and 1c. These recommendations are science based and developed with public input over a period of several months. In Phase 1b, the vaccine should be offered to persons age 75 and over, and non-health care frontline essential workers as defined therein, and in Phase 1c, to persons aged 65-74 years, persons age 16-64 years with high-risk medical conditions, and essential workers not included in Phase 1b. Additional information regarding these recommendations is available on the CDC web site.

We no longer have time to develop a “perfect” vaccination plan acceptable and equitable to all—we need to act!

Gene DiCianni, Global Sales Director Medical & Strategic Accounts, AVX

Great news that we have 2 vaccines that have very good efficacy. Great news that Operation Warp Speed is shipping FedEx and UPS. Very quick and expensive shipping to sit in the freezer for days or now weeks. Not so good news that the last mile turning vaccine into vaccinations is not going well. If you want to short cut this email, listen to Dr. Scott Gottlieb on last Sunday’s Face the Nation. He articulated the issue and solution perfectly. Please pay attention to him.

If this is “a War”, why do we have the “bullets” in the freezer and not distributing them? Why are we so concerned with convincing people to take the vaccine when we have 50KK plus 65 and over that will take the vaccine now?? Why don’t we give them to CVS and Walgreens and have them work this? I challenge you to find clear direction on how to get a vaccine? Call your Primary Care Doctor – that does not work – they do not have any direction. Hospitals are not logistic experts and are too busy to work the vaccinations. Please give us a CLEAR timeline, direction and specifically how to register for a vaccine. This is what we need now.

Please consider a less complicated Tier system and immediately expand the availability to receive a vaccine in your Jan. 6th meeting. Take the low hanging fruit and vaccinate the people who want it now. Health Department can work on the other categories at the same time. Time to get the vaccinations in arms. I have been a Ca resident for over 30 years and need your help to make this happen. PLEASE !

Ruth & Adi Gamon, Los Altos

Thank you for your efforts on the behalf of us California residents. We appreciate your wisdom and work.

One thing the past year has taught us is that the public needs to trust the information it gets from the government, and therefore this information must be reliable, credible and timely.

At this point we cannot find any information at the California Public Health site (where we can find other COVID information) on:

- Number of vaccines California has received
- Distribution by County
- Turnaround time from receipt of vaccine in the State till injected
- How many vaccines were injected (by County)
- What is the inventory of vaccines in the State/County
- The statistics also on a per-capita basis
- Comparison to other states and countries – this would be an important Report Card on how California is doing

We have been asked to sacrifice and isolate / stay at home and we are complying. The minimum we should get in return is the above information to help motivate us to continue doing so.

On a separate issue – we hear discussions from the UK as well as other states about giving only the first dose of the vaccine, and delaying the second dose in order to give the vaccines to as many people as possible quickly. We are very concerned about this departure from the scientific and health guidelines that have been published. Please reassure that this will NOT happen in California, and that California will adhere to the science.

Helen Reese

Thank you for providing a space and forum to submit comments on this important issue. I have two points:

- 1) Educate the public about these vaccines. (not the way CA Notify was rolled out)
- 2) Give clear guidance to primary care physicians, county social services agencies, and schools.

Please make educating the public a top priority. This has to be done in plain English and translated into multiple languages. In an age where every little detail about these vaccines can be googled, we need accurate information from trusted sources, like primary care physicians, social

services agencies, or the county public health officer. This brings me to the second point, providing clear guidance to doctors, schools, and county agencies. People need to hear this information multiple times from doctors, public health officers, friends, and family.

Finally, I want to end with a comment about how CA Notify was rolled out. It came through my Android phone without a proper description of what it is on the first screen. It says that it's "authorized by California" but does not say anything else that gives me confidence in how it works. Every other state's app says the same thing. Google is not going to come up with a good description for us. Clicking on "About this app" is better, but cleaning up the first blurb we read will help.

Norlyn Asprec, Carpenter Sievers

I wanted to let you know that our client, Live Nation, has a number of music venues located throughout the state, which they are happy to open up for use as vaccine administration sites. Do you know if the state would have interest in this?

It would be great to connect with Dr. Erica Pan and schedule a call with her to discuss.

Larry Mimms

I have been in contact with our trade association, Biocom, and they have recommended that I reach out to you. We are part of the San Diego biotech community which is critical in the development and manufacture of COVID diagnostic tests, vaccines and pharmaceuticals. We are the only organizations other than hospitals that maintain -80C freezers held under GMP quality systems for storage of biological materials.

I wondered how we might be of service in vaccine implementation. There are also a number of my employees have asked me about availability of the COVID vaccine. Some employees are over 65 and some have conditions which preclude them from working in our COVID laboratory and/or coming into work. We currently sell COVID diagnostic kits and are considered an essential business. Can we better understand how we might help and how we might obtain some vaccine priority for our workers.

Ann Bennett Young

Now that vaccines are being distributed across the country, we would like to learn more about planning for the logistics for administration of the COVID-19 vaccine when it becomes available for Santa Cruz County, including the San Lorenzo Valley area.

VOLUNTEERS AVAILABLE

Many of us would like to volunteer to help with the set up and operation of local vaccination clinics so that our community members, especially the older ones, would not have to travel far

from their homes to get vaccinated. We have an excellent information network here in the Valley and could help with outreach and education on the vaccine and the process.

LOCATIONS

We have several locations here in the Valley (such as the San Lorenzo Valley Senior Center at Highlands Park) that would be ideal locations for vaccine clinics. They each have excellent parking available, and buildings that can support a safe workflow, with properly spaced entrance and exits.

COMMUNITY AND PUBLIC HEALTH EDUCATION

It might be useful to get local community leaders involved in educating on the public health aspects of this vaccination initiative. There will need to be communication beyond what is provided in the media and through the internet, in order to help to address fears and misinformation that will likely be circulating.

We also want to help low-income or English-as-second language community members to get access to vaccination respectfully and without fear, in a welcoming and inclusive manner.

In short, we would like to help make our community safe and healthy. Please let us know how we could work with you to make this possible.

**WRITTEN PUBLIC COMMENT TO
COMMUNITY VACCINE ADVISORY COMMITTEE (CVAC)
Submitted from December 22, 2020 through January 4, 2021
PART 3**

Same Letter

Mike LeBarre, Mayor, King City

Jose L. Rios, Mayor, City of Gonzalez

Jimmy Ditra, Mayor, City of Watsonville

On behalf of the City of King, we write you to respectfully request that the State's farmworker population be prioritized to receive COVID-19 vaccinations to protect our farmworkers who are providing critical and essential services to our community, region, and state.

Monterey County is one of the nation's top agricultural producers and agriculture is the County's largest economic and employment sector. A recent study, *Economic Contributions of Monterey County Agriculture (2020)*, shows that in 2018 agriculture contributed a total of \$11.7 billion to the county economy. Agriculture also supported 57,503 direct employees, which represented 22.8% of Monterey County's total employment, or about one out of every five jobs.

According to the *COVID-19 Farmworker Study*, "during the current COVID-19 pandemic, all essential workers put themselves at risk when they show up for work in grocery stores, hospitals, packing houses, and agricultural fields. Farmworkers face additional risks because they lack critical social safety net support afforded to other members of society, despite working in one of

the most dangerous industries in the country. The COVID-19 pandemic has exacerbated existing vulnerabilities farmworker communities endure in their living, working, and health conditions...”.

“The COVID-19 Farmworker Study provides strong evidence that the current pandemic amplifies existing injustices that have long been endured by California farmworkers. Farmworkers and organizations that work with them have powerful and productive suggestions for improving the safety of workplaces and communities. Preliminary findings from data collected through surveys of farmworkers during the pandemic reveals the following:

- 1. Farmworkers experience dramatic loss of work and income during the COVID-19 pandemic.*
- 2. Farmworkers lack healthcare access and experience fear using medical services.*
- 3. Farmworkers are vigilant about COVID-19 prevention practices outside of the workplace.*
- 4. Farmworkers report low numbers of employers providing masks and face coverings.*
- 5. Farmworkers have valuable suggestions to improve workplace COVID-19 prevention efforts.*
- 6. Farmworkers are systematically excluded from important safety-net programs, which heightens their vulnerabilities and those of their family members.”*

Farmworkers are essential workers and due to nature of the work, are not able to work from home and social distancing at work can be difficult due to machinery constraints. Monterey County data show that our farmworkers are primarily Latinx and our Latinx population is experiencing disparate impacts not only in terms of higher case rates (74%), hospitalizations (83), and fatalities (77%) compared to 61% of population, but also higher food insecurity, overcrowded housing, and loss of income. In a Monterey County study conducted by UC Berkeley in partnership with Clinica de Salud del Valle de Salinas, 57% of farmworkers with COVID-19 infection had symptoms and went to work even though they were told not to, again because of fear of job loss and lack of income replacement options. When asked in the same study, 52% indicated they would be extremely likely to get the vaccine.

For these reasons, we implore you to prioritize agricultural workers in vaccine distribution plans to help reduce the burden of COVID-19 on these essential workers with benefits extending into the household as many live in very overcrowded housing conditions.

On behalf of the City of King, we appreciate your consideration of our request and look forward to working together to keep our communities safe.

Julia Kovichars, Hermosa Beach

As you consider whom should get the vaccine, please consider the front line workers, especially those whom do not have health insurance coverage.

The poorest who do the most (farm workers, grocery workers, etc) deserve the vaccine immediately whereas older but wealthier folks can afford to stay home and have delivery, and we expect the workers to keep working.

Let's keep folks safely working!

Lisa Johnson

I'm writing today to encourage you to please consider farm workers a priority for the next tier of vaccinations. My husband and I are both essential workers who have been working through the pandemic. I am a healthcare worker and my husband is a farm worker. We have three children and depend on grandparents for our daycare. The stress of watching colleagues become infected and the risk we put our families in everyday weighs heavily on us. Farm workers in California have disproportionately been affected. Research has shown farm workers are three times more likely to be infected than other sectors in California. It is essential that we prioritize the most vulnerable parts of our community, especially the ones that cannot work from home. Regionally farm workers here are more likely to be infected and hospitalized. Providing vaccines to target groups in the community where the highest rates of infection are occurring will reduce the spread of the virus and benefit the whole community.

Alyssa Houtby, Director of Government Affairs, California Citrus Mutual

California Citrus Mutual is a voluntary non-profit trade association representing the State's \$3 billion citrus industry which employs an estimated 22,000 people year-round.

Thank you for the opportunity to offer input into the COVID-19 vaccine Phase 1b implementation plan that prioritizes those working in essential industries such as agriculture.

We are very encouraged that Phase 1b will commence as early as mid-January and agree with the Community Vaccine Advisory Committee's (CVAC) recommendation for a workplace-based immunization program.

A workplace-based approach is the most efficient and effective means of delivering vaccines to the farmworker community, particularly in rural areas where access to medical centers is limited. Over the years, many citrus employers have opened on-site clinics or partnered with regional health providers to ensure the agricultural workforce can receive proper medical care. Agriculture employers have prioritized health care and, over time, have built an infrastructure that can facilitate workplace immunization for COVID-19 immediately.

Throughout the pandemic, agricultural employers have consistently followed every state and federal health guideline and implemented their own best practices and education campaigns to protect employee health in and outside the workplace. The citrus industry remains committed to this cause and is eager to assist with the vaccine distribution as soon as it is available.

We strongly encourage the VCAC to immediately convene an agriculture subcommittee to assist in the planning and actual deployment of the vaccine to the farmworker community.

As our state and nation embark upon a path to recovery, we must not overlook the unique needs of our rural communities and those who work in essential industries such as agriculture.

Agriculture employers are uniquely positioned to provide workplace immunization to the farmworker sector and must be included in the planning process and vaccine implementation. Furthermore, employers are a trusted provider of information and can serve as an educational conduit between the State and farmworkers.

California Citrus Mutual and many of our employer-members would gladly serve on a subcommittee. We can also offer suggestions for other potential committee members should that be helpful to you. Finally, we request that the VCAC and the agriculture subcommittee engage the California Department of Food and Agriculture in this process.

Thank you again for your consideration of our concerns and requests. We applaud the CVAC, Governor Newsom, the California Department of Public Health, and numerous other local and statewide entities for their efforts throughout the pandemic to serve the farmworker community. We look forward to working with you on this very important initiative as it moves forward.

Gary Bishop

Please put commercial fisherman on the essentials list, much like farm workers we cannot social distance on our boats as we work and sweat side by side to bring in the food that we all enjoy. We are a relatively small group whose labors benefit a much larger community. I have witnessed Covid up close as some very young, strong people in our harbors have contracted the virus and are still recovering. Furthermore harbors attract thousands of tourists and we who live and work on the boats are placed at risk from a general population that are naturally looking for an escape to their regular surroundings. Please allow commercial fisherman access to the vaccine as essential workers as soon as possible. Thank you for your kind attention in this matter.

Diane Degnan

You should be vaccinating the hourly workers at grocery stores, etc. who are essential and can't work from home. Why vaccinations teachers when it appears the CA teachers union has no interest in going back to school to educate our children. They can zoom from home.

Dennis A. Mederos, Mayor City of Tulare

On behalf of the City of Tulare, I want to request the designation of farm and dairy workers as essential workers, similar to other industry sectors, for purposes of the COVID-19 pandemic. The City of Tulare and neighboring cities within our County have a large number of farm and dairy workers and their inclusion is essential for our agricultural community.

Early on during the response to the COVID-19 pandemic, the State of California designated employees in a number of various sectors as essential workers, allowing those employees flexibility for work functions. We believe the critical nature of the work performed by the thousands of employees in agricultural and dairy operations justifies a similar designation.

Workers in this sector provide the necessary food and other products to ensure an ample supply chain for the State and nation during this uncertain time.

Now that a COVID-19 vaccine has been approved for distribution, the City feels it is even more critical for farm and dairy workers to join in health and first responder workers and other vulnerable populations to receive priority for vaccinations.

We understand that the COVID-19 response has many different complexities and considerations. Providing early vaccinations to critical workers in the agricultural sector will help to ensure the country remains fed during the pandemic.

Mayor Mike LeBarre, King City

On behalf of the City of King, we write you to respectfully request that the State's farmworker population be prioritized to receive COVID-19 vaccinations to protect our farmworkers who are providing critical and essential services to our community, region, and state.

Monterey County is one of the nation's top agricultural producers and agriculture is the County's largest economic and employment sector. A recent study, *Economic Contributions of Monterey County Agriculture (2020)*, shows that in 2018 agriculture contributed a total of \$11.7 billion to the county economy. Agriculture also supported 57,503 direct employees, which represented 22.8% of Monterey County's total employment, or about one out of every five jobs.

According to the *COVID-19 Farmworker Study*, "during the current COVID-19 pandemic, all essential workers put themselves at risk when they show up for work in grocery stores, hospitals, packing houses, and agricultural fields. Farmworkers face additional risks because they lack critical social safety net support afforded to other members of society, despite working in one of the most dangerous industries in the country. The COVID-19 pandemic has exacerbated existing vulnerabilities farmworker communities endure in their living, working, and health conditions...".

"The COVID-19 Farmworker Study provides strong evidence that the current pandemic amplifies existing injustices that have long been endured by California farmworkers. Farmworkers and organizations that work with them have powerful and productive suggestions for improving the safety of workplaces and communities. Preliminary findings from data collected through surveys of farmworkers during the pandemic reveals the following:

- 1. Farmworkers experience dramatic loss of work and income during the COVID-19 pandemic.*
- 2. Farmworkers lack healthcare access and experience fear using medical services.*
- 3. Farmworkers are vigilant about COVID-19 prevention practices outside of the workplace.*
- 4. Farmworkers report low numbers of employers providing masks and face coverings.*
- 5. Farmworkers have valuable suggestions to improve workplace COVID-19 prevention efforts.*
- 6. Farmworkers are systematically excluded from important safety-net programs, which heightens their vulnerabilities and those of their family members."*

Farmworkers are essential workers and due to nature of the work, are not able to work from home and social distancing at work can be difficult due to machinery constraints. Monterey County data

show that our farmworkers are primarily Latinx and our Latinx population is experiencing disparate impacts not only in terms of higher case rates (74%), hospitalizations (83), and fatalities (77%) compared to 61% of population, but also higher food insecurity, overcrowded housing, and loss of income. In a Monterey County study conducted by UC Berkeley in partnership with Clinica de Salud del Valle de Salinas, 57% of farmworkers with COVID-19 infection had symptoms and went to work even though they were told not to, again because of fear of job loss and lack of income replacement options. When asked in the same study, 52% indicated they would be extremely likely to get the vaccine.

For these reasons, we implore you to prioritize agricultural workers in vaccine distribution plans to help reduce the burden of COVID-19 on these essential workers with benefits extending into the household as many live in very overcrowded housing conditions.

On behalf of the City of King, we appreciate your consideration of our request and look forward to working together to keep our communities safe.

Barbara Meister, Public Affairs Director, Monterey Bay Aquarium

On behalf of Monterey Bay Aquarium, thank you for your service and leadership during this incredibly difficult time. We support your focus on safety, transparency and equity as you prioritize how to allocate scarce vaccines. We respectfully request that you prioritize essential farmworkers in Tier 1 of Phase 1b for vaccines.

Farmworkers are essential to us all, supplying vital healthy food to our community and the world. The Salinas Valley, the “Salad Bowl of the Nation,” employs more than 50,000 agricultural workers. Monterey County farmworkers, along with agricultural workers throughout the state, are disproportionately impacted by COVID-19. While Latinx families make up 59% of our county’s current population, they have experienced as many as 78% of COVID-19 cases in the previous month according to the Monterey County Department of Public Health. Crowded housing and economic insecurity make it near impossible to quarantine to reduce the spread. A December 2020 University of California Berkeley School of Public Health survey of Monterey County farmworkers found that 58% of COVID-positive workers continued to work because of fear of job and income loss.

As members of the COVID-19 Collaborative led by the Community Foundation for Monterey County, we are working with multiple stakeholders to stop the spread of the coronavirus, especially among our most vulnerable communities, and to get the Monterey County region back on track. We’ve endorsed a new initiative for establishing a Community Health Worker (CHW) program to navigate families through testing, tracing and supported isolation with wrap-around services, like wage replacement, alternative housing and food assistance. These CHWs are trusted messengers in their communities with the ability to communicate in a culturally relevant way and encourage vaccine acceptance. We encourage a simple structure for vaccine deployment that does not create confusion and mistrust. We suggest using the state’s Health Equity Metric locations based on the Healthy Places Index as criteria for vaccine administration rather than age or occupation.

Thank you for considering prioritizing our farmworkers for COVID-19 vaccines. And, thank you, again for your service during this trying time.

David Eggerton, Executive Director, Association of California Water Agencies

The Association of California Water Agencies (ACWA) represents over 450 public water agencies across California that collectively deliver approximately 90 percent of the water used for residential, commercial and agricultural purposes in California. **ACWA requests that the Community Vaccine Advisory Committee recommend that the State include water and wastewater workers in Phase 1b of the COVID-19 Vaccine Program in California.**

ACWA understands that the Advisory Committee is providing input to the planning efforts for vaccine prioritization and distribution and resolving barriers to equitable vaccine implementation and decision-making. **Like the availability of food, the availability of drinking water is essential to life. Similarly, wastewater services are critical to sanitation. The workers who provide water and wastewater service are often not visible to the public, but the services that they provide are necessary for human survival and basic daily living.** If these workers are not available due to illness, it is difficult to find substitute workers because of the required technical expertise and applicable licensure requirements.

Earlier in 2020, the State Public Health Officer designated a list of “Essential Critical Infrastructure Workers.” That list (which is available at <https://covid19.ca.gov/essential-workforce/>) includes water and wastewater workers. The water and wastewater sector provide essential services to small and large communities and to people of all races and income levels. The State should prioritize this sector for vaccines – particularly given this sector’s public health role of providing safe drinking water and basic sanitary services.

Letter Co-Signed by

Shivaji Deshmukh, P.E. General Manager, Inland Empire Utilities Agency

John Bosler, General Manager/CEO, Cucamonga Valley Water District

Justin Scott-Coe, General Manager, Monte Vista Water District

Terry Catlin, General Manager, Water Facilities Authority

Rosemary Hoerning, PE, PLS, MPA City Manager, City of Upland

Miguel J. Guerrero, General Manager, San Bernardino Municipal Water Department

Amer Jakher, Public Works Director, City of Chino

Thomas O’Neill, General Manager/CEO, Chino Basin Desalter Authority

Elizabeth Skrzat, Executive Director, Chino Basin Water Conservation District

Robert DeLoach, Interim Public Works and Utilities Director, City of Colton

As the State of California (CHHS and CDPH) and the County of San Bernardino develop plans for distribution of the COVID-19 vaccine, the undersigned local water and wastewater agencies respectfully request that our frontline staff members receive priority access to COVID-19 vaccinations in Phase 1-B. This phase includes “people who play a key role in keeping essential

functions of society running and cannot socially distance in the workplace,” as described in the Centers for Diseases Control and Prevention (CDC) *COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*. Vaccinating frontline water and wastewater utility staff members is particularly important because, as a lifeline sector, water and wastewater sector services underpin all aspects of society, including hospitals and long-term care facilities. Due to the specialized skills and licenses required for utility operations, and the corresponding challenges in finding replacements for staff members who may become ill or exposed, it is essential to be provided the opportunity to mitigate staff members’ COVID-19 risks through all possible means, including vaccinations.

Our services are essential for keeping critical healthcare and other facilities in San Bernardino County operating and for protecting public health. We estimate that the number of essential staff members in our agencies who should be given priority for the vaccine in Phase 1-B in San Bernardino County could number up to 650 individuals. This estimate represents the number of staff who work on the frontline – those operating and maintaining water and wastewater facilities and laboratories.

Same Letter

Dan Jagers, General Manager, Beaumont-Cherry Valley Water District

David W. Pedersen, PE., General Manager, Las Virgenes Municipal Water District

As the Drafting Guidelines Workgroup to Advise State on COVID-19 Vaccines develops plans for distribution of the COVID-19 vaccine, the Beaumont-Cherry Valley Water District asks that our frontline, essential workers receive priority in Phase 1-B. This phase includes "people who play a key role in keeping essential functions of society running and cannot socially distance in the workplace," as described in the Centers for Diseases Control and Prevention (CDC) *COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*.

Vaccinating frontline special district employees is particularly important because our critical infrastructure and community services underpin all aspects of society, including services fundamental to a community's health, safety, and economy.

The Beaumont-Cherry Valley Water District provides essential water distribution, treatment, and transmission services to residents of the city of Beaumont, CA and the community of Cherry Valley, CA. In addition, we provide water services for local essential facilities, including the City of Beaumont Police Department, Fire Department, medical facilities, and grocery stores.

Our services are essential for keeping our community functioning. Due to the specialization of operations, and the corresponding challenges in finding replacements for staff members who may become ill or exposed, it is necessary to mitigate key staff members' COVID-19 risks through all possible means, including vaccinations. We estimate that 50 essential staff members should be given priority access to the vaccine in Phase 1-B.

We appreciate your consideration of our essential workers in California's vaccine prioritization plans.

Jake Reed, Alameda County Water District

I am the Planning Section Chief at our water District and I've been trying to establish

- If water utility employees will be included in phase 1b of the vaccine distribution plan?
- Where in the prioritization water utility employees would be?
- When phase 1b will likely start?

My District has been working closely with our Operational Area – Alameda County and their public health department. Their plan is to follow your phase 1b plan and prioritization. This is why I am reaching out to you for some guidance.

Kristen Johnson, J.D., Government Affairs Specialist, Coachella Valley Water District

Thank you for your service to the people of California during this trying time. Your efforts to ensure an equitable distribution plan for the COVID-19 vaccine is commendable and appreciated.

Coachella Valley Water District (CVWD) provides domestic water and wastewater services, as well as irrigation water to the people of the Coachella Valley. As the Advisory Committee continues to hone its recommendations for Phases 1B and 1C of the vaccine distribution plan, CVWD understands water and wastewater sector employees will be in Phase 1C. However, how employers will ensure access to and administration of the vaccine has not been fully explained.

Many of the water and wastewater employees across the state are employees of special districts, legislatively created political subdivisions, which provide specialized, oftentimes essential, services the local city or county does not. CVWD is a special district and operates independently of Riverside County with an annual operating budget of \$278 million and more than 500 full-time employees.

CVWD is ready to engage with the state and county on how to ensure the men and women who keep essential services operating in the Coachella Valley will receive the vaccine. Are essential services employers, like CVWD, going to be contacted by County Public Health officials? Should CVWD continue to engage and work with elected County Supervisors' offices? Your guidance is desperately needed.

CVWD will continue to monitor the Community Vaccine Advisory Committee and its recommendations in the coming months.

Kishen Prathivadi, General Manager, Sewer Authority Mid-Coastside

As the California Department of Public Health develops plans for distribution of the COVID-19 vaccine, the Sewer Authority Mid-Coastside (“SAM”) asks that our frontline utility staff members receive priority in Phase 1-B. This phase includes “people who play a key role in keeping essential functions of society running and cannot socially distance in the workplace,” as described in the Centers for Diseases Control and Prevention (CDC) *COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*.

By way of background, SAM was founded as a Joint Powers Authority in 1976 to provide wastewater treatment services to its member agencies: the City of Half Moon Bay, the Granada Sanitary District, and the Montara Sanitary District. SAM also cleans and maintains the sewer collection system and lift stations for the member agencies.

As such, SAM is an Essential Workforce being in the Water/Wastewater and Government Sectors, and its employees are Essential Critical Infrastructure Workers under existing State guidelines (see <https://covid19.ca.gov/essential-workforce/>). Our services are essential for keeping healthcare facilities operating and for protecting public health. We estimate that 15 essential staff members should be given priority for the vaccine in Phase 1-B.

Vaccinating frontline water and wastewater utility staff members is particularly important because, as a lifeline sector, water and wastewater sector services underpin all aspects of society, including hospitals and long-term care facilities. Due to the specialized skills and licenses required for utility operations, and the corresponding challenges in finding replacements for staff members who may become ill or exposed, it is essential to mitigate staff members’ COVID-19 risks through all possible means, including vaccinations.

Shivaji Deshmukh, P.E. General Manager, Inland Empire Utilities Agency
John Bosler, General Manager/CEO Cucamonga Valley Water District
Justin Scott-Coe General Manager, Monte Vista Water District
Terry Catlin General Manager, Water Facilities Authority
Rosemary Hoerning, PE, PLS, MPA City Manager, City of Upland
Miguel J. Guerrero General Manager, San Bernardino Municipal Water Department
Amer Jakher, Public Works Director City of Chino
Thomas O’Neill General Manager/CEO, Chino Basin Desalter Authority
Elizabeth Skrzat Executive Director, Chino Basin Water Conservation District
Robert DeLoach, Interim Public Works and Utilities Director City of Colton
Jonathan Abadesco Chief Financial Officer Hi-Desert Water District
Josh Swift, Vice President and General Manager, San Gabriel Valley Water Company
Fontana Water Company Division

As the State of California (CHHS and CDPH) and the County of San Bernardino develop plans for distribution of the COVID-19 vaccine, the undersigned local water and wastewater agencies respectfully request that our frontline staff members receive priority access to COVID-19

vaccinations in Phase 1-B. This phase includes “people who play a key role in keeping essential functions of society running and cannot socially distance in the workplace,” as described in the Centers for Diseases Control and Prevention (CDC) *COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*. Vaccinating frontline water and wastewater utility staff members is particularly important because, as a lifeline sector, water and wastewater sector services underpin all aspects of society, including hospitals and long-term care facilities. Due to the specialized skills and licenses required for utility operations, and the corresponding challenges in finding replacements for staff members who may become ill or exposed, it is essential to be provided the opportunity to mitigate staff members’ COVID-19 risks through all possible means, including vaccinations.

Our services are essential for keeping critical healthcare and other facilities in San Bernardino County operating and for protecting public health. We estimate that the number of essential staff members in our agencies who should be given priority for the vaccine in Phase 1-B in San Bernardino County could number up to 650 individuals. This estimate represents the number of staff who work on the frontline – those operating and maintaining water and wastewater facilities and laboratories.

Glenn Farrel, Director of Government Relations, San Diego County Water Authority for San Diego County Water Authority, Vista Irrigation District, Rincon del Diablo, Santa Fe Irrigation District, Olivenhain Municipal Water District, Padre Dam Municipal Water District, Vallecitos Water District, California American Water, Oceanside, Sweetwater Authority, City of Poway, Otay Water District, Rainbow Municipal Water District, Fallbrook Public Utility District, Lakeside Water District, Helix Water District, Valley Center Municipal Water District, Yuima Municipal Water District

The identified organizations, representing water suppliers throughout San Diego County, respectfully urge you to ensure that California’s water and wastewater Essential Critical Infrastructure Workers—as identified by the State Public Health Officer—are part of the Phase 1-B vaccine distribution of the state’s COVID-19 Vaccination Plan. Essential Critical Infrastructure Workers who are vital to ensuring safe and reliable water supplies for California’s residents and businesses have remained on their jobs since the outbreak of the COVID-19 pandemic, even as they have put their personal health at risk every single day to perform their critical assignments. Providing them reasonable priority access to the COVID-19 vaccine will help ensure that they can remain on the job to perform their critical functions while protecting the health and safety of themselves and those around them.

The Essential Critical Infrastructure Workers providing safe and reliable water and wastewater treatment service throughout San Diego County recognize the seriousness of the decisions that must be made when it comes to prioritizing the implementation of COVID-19 vaccination protocols. We understand that there are many priorities and factors to consider, including coordination with federal and local government partners, logistics, and timing of vaccine deliveries. We also recognize the importance of ensuring California’s healthcare workforce is prioritized in receiving the vaccine.

The State Public Health Officer, in accordance with the Governor's Executive Order N-33-20, has designated certain utility employees as Essential Critical Infrastructure Workers. Essential Critical Infrastructure Workers within the California water and wastewater sectors perform work at public health and safety infrastructure locations (such as water and wastewater treatment plants) to keep water infrastructure functioning properly and safely throughout our communities and regions.

To reduce the risk of COVID-19 transmission, our agencies, and the Essential Critical Infrastructure Workers that we employ, have changed the way we work during the pandemic. For example, water and wastewater agencies are using staggered shifts or smaller teams of Essential Critical Infrastructure Workers on construction, repair, rehabilitation, and maintenance projects. However, due to the nature of the work, there are times when these employees need to be in close proximity to each other and with third parties, making vaccination highly important. Additionally, due to the specialized skills and licenses that many of the water and wastewater sector Essential Critical Infrastructure Workers maintain, there are ongoing concerns regarding our ability to find replacements for workers who may become ill or exposed, and therefore it is essential to mitigate those workers' COVID-19 risks through all possible means, including vaccinations.

For these reasons, we respectfully request the Community Advisory Committee ensure that water and wastewater Essential Critical Infrastructure Workers as identified by the State Public Health Officer, be specifically included in Phase 1-B of the state's vaccination plan for priority COVID-19 vaccination. Thank you for your consideration of our input and request. Our agencies are committed to serving the San Diego region and stand ready to work with you to inform the state's vaccination plan.

Catherine Cerri, General Manager, Los Angeles Community Services District

As the California Department of Public Health develops plans for distribution of the COVID-19 vaccine, Lake Arrowhead Community Services District asks that our frontline utility staff members receive priority in Phase 1-8. This phase includes "people who play a key role in keeping essential functions of society running and cannot socially distance in the workplace," as described in the Centers for Diseases Control and Prevention (CDC) COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations.

Vaccinating frontline water and wastewater utility staff members is particularly important because, as a lifeline sector, water and wastewater sector services underpin all aspects of society, including hospitals and long-term care facilities. Due to the specialized skills and licenses required for utility operations, and the corresponding challenges in finding replacements for staff members who may become ill or exposed, it is essential to mitigate staff members' COVID-19 risks through all possible means, including vaccinations.

Lake Arrowhead Community Services District provides water and wastewater services to residents of Lake Arrowhead and surrounding communities. In addition, we provide services for Mountains Community Hospital and first responder facilities including the Office of

Emergency Services. Our services are essential for keeping these facilities operating and for protecting public health. We estimate that 55 essential staff members should be given priority for the vaccine in Phase 1-8.

I appreciate your consideration of our critical water workers in your vaccine prioritization plans.

Carl Dale, Water Utilities Director

As California develops plans for distribution of the COVID-19 vaccine, the City of Oceanside asks that our frontline water and wastewater workers and critical infrastructure construction workers receive priority in Phase 1-8. This phase includes "people who play a key role in keeping essential functions of society running and cannot socially distance in the workplace," as described in the Centers for Diseases Control and Prevention (CDC) *COV/O-19 Vaccination Program Interim Playbook for Jurisdiction Operations*.

Vaccinating frontline water and wastewater workers and construction staff is particularly important because, as a lifeline sector, water and wastewater sector services underpin all aspects of society, including hospitals and long-term care facilities. Due to the specialized skills and licenses required for utility operations, and the corresponding challenges in finding replacements for staff members who may become ill or exposed, it is essential to mitigate staff members' COVID-19 risks through all possible means, including vaccinations.

The City of Oceanside provides water and wastewater services to residents of Oceanside. In addition, we provide services for hospitals, skilled nursing facilities, assisted living facilities, dialysis centers, and other critical care facilities in our service area. Our services are essential for keeping these facilities operating and for protecting public health. In addition, we have several critical infrastructure projects that are currently in construction and are essential to our continued operation. We estimate that 150 essential staff members should be given priority for the vaccine in Phase 1-B.

Roxanne M. Holmes, General Manager, Crestline-Lake Arrowhead Water Agency

As the Department of Public Health develops plans for distribution of the COVID -19 vaccine, the Crest line -Lake Arrowhead Water Agency asks that our frontline utility staff members receive priority in Phase 1-B. This phase includes " people who play a key role in keeping essential functions of society running and cannot socially distance in the workplace," as described in the Centers for Diseases Control and Prevention (CDC) *COV/O-19 Vaccination Program Interim Playbook for Jurisdiction Operations*.

Vaccinating frontline water and wastewater utility staff members is particularly important because, as a lifeline sector, water and wastewater sector services underpin all aspects of society, including hospitals and long-term care facilities. Due to the specialized skills and licenses required for utility operations, and the corresponding challenges in finding

replacements for staff members who may become ill or exposed, it is essential to mitigate staff members' COVID-19 risks through all possible means, including vaccinations.

The Crestline-Lake Arrowhead Water Agency is a State Water Contractor that provides supplemental water to over 22 other water purveyors from Cedar pines Park to Green Valley Lake, provides fire suppression facilities throughout the San Bernardino National Forest, and serves retail water services to residents of the San Bernardino Mountains. Our services are essential for keeping these facilities operating and for protecting public health, providing for wildland fire suppression, and providing supplemental water to other retail providers. We estimate that 10 essential staff members should be given priority for the vaccine in Phase 1-8. If 10 staff members cannot be given priority, we would request that our field staff be given consideration, given the Agency's huge service area.

Clint Baze General Manager, Rincon del Diablo Municipal Water District

As California develops plans for distribution of the COVID-19 vaccine, Rincon del Diablo Municipal Water District asks that our frontline utility staff members receive priority in Phase 1-B. This phase includes "people who play a key role in keeping essential functions of society running and cannot socially distance in the workplace," as described in the Centers for Diseases Control and Prevention (CDC) *COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*.

Vaccinating frontline water and wastewater utility staff members is particularly important because, as a lifeline sector, water and wastewater sector services underpin all aspects of society, including hospitals and long-term care facilities. Due to the specialized skills and licenses required for utility operations, and the corresponding challenges in finding replacements for staff members who may become ill or exposed, it is essential to mitigate staff members' COVID-19 risks through all possible means, including vaccinations.

Rincon del Diablo Municipal Water District provides water and/or wastewater services to residents of Escondido, Ca. In addition, we provide services for hospitals, nursing homes and other critical facilities in service area. Our services are essential for keeping these facilities operating and for protecting public health. We estimate that 22 essential staff members should be given priority for the vaccine in Phase 1-B.

I appreciate your consideration of our critical water workers in your vaccine prioritization plans. Please contact our HR department at Talarid@rinconwater.org if you have any questions or would like to discuss vaccine prioritization for our workers.

Mitch Bradley

I would urge that personnel working in the Water and Wastewater industry be given priority in vaccinations to insure clean, safe, potable drinking water is available to the people of California. The same applies to the Wastewater industry. Clean water coming from your tap is often overlooked as a critical service. Water must be treated to very high standards and then delivered to the customers home, business, or industry. This requires dedicated, highly trained and licensed staff to do this. An outbreak of Covid among our staff that provide that water could disrupt the proper treatment and distribution. We are essential workers that must come to our treatment plants and distribution networks to operate and maintain our systems.

Imagine turning on your faucet and not having any water come out or flushing your toilet and not having it go anywhere.

Turlock Irrigation District Northern California Power Agency; Coalition of California Utility Employees IBEW 1245; IBEW Local 465, San Diego & Imperial County IBEW Local #47; Independent Energy Producers Association Southern California; Public Power Authority California Water Association; Mesa Water District; Lassen Municipal Utility District ;Golden State Power Cooperative Yuba Water Agency; Las Virgenes Municipal Water District Island Energy; City of Banning Electric Utility; Placer County Water Agency; Los Angeles Department of Water & Power; City of Needles Utilities; Truckee Donner Public Utility District; Burbank Water & Power; Irvine ranch Water District; Glendale Water & Power; City of Shasta Lake Utilities; Silicon Valley Power; City of Santa Clara Water & Wastewater Utilities; City of Colton Electric Utility; Western Municipal Water District; Long Beach Water

The undersigned organizations, representing the electric, natural gas, and water sector, respectfully urge you to ensure that California's energy and water Essential Critical Infrastructure Workers – as identified by the State Public Health Officer – are part of the Phase 1-B vaccine distribution of the state's COVID-19 Vaccination Plan. The Essential Critical Infrastructure Workers critical to keeping the water and power flowing have remained on the job since Day 1 of the COVID-19 crisis to keep the lights on and water flowing across California. For the greater good, these Essential Critical Infrastructure Workers have been putting their personal health at risk every day. Providing them reasonable priority access to the COVID-19 vaccine will help ensure that they can remain on the job to perform their critical functions while protecting the health and safety of themselves and those around them.

Collectively, our organizations, member organizations, and Essential Critical Infrastructure Workers provide electricity, natural gas, and water to nearly every Californian. We recognize the seriousness of the decisions that must be made when it comes to prioritizing what appears to be a safe and efficacious vaccination for COVID-19. We understand that there are myriad priorities and metrics to consider, including complex coordination with federal and local government partners. We also recognize the importance of ensuring California's healthcare workforce is prioritized in receiving the vaccine.

The Interim Draft of the California Department of Public Health's COVID-19 Vaccination Plan, dated 10/16/2020, provides that people at increased risk for severe illness or death from COVID-

19 and other essential workers, may receive the vaccine in Phase 1-B of the three-phase approach to vaccine allocation. The Interim Draft does not define what are considered “other essential workers,” but does recognize that the state is currently identifying and estimating the critical populations for Phase 1.

The State Public Health Officer, in accordance with Executive Order N-33-20, has designated certain utility employees as Essential Critical Infrastructure Workers.¹ These Essential Critical Infrastructure Workers perform work at critical infrastructure locations (such as water treatment plants and power plants) to keep electric and water infrastructure operating in neighborhoods, making necessary repairs to utility lines, and in the field carrying out wildfire prevention activities such as vegetation management and inspections for safe operations.

To reduce the risk of COVID-19 transmission, our organizations, member organizations, and Essential Critical Infrastructure Workers, have changed the way they work. For example, utilities are using staggered shifts or smaller teams of Essential Critical Infrastructure Workers. However, due to the nature of the work, there are times when these employees need to be in close proximity to each other, making vaccination – and PPE – highly important to the job. For example, Essential Critical Infrastructure Workers in grid control rooms often work in open floor plan environments with no walls or separation between desks, and the work requires frequent consultation between employees. Some work activities also require Essential Critical Infrastructure Workers to be in the community conducting field work, often in teams, which increases their potential exposure to the virus.

It is for these reasons that we respectfully request the Governor’s COVID-19 Vaccine Task Force Drafting Guidelines Workgroup ensure that energy and water Essential Critical Infrastructure Workers as identified by the State Public Health Officer, be specifically included in Phase 1-B of the state’s vaccination plan. Thank you for your consideration of our input and request. Our organizations and member organizations are committed to serving their communities and stand ready to work with you to inform the state’s vaccination plan.

Shaun R Richards, Water Resources Control Engineer, Emergency Management Program, Office of Research, Planning, and Performance, State Water Resource Control Board

It was very nice meeting you last week during our CDPH and Waterboards Introductory Call, we appreciate you and your team setting some time aside to provide updates on the progress of vaccine prioritization and allocation and give insight into how personnel are being categorized into the various phases.

I recently saw an update presentation (attached) dated 12/20/2020 from the CDC’s Advisory Committee on Immunization Practices that lists Water and Wastewater Sector personnel explicitly as “Other Essential Workers” in Phase 1c, whereas previously Utilities broadly were listed as Essential Workers in Phase 1b.

I wanted to follow-up after our meeting to inquire if CDPH plans to follow and adopt these recommendations to include Water and Wastewater Sector personnel in Phase 1c of the vaccine allocation. If so, do you have any additional information and/or next steps for this effort?

[Water Board Letter – Richards \(PDF\)](#)

Jenny Regino, California Utilities Emergency Association

As an association who represents the utility companies throughout California, we have had several questions regarding the vaccines for the essential workers. I have been working with Alan Hendrickson from the CDPH who provided me with the last update below. Do you have any current information that I can share with our utility companies as far as what phase they are in, and when they might get to that phase. Originally we thought they were part of Phase 1B, and then I believe they dropped back to Phase 1C. Any updates that you have would be greatly appreciated.

Dr. Jacques S. Drazszak II, DVM

Veterinarians should be categorized as frontline healthcare workers. They provide direct medical care for all non-human creatures. They are frontline detectors of zoonotic transmission of viruses such as COVID-19 to humans. They provide medical care for animals which can potentially spread the virus. They perform surgery and other medical treatments which require very close in-person contact with other staff, and in some instances, with owners. They diagnose diseases, including COVID-19, in animals that can spread to humans. They should receive the vaccine as soon as other frontline healthcare workers, such as physicians, receive the vaccine.

Tania Hayes, Practice Manager, Bay Animal Hospital

I am writing to request the inclusion of all veterinary professionals into the “Phase 1b” of the Covid-19 vaccine distribution. Individuals in veterinary hospitals and clinics, both in standard and emergency medicine, are struggling to keep our teams safe and healthy. Although we are diligent to keeping our buildings closed to the public, the staff within these buildings to not have that luxury of being able to socially distance from each other. Examining patients, providing treatments and performing surgical procedures requires two individuals, or more, to provide these services. We must also interact with clients for each appointment to retrieve the pet from an individual’s vehicle and return the pet to them. Sometimes employees having to face clients without masks or having to crawl into a car to retrieve a pet. All of these instances put additional exposure for our staff and their families.

The high influx of veterinary services needed across the country has caused veterinary staff to increase hours and shifts, which increases daily exposure with our clients and each other.

Please include Veterinary Hospitals, Groomers, Daycares and Rescues/shelters into the next phase of vaccine distribution for our safety and helping continue to provide services to our communities.

Same Letter

Heather Ryan, RVT

Kelly M. Tran, Veterinary Assistant

Please consider including veterinary professionals in the COVID 19 tier 1b vaccination distribution. We are essential workers that come into contact with innumerable clients and patients every day.

Danielle Horsley, Registered Veterinary Technician, Pet's Friend Animal Clinic

Please consider having the COVID19 vaccine available to veterinary professionals. We are an essential business and need to keep serving the communities we work in. We follow CDC guidelines... wear PPE, social distance when possible, and no clients are in our office. General practice, specialty and emergency veterinary offices have been slammed since the beginning of the pandemic in March. Our clients and patients need us to keep working.

Natalie Schutzman, Finance and Hospital Development Manager, Broadway Veterinary Associates

I am writing on behalf of the doctors and staff of Antioch Veterinary Hospital and Broadway Pet Hospital to request that veterinary professionals be included in phase 1b of the covid vaccination schedule so that we may provide uninterrupted medical attention to animals in need.

The specialized nature of our profession makes it very difficult to remain functional when our trained staff is out with covid or possible covid exposure, as we can not easily find trained relief employees. This has caused many hospitals in our area to shut down completely for extended periods of time when experiencing an outbreak, and has subsequently led to animals being turned away from both general practice and emergency clinics while our industry struggles to meet the demand for veterinary care.

We ask that you please consider our industry when discussing the next eligible vaccination groups at your advisory committee meeting on 1/6.

Dr. Chloe Block DVM DACVIM (Cardiology), VCA Bay Area Veterinary Specialists

I am writing to illustrate the challenges faced by veterinarians and veterinary support staff as essential workers during the pandemic, with the hopes that we may be included in the next tier of COVID-19 vaccine recipients.

Since March 2020, our doors have remained open to care for sick pets. With pet adoption rates soaring during lockdown, we have been busier than ever. While we take every precaution to practice social distancing and use protective equipment, we are faced with insurmountable hurdles in distancing from each other and pet owners.

Pets do not cooperate for procedures like blood draws or x-rays without restraint. This requires 2-3 employees be less than 6 feet apart constantly throughout our work days in order to perform basic procedures. Veterinary hospitals have switched to curbside service with most doctor conversations taking place over the phone. Visitation of sick hospitalized pets has been strictly limited or eliminated entirely. However, most veterinarians (myself included) refuse to deny the chance for owners to be with their animal companions during euthanasia. As a cardiologist caring for many pets with terminal disease, this is something I unfortunately must face several times a week. My emergency vet colleagues experience it several times a day.

My hospital allows only one family member in the hospital. It is impossible to distance 6 feet when injecting euthanasia medications in a small exam room. When entire families wish to be present, I have euthanized several pets in the parking lot; climbing into the trunks of cars to perform the act so that the family can surround their pet. In many cases these are patients I have cared for over months or a year, and this moment is the first time I am meeting these families face to face. While we all wear masks, these owners are usually all crying and hugging their animals (which I then must approach and listen with a stethoscope to confirm they have passed).

California's veterinary teams have put ourselves at risk of COVID exposure while stretched to the max this past year, causing many employees to seriously consider leaving the field entirely due to burnout. Recognizing our struggles by helping protect us with a vaccine will provide a morale boost we all desperately need to keep healing California's pets.

Jeff Schmidt D.V.M., Arbor View Veterinary Clinic, Roseville

In my opinion, healthy adults less than 60 years old should NOT be offered the vaccine for Covid-19 until the vaccine has been offered to elderly people (>60 years old) and people with pre-existing conditions that would put them at an increased morbidity/mortality rate. The vaccine should not be mandatory for anyone.

Tracy Intravia

I am an essential worker in the veterinary field and would like the chance to try to stay healthy with this pandemic. It's going around veterinary hospitals and we need help.

Jessica Vogelsang, DVM

Thank you for your important work in distributing the vaccine as quickly and efficiently as possible. It is, I am sure, a monumental task. I am writing to ask that the committee include veterinary professionals in phase 1b of the COVID-19 vaccine distribution. As essential workers protecting the food supply, involved in surveillance of zoonotic diseases like COVID-19, and involved in the important hands-on work of providing healthcare to the millions of animals in the state, inclusion in this phase will allow us to more quickly return to a fully staffed workforce guarding the health of humans and animals alike.

Kirsten Williams, DVM

I am writing to encourage you to consider the veterinary profession for vaccination in the phase 1b distribution for the Covid-19 vaccines.

We are considered essential workers and veterinary hospitals throughout California have been overwhelmed by extra work due to more demand for our services, and fewer people to provide those services due to early retirements, leave-of-absences and inevitable quarantines and shut-downs when one of our employees tests positive or is exposed to COVID19.

On top of that, it is nearly impossible to socially distance during much of our work handling animals and we are interfacing with the public everyday, as well.

I wish I could work from home. I have been tempted to take time off, but there is just too much demand for my services and I hate to burden my colleagues even further.

Please consider adding veterinarians and their staff to the phase 1b so we can continue our essential and important work, safely.

Kate O'Dwyer, DVM, Rosemont Veterinary Hospital

As a veterinarian, practice owner, and individual with a pre-existing condition, I reach out to urge consideration for our vaccination eligibility as soon as possible. As essential workers we have worked tirelessly the past several months, often far busier than we have ever been and interacting with sometimes hundreds of people daily. As the global pandemic has ushered in a health crisis for humans, pet health has not fallen by the wayside. We continue to provide care for our patients, and must be available to not only provide essential public health services such as rabies vaccinations and treatment of other zoonotic diseases which can compound the human health crisis if unaddressed, we must also care for critically ill pets, triage emergencies, and provide medications, etc. A covid-19 infection or outbreak in our hospital could possibly force a temporary closure which impacts not only hundreds of pets and clients, but also further stresses other hospitals, compounding their exposure.

I speak for our hospital and those of many colleagues in our area when I say that we have been very happy to continue working, supporting our communities and the economy, however we and our staffs are routinely exposed to the general public and place ourselves at risk daily. We ask

not to be vaccinated prior to frontline medical workers, or those in high risk situations such as care facilities, teachers, etc but certainly believe we deserve consideration for the next wave.

Linda Knox, DVM, Medical Director, Palomar Animal Hospital

I am writing this to request the inclusion of veterinarians in the early COVID vaccination group 1B. We are considered essential workers and we have kept our doors open during this pandemic to serve the well-being of our community pets. We put ourselves at risk of virus exposure every day working closely with our staff and pet owners to save the lives of their beloved pets. We wear appropriate PPE to perform our services, but the fear of the virus is constantly present as we do our job. We would very much appreciate being included in the early vaccination group for essential workers so we can protect ourselves from exposure to this serious and potentially life-threatening virus.

Laurie Brehm

I pray this committee supports veterinarians and staff to receive the COVID vaccine in the next phase. I work as a Customer service representative in this field and hope to have the vaccine soon.

James Felts DVM

As a veterinarian I am an essential worker! People expect us to be available and that puts us and our families at risk. As a provider of surgical services I travel to numerous practices, significantly increasing my own risk. I will, of course, continue to provide care regardless of my vaccination status. It is my duty to do so. But I feel it is important that you understand that we cannot shelter in place.

Alexandra Ortega, RVT, Terra Vista Animal Hospital, Rancho Cucamonga

My name is Alexandra Ortega, I am an RVT and I work at Terra Vista Animal Hospital in Rancho Cucamonga, CA. Myself, along with every one of my coworkers, from our doctors to our receptions, have been working very hard since this pandemic started. We have not skipped a beat, taken any breaks or slowed down in the last 10 months. Quiet honestly our appointments and work load have doubled. We come into contact with hundreds of people every week and on many occasions have been exposed to Covid-19. Although we have done a very good job of disinfecting and sterilizing our hospital and following protocols that have been placed it is still a huge worry to think about what would happen if one of our staff members contracted the virus and how fast it would spread. Our staff at Terra Vista is very much essential and I think that we

all should have the option of being vaccinated early if we so choose to be. After all this time of uncertainty and stress, the Covid-19 vaccine seems to be a light at the end of this long and dark tunnel.

Dr. Gabrielle Goetze

I am writing to add my support to veterinarians and veterinary staff being included in group 1b for the covid vaccination. Veterinary clinics are essential and play a large role in community and community health.

Since the beginning of the pandemic, vet clinics have seen an incredible rise in cases, and have been struggling to meet the healthcare demands since. Staff members sick with covid or having to isolate decreases the number of available veterinary staff available to meet patient needs, and increases demands at other clinics in the area. The veterinary community has seen such an increase in demand that many clinics are turning clients away, including our local ER clinics at times.

At a time when people are turning to their pets for emotional well-being and stability, this is especially devastating.

Additionally, veterinary staff must interact with many members of the community, including some that are very high risk.

Lastly, since the beginning of the pandemic, there has been talk of utilizing veterinarians as secondary health professionals should the human health care system become overwhelmed. Medical facilities have already utilized veterinary ventilators, and I have heard talk of veterinarians being used in COVID morgues, as nursing and ventilator techs, and for covid vaccination. If the human medical community would like the support of the veterinary community in times of need, it would be helpful to treat the veterinary community as valued members of the public health team.

For all of these reasons, I recommend including veterinarians and veterinary staff early in the 1B group of covid vaccination.

Donna Roy, RVT, Torrance

I and my staff have been working continuously from day 1 of this pandemic...Mask wearing, hand washing aside, we can't do social distancing as can other people in different professions.

Please understand that we are on the front lines daily to care for our patients and we have to have contact w owners. We do have clients wear masks but it is still scary seeing how quickly this virus can spread. I am asking for veterinary professionals to be included in the earlier phase for vaccines.

Blythe Jurewicz, DVM

I am writing in support of veterinarians inclusion in Phase 1b of the COVID vaccine distribution plan in California.

Veterinarians, veterinary technicians and all veterinary staff are essential workers and as such have continued to provide critical medical care to companion animals, livestock/food production, as well as wildlife throughout California.

By nature of the veterinary profession, social distancing cannot be achieved in all instances such as when restraining animals for medical care, providing end of life care for our beloved companions, or while providing medical and emergency care to wildlife, livestock, as well as companion animals such as during our recent wildfires that affected California.

Veterinarian also serve a critical role in public health. As SARS-CoV2 has demonstrated: zoonotic diseases pose a significant risk to human and animal health. Veterinarians are critical in prevention, identification and monitoring for other zoonotic diseases such as viral disease like rabies, bacterial diseases such as leptospirosis, vector born diseases such as Bartonella (causative agent of cat scratch disease) and tick born diseases such as Lyme disease, etc.

The veterinary professional not only provides essential and critical healthcare, we are also important in food and agriculture: ensuring the health and safety of California's livestock and dairy animals.

In summary, California's veterinary professionals are essential to the continued recovery of California's economy as well as the healthy and safety of the animals we serve and the people of California.

Geena Ng, Doctor of Veterinary Medicine, Emergency and Critical Care Clinician, UC Davis School of Veterinary Medicine, Class of 2018

Thank you to your team for the time and effort that you have been providing throughout the pandemic.

My name is Dr. Geena Ng, and I am an Emergency and Critical Care veterinarian that has continued to work relentlessly throughout the COVID-19 pandemic, while making every effort to concurrently support my staff members and colleagues both inside and outside of the hospital. I am writing to you in an effort to advocate for the veterinary community, while also hoping to provide some context from a veterinary emergency clinician's point of view. Since the pandemic started, veterinary clinics and hospitals have remained open and continue to take on an unprecedented caseload that continues to rise daily with increasingly limited staff and resources (including PPE), while also converting to curbside triage and care. Specifically, emergency and specialty hospitals have often reached overcapacity and subsequently been obligated to turn away many patients to focus on the most critically ill.

Despite our continued care and efforts as essential workers, veterinarians and staff continue to be viewed outside of the healthcare professional community and are currently given a low priority in receiving the COVID-19 vaccine.

As heartbreaking as the lack of recognition may be, we have not let this deter us in our vocation and remain open to care for those without voices (pets), and continue to work harder than ever, with longer hours despite lack of medical, financial, and emotional support. Many of us, similar to those in the human medical field, have been experiencing burnout, compassion fatigue, and emotional trauma. We also remain one of the highest healthcare professionals at risk for suicide, and the suicide rate in veterinary medicine has only worsened with the pandemic and its subsequent repercussions. Many have fallen ill from COVID exposures at work, while others have made the difficult decision to permanently leave the field of veterinary medicine in order to prioritize their own mental and physical health.

More clients are having increasing limitations in their abilities to finance veterinary services, and the frustrations associated with curbside measures, designed to keep staff and clients safe, have risen at an exponential level. A few specific examples include spitting on our staff, refusing to wear masks, rushing our front doors to threaten our staff and demand their pet back (we do not lock our front doors in the event a pet is actively dying and for fire safety), being allowed on very special circumstances to visit a dying pet and subsequently removing their masks on multiple occasions and spreading aerosoles throughout the ICU, and requesting 20 family members be present for a euthanasia with the veterinarian in a room that is less than 6 x 6 feet in dimension.

I am a strong advocate for One Health and am well aware of the role that all healthcare professionals play in this initiative. As you may already know, Pfizer CEO Albert Bourla is a veterinarian, and there are many other veterinarians who have played a key role in the development of this important vaccine.

I hope that this message may encourage your team to prioritize the availability of the COVID vaccine to veterinarians and staff as they, too, are absolutely at high risk of exposure during these particularly difficult and trying times. Please strongly consider including us in the field of healthcare professionals and providing us the support and opportunity to receive the vaccine that has been provided to other healthcare workers during this pandemic.

Pleia Hall

I am a veterinary assistant at an animal hospital. Our workload has gotten even crazier since the pandemic began. Even with curbside pickup, mandatory mask wearing in and around the hospital and following social distancing guidelines we are still at higher risk for contracting COVID than the general public. This is why veterinarians and veterinary staff members should be in the phase 1b for vaccine rollout. We are essential workers!

Ed Shin, DVM

This letter is in regards to the COVID 19 vaccine. I am a veterinarian practicing in Murrieta, CA. We have been seeing appointments and have constant exposure to the general public in order to provide health care for their pets. I am requesting that all members of our profession be included in the Phase 1b distribution and be able to receive the vaccine in order to continue safely serving our clients.

Dr. Lindsey Alman, Central Animal Hospital

I am a veterinarian currently practicing in Petaluma, California. We are a busy small animal practice. It is important veterinarians and staff are vaccinated as soon as possible as an essential worker. Due to the nature of our work, maintaining a distance of 6 feet from coworkers is impossible. Clients are also entering the building with their pets, and examination findings and treatments are discussed in a very small room. Curbside is not possible for every clinic. Even with curbside this does not take away the fact that many people from various households must work together in confined spaces during animal restraint and procedures such as vaccinations, blood draws, taking x-rays and more. COVID is transmissible to dogs and cats and is unknown whether a pet can transmit to people or have fomite transfer. Veterinarians are essential for public health preventing zoonotic disease such as Rabies and Leptospirosis through vaccination and treating conditions such as Ringworm and Sarcoptic mange. The human-animal bond is very strong and has proven even more important for people's mental health during this unprecedented time. Veterinarians are essential and they are highly at risk for contracting COVID therefore it is important we in the veterinary community are vaccinated as soon as possible.

Janis E. Schmidt DVM

As a veterinarian in California who has been working throughout the pandemic with clients and their pets, I feel strongly that we should be included in Phase 1b rollout of the Covid-19 vaccine. I would appreciate your consideration of our profession with the vaccine rollout.

Erin Mortimer, DVM, Pet Emergency and Specialty Center

I am writing this e-mail to urge the California Department of Public Health to include essential Veterinarians and veterinary staff in Phase 1b of vaccination against COVID-19 (SARS-CoV-2).

The American Veterinary Medical Association and the California Veterinary Medical Associations have presented numerous reasons why veterinarians and their staffs should be seriously considered for some precedence in COVID19 vaccinations. I have summarized a few and included my personal comments for your consideration.

- Veterinarians and veterinary teams directly contribute to supporting the food and agriculture industries, providing services that are considered essential to the continued viability, sufficiency, and safety of our nation's food supply.
- Despite using curbside triage to mitigate risk, veterinarians are still at a high risk of exposure. Maintaining physical distance from our clients and staff can be extremely difficult, if not impossible, when handling animals, triaging large patients and performing intensive medical procedures. Continuing to provide the utmost quality of care, we are not only regularly exposed to human members of the general public who might be ill, but even to certain animal species that are known to be capable of carrying COVID-19 (SARS-CoV-2).
- Veterinary professionals actively protect both animal and public health by surveilling the virus in animals. Our surveillance functions extend well beyond SARS-CoV-2, encompassing other potentially zoonotic and non-zoonotic diseases.
- An integral part of the Veterinarian's oath states: "*I solemnly swear to use my scientific knowledge and skills for the benefit of society through ...the promotion of public health, and the advancement of medical knowledge.*" There is an inherent public trust in veterinary professionals which facilitates actively sharing community health messaging on the importance of vaccination. Such messaging is only truly effective if Veterinarians and their teams have, themselves, received the vaccine.
- Veterinarians help to ensure the health and well-being of millions of pets, which can be paramount to supporting their owners' physical and mental health during this pandemic. Unfortunately, veterinary hospitals have been largely overwhelmed due to the necessary changes in operations required to remain open during the pandemic. Many veterinary hospitals have been left with no other choice than to turn all but the sickest pets away. Multiple emergency veterinary hospitals in San Diego alone have been forced to close their doors for hours and even days at a time, due to staff being exposed or testing positive for COVID. Being part of this essential profession, I am acutely aware of the exhaustion suffered by my colleagues and staff and continue to experience the same fatigue myself.

Priority in vaccination will offer dedicated and essential veterinary medical professionals the opportunity to continue to care for and heal the sick, furry loved ones who provide physical and emotional support to so many people and complete their families on a whole different level.

Tiffany Setters RVT, VTS (ECC)

My name is Tiffany Setters and I work at Pet Emergency and Specialty Center in La Mesa, CA. I am writing because I believe that veterinary staff should be included in the 1b phase of Covid vaccination. We are considered essential and being emergency, have been busier than ever since Covid due to day practices limiting the number of patients they will see. We were not staffed appropriately for the amount of patients coming in and daily we have employees out because they have Covid or have been exposed and are quarantining. It's making it so that we have to stop accepting patients, and other ERs in the area have to do the same. At that point there is no where for clients to take their pets.

So I am asking that veterinary staff have the ability to get the Covid vaccine as soon as possible.

Katherine Siquig, DVM, MPVM, Acorn Veterinary Clinic, Davis

I am a small animal veterinarian who has worked in private practice in the greater Sacramento region since graduation from UC Davis in 2010. I recently completed the Masters in Preventive Veterinary Medicine (MPVM) at UC Davis, which provides further epidemiology and public health training for veterinarians. I am writing to encourage you to include veterinary professionals in “Phase 1b” of the vaccine distribution effort. Since the start of the pandemic, veterinary hospitals have been operating as essential businesses, providing vital veterinary care such as emergency medical and surgical services and routine prophylactic care like vaccination and sterilization services for numerous pets in the community. Other important work that veterinarians perform in our communities across California include shelter services for stray and abandoned domestic animals, veterinary services for injured and sick wildlife, and services to protect our food supply, including disease surveillance and diagnostics.

I have been working in a veterinary clinic since the start of the pandemic in close quarters alongside multiple staff members for up to 12 hours a day. From the start, the clinic owners have been abiding by strict protocols to keep staff and clients safe, modifying these protocols as needed based on the most current federal and state recommendations. Although masks are required at all times in the clinic, the nature of our work means that we usually are working in very close contact with multiple staff each day for prolonged periods of time. Most small animal veterinary clinics do not have state-of-the-art air filtration systems and cannot operate remotely, outside, or with doors and windows open. While my clinic is offering primarily curbside care in which owners do not enter the hospital, we are still at risk of COVID-19 due to staff exposure while collecting pets from owners and fomite transmission from animal fur, carriers, and leashes. Additionally, we have still been providing in-person euthanasia services so that owners may be present to say good-bye to their beloved pets.

As practicing veterinarians, we provide essential care to clients and their pets, thereby improving and protecting the overall health of the community. Veterinary hospitals have appropriately been deemed essential in California since the start of the pandemic. Due to the necessity of having numerous staff on site working in very close quarters, we are at high risk of developing COVID-19 from fellow staff members as well as through unavoidable contact with owners and their pets. A single case of COVID-19 could easily force the entire clinic to shut down for days to disinfect the premises and quarantine exposed or sick staff, affecting not only the business but also failing to provide essential services for the community.

Please consider including veterinary professionals in “Phase 1b” of the current vaccination effort, due to our essential work protecting the greater health of the community.

Michael J. Sterns, DVM

I am a house call veterinarian servicing house bound clients, both at risk and normal sheltering in place clients. My business has increased 25% over the last year, and my exposure continues. I have tested negative recently, but am 62, and had a heart attack 3 years ago.

I would jump at the opportunity to receive the vaccine.

Kelly Jensen, DVM, DAACLAM, Veterinarian, Associate Director, Office of Laboratory Animal Care, University of California, Berkeley

I am writing to request that the California Drafting Guidelines Workgroup designates veterinary and paraveterinary professionals for prioritized allocation of the COVID-19 vaccine.

Frontline veterinary and paraveterinary professionals are designated essential staff, reporting to work in clinical, industrial, agricultural and academic settings throughout the pandemic. This work includes the direct support of COVID-19 research when animal subjects are required.

Further, the need for veterinary care and animal husbandry is continuous and frequently requires individuals to be in close contact with each other to complete tasks safely.

For these reasons, veterinary and animal care staff should be named on the priority list for receiving the COVID vaccine if vaccine supply is limited.

David Tentser

It is always difficult, especially for the inherent selfless nature of veterinarians, to advocate for ourselves over others. But this is one of the rare times where the veterinary community should not be overlooked when it comes to prioritizing the Covid vaccine. Veterinary medicine and human medicine are inextricably linked, and despite the pandemic and its economic stress, I've never been busier in my 10 years of veterinary medicine. We've had to turn patients away for care because of staff shortages due to quarantine protocols for possible Covid exposure, and for the recent increase in pet ownership during the pandemic. I have a senior parent who is battling renal and heart disease that I am part time caretaker for on top of being a veterinarian. I'm constantly being torn between helping my patients (and in turn helping my human clients by keeping their beloved pets healthy) with the fear of being exposed at work and getting my family sick. There are staff members I rely on who I know are in a lower income bracket than me, live in multi-generational households, and are in a similar predicament. We want to be here for our animals, their owners, and for the community as a whole. By being allowed access to the vaccine, that will allow us to feel much safer doing what we are doing, and overall will only help with the health and wellness of our patients and their owners.

Sharon Ostermann DVM, MS, Animal Shelter Veterinarian, San Jose Animal Care & Services, San Jose Animal Care Center

I am writing not only on my behalf, but also on the behalf of my staff at San Jose Animal Care & Services and veterinary professionals in California. I work at a municipal animal shelter with an animal control component. We are disaster workers and emergency responders who do not get to stay home when others do. During the pandemic, we have been required to take in and care for animals of any and all species from suspected or known COVID-19 households. Many of these households are ones in which a person died or was hospitalized with COVID-19 and no one is able to take care of the animals. In many of these instances, the next of kin of those diagnosed with COVID-19 have been unwilling to enter the property or care for the pets of the diagnosed family member due to the risk of exposure to COVID-19. My staff members enter these homes, locate these animals and bring them to the shelter where they are cared for. There is risk our staff members in these cases as well as in our daily interactions with the public. We have had multiple instances of staff members contracting COVID-19 which has forced them to be out of work for weeks or more, which has devastated our ability to carry out our essential job functions and provide necessary care for our patients.

Aside from my workplace exposure, veterinary practices have remained open as essential medical care providers throughout the pandemic. The nature of our work means that we have to work in close proximity with one another and cannot practice physical distancing. We are at greater risk than health care providers such as psychologists who are able to conduct the majority of their work remotely without risking their health, yet psychologists are considered Tier 1 and have already been receiving their COVID-19 vaccine. Many other states consider veterinary professionals to be health care professionals and have allowed them to be vaccinated for COVID-19 at the same time as physicians and psychologists. I strongly urge the State of California to do as other states have done and protect *all* health care professionals, disaster workers and emergency responders.

Cheryl Waterhouse DVM

As a member of the veterinary profession, I urge you to consider veterinarians and their staffs who as essential workers, are being exposed to the general public daily, as the important members they are, and recommend Corona vaccines be given as a part of the group 1B, to be vaccinated early.

Cynthia Easton, DVM

The veterinary industry has been overwhelmed with day to day clinical practice and emergency medicine in the face of COVID. Across the country, the increased demand for veterinary services since March has been exponential. People are home more and concerned about their loved ones (which includes pets) so adoptions are skyrocketing and requests for visits to the vet unprecedented. Due to curbside service, we cannot see patients as quickly as we used to, which adds to the stress and demand.

Inside our veterinary hospitals, doctors and nurses (technicians) must often work side by side only inches apart, because it is not possible to examine/restrain an animal without help. As such, we are exposed to each other day in and day out. I work in a hospital with 15 doctors and 54 nurses, so the exposure is always a concern. In addition, we allow owners into the building to be with their pet for euthanasia, when they are crying hard, breathing hard and often are not wearing their mask properly (ie nose sticking out). During this sensitive time, most veterinarians are uncomfortable asking an owner to put their mask on properly.

Since we are essential workers and are significantly exposed to our co-workers and sometimes clients due to the nature of our job, we should be included in phase 1b distribution of vaccines. There are not that many veterinarians in the state of CA so it should not significantly impact availability for other groups.

Allison Habekost, DVM

I would like to request that veterinarians and their staff (all classified as essential) be made eligible for the COVID19 vaccine under Phase 1b. It is not only important for veterinarians and staff members to remain healthy and open during this time of unparalleled demand, but also that we do not serve as a potential transmission source for clientele (and thus the community).

I am writing to ask that veterinary professionals be prioritized for Covid-19 vaccination. While we are able to reduce risk through "curbside" practice protocols or seeing our patients outdoors, the very nature of our work requires us to be in close proximity to co-workers or the owners of the animals we are working with. Despite limiting public access to our practice facilities, we have not been able to eliminate it, and often interact with clients at times when they are under considerable stress and less compliant with wearing masks and maintaining distance. Unlike doctors' and dentists' offices, we don't have the resources and ready access for pre-arrival health screening for clients, and regular coronavirus testing for staff. Many veterinary hospital support staff positions are hourly wage jobs with minimal to no benefits, similar to the beleaguered - but much more publicized - grocery store and delivery service employees.

Anne MacFarlane, DVM, San Francisco

I applaud your decision to vaccinate my colleagues in human health care and the residents of long term care facilities first. As a parent of school-age children, I support vaccinating teachers and school staff next, particularly for the public schools that lack the resources to open under current public health guidelines - it would counter the current unfortunate message that private school students matter more than public school students. But I believe that it is unconscionable to declare our professional essential at the very beginning of the pandemic stay-at-home orders, ask us to give up our PPE and equipment, manage a caseload that is unchanged to increased, provide no support for parents who are required to be present in person to continue their work, and then tell us our health and safety are not a priority. There is a responsibility to apply consistent standards - if our work is important enough to continue in-person since March 16th,

then our people should be important enough to be protected earlier than the industries that have been subject to closure.

Barry M Baum DVM, Center Sinai Animal Hospital, Los Angeles

My hospital alone is interacting with approximately one hundred people a day.

THE NATURE OF OUR WORK MAKES IT IMPOSSIBLE TO MAINTAIN SOCIAL DISTANCING AMONG EMPLOYEES.

I am seventy two years old and have maintained my normal work schedule as have many of my dedicated employees.

Please prioritize our members so that we can continue to safely provide services which are very much in need.

Many of our clients that are isolated find their pets to be their primary comfort and help in maintaining their mental health.

Melissa Fogel, DVM, Media City Animal Hospital, Burbank

1. We have been deemed by the state to be an essential business.
2. We play a greatly needed yet poorly recognized role in public health. The general public likely had not heard of zoonotic diseases prior to the pandemic. Veterinarians specialize in zoonotic disease surveillance and prevention. Don't forget the most deadly zoonotic disease--and yet the most forgotten: rabies. Veterinarians are the reason we don't have significant rabies outbreaks in the United States. That is not the case for more poorly developed countries.
3. Due to the nature of the work, veterinary staff cannot consistently socially distance from each other. Two staff members must work in close proximity in order to administer vaccinations, draw blood, place IV catheters, take x-rays--almost every basic function of the delivery of animal health care.
4. Multiple animal hospitals have already experienced outbreaks, necessitating their closure for 14 day periods; thus over-burdening the remaining open practices (which are already operating at reduced capacities in order to facilitate social distancing) and threatening the delivery of both animal health and public health.
5. It is common for veterinary support staff to either live at home with their families or to live with roommates; many of whom are also essential workers. This leads to a snowball effect in covid 19 transmission in the community.

Dr Bruce Carstens and the staff of Willow Rock Pet Hospital

I would like to advocate for the Veterinary profession to be included as early as possible in the COVID vaccine plans. Our profession is deemed essential by the CDPH, and there are several reasons why we are at higher risk than some other essential workers.

1. We are seeing dozens of patients per day for veterinary health care - which is essential to public health and mental well being. Each visit includes several points of contact between staff and the public, placing staff at risk. Staff must directly contact the public to transfer pets into the hospital and back to clients after their visit. We handle many personal items that are handled by the public, including leashes, carriers, credit cards, door handles, as well as speaking in person during the transfer. There are times when we have to be in close contact with the public, such as during euthanasia. It would be cruel not to.

This puts us at higher risk than office workers who can work over the phone or computer, or essential workers with no public contact.

2. The nature of our medical care means it is impossible to keep 6 feet of social distance from co-workers. Although we wear masks and sanitize constantly, we are working for extended periods in close contact with co-workers. It is not possible to perform any procedure on a veterinary patient from nail trims to surgery without close contact with co workers.

3. The veterinary profession in general has seen an increase in patient visits and calls for care, rather than a decrease. This means we are busier than ever 7 days a week, with a higher number of contacts and a higher level of stress, and less time off than many other businesses. We are providing a critical and essential function in today's pandemic society.

For these reasons, I would request that the committee consider veterinary professionals and staff to be included in vaccination priority as soon as available after front-line human medical professionals.

Amy Long

Veterinarians are essential workers and have continued to serve our patients throughout the pandemic. To safely and effectively examine and treat our patients it is physically impossible for staff to stay 6feet apart from one another. Most all clinics in our area have seen huge increases in emergency medical need and it is not uncommon to see 4-6 hour emergency visit wait times or hospitals turning away veterinary emergency patients as they are at capacity. Veterinary personnel should be prioritized for covid 19 vaccination.

Jennifer Lally-Pettit, DVM

I am writing to request consideration by the Community Vaccine Advisory Committee to include veterinarians, veterinary technicians, and veterinary assistants in Phase 1b of the COVID-19 vaccine distribution. We in the veterinary medical field have been considered "essential health

care workers" and have continued to go to work daily during this pandemic. We do not have the option of "working from home", as it is necessary for us to provide hands on patient care to our animal patients. We are not able to be physically distanced from our coworkers, as it is necessary to have more than one of us at a time working on most of our patients. We continue to see patients for myriad medical problems, emergencies, elective surgeries, necessary diagnostics etc. Those veterinary professionals that make ambulatory and field service calls must interact directly with the animal owners, further risking exposure to Covid-19. Those of us that work in veterinary hospitals and clinics must interact with the owners even as we try and limit the number of owners on site while we are caring for their animals. The simple act of anesthetizing a pet for surgery, getting it on the surgery table, completing the surgery assisting with the recovery from anesthesia and the subsequent hospitalization and care of the animals necessarily involves several personnel to be in close proximity to one another for prolonged periods of time.

Furthermore, most vet hospitals have had multiple staff members and clients contract Covid, and the daily risk of being in close proximity in an enclosed space with both coworkers and the public represents a huge risk to community public health. We contact between 50-100 people daily, and even with "curbside care", our staff members must have face to face contact with every client to collect pets and obtain minimal information. This happens in close quarters and often with members of the public who do not have proper masking.

Furthermore, we risk spreading Covid within our community due to our extensive contact with the public as well as creating an economic and emotional toll on the community. Several vet clinics had to close down all at the same time several weeks ago in my area due to Covid cases among staff. This meant a huge loss for these small businesses, plus a community with nowhere to take their sick pets. We were deemed essential to begin with due to our roles in food production, public health, and in working with emotional support/service pets etc. If we continue to get sick and spread the virus at this rate, not only are we putting ourselves and the general public at risk, but we are not able to fulfill our essential mission.

Dr. Karen Shore, BVMS, Montecito Animal Clinic, Pacheco

I have been a veterinarian in the community for 20 years. I'd like to add my opinion to veterinarians and their staff as essential workers, needing to be included in the Phase 1B group.

We are a busy small animal clinic, currently booking 4 weeks out. I work part time and am in contact with 40-50 clients per week. My boss is probably in contact with 80-100. Our receptionists are probably in contact with more than that, as they check all the clients in and out. Because veterinary medicine requires close contact between staff members, if one staff member tested positive for Covid, the entire clinic would need to shut down. This would be up to 150 clients per week we would not be able to serve, putting pressure on the already overwhelmed veterinary emergency clinics in the area.

Pets are important to the mental health of their owners who are already stressed due to the pandemic. They need their pets to be taken care of during these difficult times.

I ask that you consider adding veterinarians to the Phase 1B group for vaccines.

Shayna Doyle

My name is Shayna Doyle and I am a 3rd year veterinary student at UC Davis Veterinary School. When the pandemic hit, I was asked to begin my summer job at a veterinary clinic early, and have been working during all the lockdowns since March of 2020. Though we are not often regarded as health care workers as we do not provide health care to humans, we do provide critical care to animals and continued to work during the pandemic, even when details about the coronavirus and its effects were largely unknown. We put our lives and the health of ourselves and our families on the line to help out people's animals for now more than 10 months. We are classified as essential workers and thus prioritized for early vaccine distribution but I request that veterinarians, veterinary technicians and other veterinary essential staff be included in the Phase 1B of the Covid-19 Vaccine distribution. Veterinarians and their staff have been at the frontline of the pandemic, tirelessly working through the pandemic and are vital in contributing to public health (in fact the Pfizer CEO is a veterinarian!) and I believe we should receive the vaccine in the tier 1B. Not only do we continue to work through the pandemic (even with PPE shortages in the beginning), often in close contact with clients and their pets, but also we as veterinary students have been severely affected in our learning as we are unable to participate in activities in the veterinary hospital. I urge you to please consider including veterinary professionals in Phase 1B of the vaccine distribution as we have continued to put our health on the line in an effort to take care of our communities pets.

Ian O'Dwyer, PhD, Rosemont Veterinary Hospital, La Crescenta

As the owner of a veterinary hospital in Southern California I am shocked that veterinarians and their staff do not appear to be high on the priority list for vaccination from COVID-19. Our doctors and staff are dealing directly with members of the public on a daily basis in order to care for their sick animals. While we have put in place protocols to protect our staff and clients as much as possible, it is still a very challenging work environment and our hospital staff deserve as much protection as we can offer them.

Veterinarians were told from the start of this outbreak that they are 'essential' and should keep operating during the pandemic. At various times, there have been rumors that veterinarians could be called in to human medical facilities to provide assistance and that a plan was under consideration to have them help with administering vaccination programs.

Naturally our doctors are more than ready to help in whatever way they can, but they already face extraordinary demands and exposure to the virus in providing critical care for sick animals and their owners.

I strongly urge that veterinary professionals and their staff be included in Tier 1b of the vaccination program.

Elizabeth Montgomery, DVM, Community Surgery Service, Chair Clinical Education Committee, UC Davis School of Veterinary Medicine

Please consider prioritizing veterinarians for the COVID19 vaccine. Veterinarians are essential to food safety and public health and have continued working throughout the pandemic.

Additionally, I would be happy to participate in vaccine administration to relieve the impact on healthcare providers.

Ilana Halperin, DVM, DBAVP (Canine and Feline Practice)

I am faculty at the UC Davis School of Veterinary Medicine. I teach veterinary students and see patients full time, and have done so throughout the pandemic.

I am writing you to advocate for prompt vaccination of the veterinary community. Throughout the pandemic, veterinary clinics and hospitals have remained open and continue to take on a heavy caseload with increasingly limited staff and resources (including PPE).

It is logistically impossible for us to complete our job duties while maintaining 6 feet distance from one another. We must manage animal handling and patient care as a team, requiring close contact. Physical distancing between coworkers is simply not possible when providing medical care to animals. Whenever possible we see patients curbside, with pet owners outside the building. This, too, however, is not possible when we tend to certain service animals, all working dogs (military or police) who must be managed by their handler, or during humane euthanasias. Although we are masked, we are forced to work in close proximity for well over the 15 minute limit defining close contact.

We have continued with a full receiving schedule despite team members contracting COVID and being quarantined. These team members came to work daily after their exposure and before testing positive, thereby exposing the rest of the team. This additional workload created by reduced staffing, combined with the constant level of stress knowing that we are at high risk of exposure, is compounding our burnout, compassion fatigue, and emotional trauma.

Despite our continued care and efforts as essential workers, veterinarians and staff continue to be viewed outside of the healthcare professional community and are currently given a low priority in receiving the COVID-19 vaccine.

As you are aware, veterinarians play a key role in human healthcare as well, preventing spread of zoonotic infections such as Rabies, Bartonella, Leptospirosis, and Toxocara. Numerous studies have demonstrated the positive impact of pet ownership on human health, improving the health and well being of those affected by conditions such as anxiety, PTSD, hypertension, autism, and obesity. We are key players in maintaining a safe and healthy food supply. Veterinarians have played a key role in the development of the COVID-19 vaccines. We must be supported in continuing our work safely.

I hope that this letter encourages your group to prioritize the prompt COVID vaccination of veterinarians and veterinary staff in consideration of their high risk of exposure to the COVID-19 virus.

Anne Marie Benfatto, DVM

As a veterinary professional, I have been classified as an essential worker. I provide essential veterinary care to the pets of multiple families on a daily basis. I believe, as does the California Veterinary Medical Association, that the veterinary profession should receive the Covid-19 vaccine as soon as possible. Please include us in the Phase 1b distribution.

Petra Tavano, DVM

I am a small animal veterinarian in Sacramento and wanted to express my hope that we will be included in early vaccine distribution as we are essential workers and have been open since the start of the pandemic. We also see patients that may carry this disease and infect staff although companion animals to human spread has been rare, it may be more prevalent that we currently know.

Gregory Conard

California Veterinarians are classified as 1b essential workers, and it is therefore essential that we and our staff be included in COVID-19 vaccination efforts as soon as possible. California is the bread basket of this nation, and we, as veterinarians, play critical roles in the safety of that food chain. We are agricultural workers and should be protected as such.

As small animal veterinarians we have been on the front lines since the beginning of the pandemic, doing our best to service an overwhelming demand for veterinary medical care while still keeping ourselves and our staffs safe. Unlike human healthcare, California law does not allow us the safety of telemedicine consults for new patients or those we have not seen in the past year. Given the length of the pandemic, this means the majority of our patients have had to be seen in person, and providing care to those patients requires close staff contact for extended periods of time. We are at significant risk every day.

Please include us with other Level 1b healthcare workers when making plans for vaccination schedules so that we can continue to provide the care that is so critical to the health and safety of this state.

Ashley B

I am one of the roughly seven thousand veterinary professionals in the state and I implore that we be included as we have been included as 'essential critical infrastructure workers.' Every day we are interacting with patients, many of which come from households that have COVID positive owners. This is on top of the fact that there is no possible way for us to remain six feet apart from coworkers, and are often times directly in contact with two or more other people during procedures or restraint. Veterinarians are the first line of defense against diseases that can impact our food supply, not to mention zoonotic diseases. Large animal veterinarians are critical for maintaining our poultry, beef, and pork. Small animal veterinarians are equally important, caring for companion animals as well as police and service animals. It has been seen that felines may contract COVID, and we therefore run the risk of not only infecting our coworkers but also our patients. Other states such as Arizona have already begun implementing vaccination for veterinary professionals.

Jeannie Grijalva, DVM

California Veterinarians are classified as 1b essential workers, and it is essential that we be included in COVID-19 vaccination efforts, plus Registered Veterinary Technicians, and Assistants, and Customer Service Representatives, be included in COVID-19 vaccination efforts as soon as possible. We are all in contact with the public on a daily basis, and many hospitals have had to close temporarily due to staff illness or exposure, which affects our ability to help companion animals. Most veterinary emergency clinics are overwhelmed with many hours wait time at least partly due to staff shortages.

Dr. Nicole Canon, Animal Hospital of Sebastopol, Sebastopol

This is a letter to remind you to please include veterinarians, veterinary technicians, and their support staff for inclusion in the 1b distribution of the COVID 19 vaccine.

We are essential workers who are putting ourselves on the front line every day ensuring the health of peoples' most precious family members and often their sole source of mental health support – their pets. We have been innovative and flexible with modifying our hospital service by curbside appointments, always wearing PPE, and diligently sanitizing our hands and all of our surfaces we work with. We also have a zero tolerance for any cold or flu like symptoms at work, which results often in short staffing while staff members recover at home with even very minor issues like a common cold. While we are taking every precaution to make the interaction as safe as possible for ourselves and our clients, we are unable to maintain social distancing when caring for a critical pet, or helping a client in the very difficult decision of letting their pet humanely go.

Please help us stay safe and not add our numbers to the growing COVID cases. We are needed more than ever to help keep our nation mentally and physically strong by keeping their pets healthy and safe.

Andrea Chernov, BVM&S

I strongly believe that it is in California's best interest to include the Veterinary Profession in the early phases of COVID-19 vaccination process. As a relief veterinarian, I am at different clinics on a regular basis. Since October 2020, I have been at 5 different clinics, and I was an associate at a single clinic from March to August 2020. That is 6 clinics for the current duration of the pandemic! If I am an asymptomatic carrier, or even if I have been infected and just have not started showing symptoms, then I am putting many veterinary receptionists, assistants, technicians, practice managers, other veterinary associates, and their families at risk. I am also interacting with the public, since veterinary clinics were classified in California as essential businesses. Plus, I go home to someone considered to be in the high risk category! Please include the Veterinary Profession in the early phases of the COVID-19 vaccinations. Show us that you truly believe in our classification as essential workers and that you support us in our oath to protect the public health through One Health!

Rachel Angel, RVT

I am emailing to stress the importance of including veterinary professionals in one of the higher tiers of Phase 1b. We play a vital role in saving lives, and when we get sick and can not care for pets, they may die. Many local animal hospital staff have become infected with Covid, myself included. We were facing a national staffing shortage prior to Covid, and with all the new quarantine pets our hospital systems are simply overwhelmed and many of our patients may not be able to get care in time if we continue to catch Covid at high rates.

One of the main contributing factors to the rapid spread within hospitals is in the nature of our job. It is not possible to physically distance from our coworkers. We must be within a foot or closer to each other in order to work on the same pet; one person to hold the pet, another to perform treatments or obtain samples. This allows the virus to spread within hospitals like wildfire. Not only this, we may be spreading to and from our clients when intaking or discharging the pets, as well as the potential for fomite transmission via their skin and hair coat.

I understand there are many important roles among the essential workers, however as our patients may die if the veterinary hospital system continues to be overwhelmed and continues losing staff to the virus, we are urging you to ensure we are included among the highest tiers for the upcoming phase 1b. Our patients' lives are at risk, if veterinary hospitals continue to suffer employee losses we will not be there for our patients when they need us. People have many choices when it comes to shopping, they do not need to shop in person. They have many choices when attending school, they do not need to attend in person. However we simply can not perform emergency surgery or administer life saving drugs over the phone or internet. We need

to be available to save lives, and therefore should be in the forefront of vaccine candidates, behind our human counterparts.

Jodi Matsuoka, DVM, Bay Animal Hospital

I am in agreement with veterinary professionals and support staff to be included in Phase 1b groups. We have continued to work throughout the COVID-19 pandemic and although we are wearing PPE at all times and performing curbside treatment we are still at high risk. As I have been exposed to COVID-19 co-workers and clients that need their pets to be humanely euthanized and in other circumstances. Also, with the increase in sick pets and need for veterinary care during this pandemic, we are even more exposed. The veterinary profession is an essential practice to continue to allow treatments of family pets.

Please consider us in Phase 1b due to our continued and increased risk to exposure of COVID-19.

Sophia Papageorgiou, DVM, MPVM, PhD, Medical Director, North Peninsula Veterinary Emergency Clinic, San Mateo

I am inquiring about the status of veterinarians and veterinary hospital staff regarding COVID vaccination. We are essential health workers. Our team at the emergency clinic has been working non stop 24/7 since the outbreak and lockdown occurred in mid_mar 2020.

Please consider this a request that we be considered among the first group of individuals to receive the vaccination. Thank you for your consideration regarding veterinarians.

Kim Deere, DVM

Many, if not all, of our veterinary hospitals are seeing 2-3 times as many patients since the pandemic started. This has overwhelmed us all and put extreme stress on veterinarians and their support staff. We are all working longer hours, in tight quarters and with limited staff numbers. We need to keep our entire staff healthy or the industry will fail.

Veterinarians are essential not only to the health of companion animals but also for the health of the general public (zoonotic disease control) and for the food industry. We need to be vaccinated in the early phases. Please make this possible.

Carl Pfeil DVM, Gualala Veterinary Clinic

I hereby wish to express my opinion on this matter, hoping that the Veterinary profession will be included in the early phase 1b:

As a sole practitioner, working in a rural community which is already underserved by veterinary services, I believe that early vaccination is essential to avoid a brake-down of these services which are critical to maintain the health of pets and farm animals.

In my particular case, I serve as the only clinic in a 50 mile radius up and down the coast, from Mendocino to Bodega Bay.

My situation is not unique. The veterinary profession struggles with bringing enough younger veterinarians into the field as it is.

Having some of these veterinarians come down with Covid 19 would be a disaster to the health care for animals in many areas in California.

Shiri Grant, RVT

I am writing to stress the importance of including veterinary professionals in one of the higher tiers of Phase 1b. We play a vital role in saving lives, and when we get sick and can not care for pets, they may die. Many local animal hospital staff have become infected with Covid. We were facing a national staffing shortage prior to Covid, and with all the new quarantine pets our hospital systems are simply overwhelmed and many of our patients may not be able to get care in time if we continue to catch Covid at high rates.

One of the main contributing factors to the rapid spread within hospitals is in the nature of our job. It is not possible to physically distance from our coworkers. We must be within a foot or closer to each other in order to work on the same pet; one person to hold the pet, another to perform treatments or obtain samples. This allows the virus to spread within hospitals like wildfire. Not only this, we may be spreading to and from our clients when intaking or discharging the pets, as well as the potential for fomite transmission via their skin and hair coat.

I understand there are many important roles among the essential workers, however as our patients may die if the veterinary hospital system continues to be overwhelmed and continues losing staff to the virus, we are urging you to ensure we are included among the highest tiers for the upcoming phase 1b. Our patients' lives are at risk, if veterinary hospitals continue to suffer employee losses we will not be there for our patients when they need us. People have many choices when it comes to shopping, they do not need to shop in person. They have many choices when attending school, they do not need to attend in person. However we simply can not perform emergency surgery or administer life saving drugs over the phone or internet. We need to be available to save lives, and therefore should be in the forefront of vaccine candidates, behind our human counterparts.

Emily Mohr, Hospital Manager, Alamo Animal Hospital, Alamo

Please consider our small animal veterinary professionals when deciding who gets the vaccine and when. Our entire team is essential and we have been open for business since the pandemic

began. The receptionists are on the front line speaking mask to mask with clients all day. Because of this, our entire team is at risk each time the receptionist retrieves an animal patient from the owners waiting in their cars outside as we are still working with curbside service exclusively. Vaccinating our team quickly will minimize the potential spread to our community.

Dr. Racelle LaMar

Please include veterinarians and staff in group 1b for vaccination.

Erika Dokman, RVT

Please continue to lobby for early Covid vaccine distribution to our veterinary professionals. We, as a group, are more vulnerable than many other industries, outside of human healthcare, as we consistently work in close proximity to others throughout our work day. We are unable to fully adhere to social distancing guidelines which puts us at higher risk.

Veterinary professionals in California have worked tirelessly through the pandemic while facing shortages of critical supplies and PPE. Including our population in the early vaccine distribution ensures the safety of our workforce and ensures our ability to provide the critical services as we have always done.

Linda Mellema, DVM, DACVR

Please include veterinarians and their support staff in the earliest round of vaccinations of essential workers. I am a veterinary radiologist who cannot social distance while performing ultrasound. The people holding the animals work with the general public, sometimes without distancing.

If working from home is not an option, getting a vaccine should be an option.

Debbie Calhoun, Coronado

I'm writing to ask you to please take Veterinary professionals into account in the rollout of phase 1B.

Veterinary staff are essential workers that protect our very important pet family members. The increase of family pets during this crisis is unprecedented. These caregivers are important members of the community that support the health of our pets. They have been greatly impacted by the increased need for their services during the crisis. Veterinary staff must work closely together to treat animals and also interact with their owners. These close quarters conditions limit covid social distancing precautions and place this group at increased risk.

My own sister caught covid this way, along with several members of the veterinary clinic where she works. Covid is limiting staffing abilities and the amount of patients vet clinics can see which puts the lives of pets and our pet caregivers at risk.

Please add Veterinary Professionals to the 1B Rollout.

Amy Vail, BVMS, MRCVS

California Veterinarians are classified as 1b essential workers, and it is essential that we be included in COVID-19 vaccination efforts, plus Registered Veterinary Technicians, and Assistants, and Customer Service Representatives, be included in COVID-19 vaccination efforts as soon as possible. We are all in contact with the public on a daily basis, and many hospitals have had to close temporarily due to staff illness or exposure, which affects our ability to help companion animals. Most veterinary emergency clinics are overwhelmed with many hours wait time at least partly due to staff shortages.

Charlene Noll MSME, DVM, DACVS

I am a California licensed large animal veterinarian in Shasta County. As an essential worker during the pandemic, I'm writing to encourage placement of veterinarians as phase 1b for vaccine distribution. We are essential to the health and safety of the food supply and we are interacting with the public on a daily basis in that role. Due to this heightened risk, I believe that we should be vaccinated prior to the general public.

Cheryl Howerton, DVM, Happy Trails and Tails Mobile Veterinary Services, Lone Pine

I would like to request that you consider veterinarians, and their assistants, be included in the administration of Covid-19 vaccines to essential workers in our state.

During the pandemic we have been administering care to our patients that need emergency and essential services. We have needed to implement intense protective measures to avoid, as much as possible, contamination of our clinics and personal exposure to the virus. This can be very difficult when working with owners and their pets. Many of our services, and many of our patient numbers, have been severely curtailed in order to provide a safe environment for our staff and clientele.

For these reasons, in order to ensure the continued ability to provide animal care services to our communities, veterinarians need to be designated essential workers with priority status for Covid-19 vaccination.

Natasha Vallejo, DVM

I hope this email finds you well in these crazy times. I am a small animal emergency veterinarian in Southern California and am reaching out in hopes that you'll reevaluate our priority for vaccination.

As an essential worker who cannot afford to be out sick without risk of patients not receiving care or even dying if I call out sick I am hoping that vaccines will be available sooner to veterinarians and their staff than they would to the general public. While we are able to offer some curbside services, our technicians and support staff still have to go face-to-face with clients to retrieve the pets. We are going through hundreds of patients a week this way and of course emergencies still happen to pets of families who have Covid so we have no choice but to see their pets and risk this interaction. Then we being said let into our building where they can act as a fomite bringing COVID in on their haircoats. With PPE shortages we are barely protected and many of our staff are coming up sick and requiring hospitals to shut down all together. It is impossible to distance from our staff members inside the building so I am face-to-face with them for a majority of my shift and even with a mask my colleagues are getting sick.

The state of veterinary care is scary because the caseload has dramatically increased and the staff has dramatically decreased-the quality of care is dropping as a result! In addition to emergency medicine and I also offer a home euthanasia which is a service that is vital in the community for families that cannot bring their pets in for various reasons. So face to face prolonged contact with family members who are crying sneezing blowing their nose is frightening at best. Many of my clients who utilize this service are elderly and high risk and I fear I will get them sick. Lastly, pets particularly cats are potential carries of COVID (albeit uncommon), and many pets can act as fomites carrying it in on their fur. I live with multiple high-risk family members including myself and many of my clients are high risk as well.

I know you are faced with very difficult decisions right now and there is no perfect answer for this but I hope you will consider bumping us up before the general population and behind the human healthcare workers.

Laura Crean, Assistant Manager, Bay Animal Hospital, Manhattan Beach

I am writing to ask for consideration for my staff to be vaccinated against Covid-19 in the early stages of roll out. Our veterinary hospital is an essential business and our staff must face clients within 6ft throughout each day to help their sick pets. We operate 7 days a week in Los Angeles County which is currently a hot spot - as I'm sure you are aware.

Joe Rosenberg, DVM, Paniolo Equine / Go In Peace SD, San Diego

I am a mobile veterinarian in the San Diego area. I provide at-home euthanasia services for dogs and cats in the owner's home, as well as primary veterinary care for over 200 horses in the greater San Diego County. I have been a veterinarian for over 22 years.

Since the pandemic started, my at-home euthanasia service as increased over 250% as not only are owners concerned about leaving their home, but they are not allowed to be with their loved ones during end-of-life decisions at their regular veterinary clinics. This has drastically increased my exposure to different households (sometimes 5 - 6 households a day) in order to provide relief to suffering patients as well as to allow their human family to be with them in a comfortable environment.

I can't strongly recommend enough that veterinarians (as essential workers) should be eligible for the next tier of qualified persons to receive the COVID-19 vaccine.

Dr. Sarah George

My name is Dr. Sarah George, and I am a practicing veterinarian in the city of Long Beach, CA. Veterinary medicine has been classified as essential throughout the entire pandemic, and many of my staff members are in contact with the public daily. I am asking you to consider Veterinarians and their paraprofessional staff for vaccination in the "1b" phase of the Covid 19 vaccine rollout.

Melanie Streitfeld, Rancho Palos Verdes

Please put veterinarians and their staff as a priority for the Covid Vaccine.

Cara Dante Yanussi, RVT

I have been a veterinary technician for over 2 decades. It is the best job in the world. I entered this profession because I love animals. But loving and caring for and about animals goes hand in hand with dealing with the public. There is no way to do any job in the veterinary/animal care field without having some contact with other humans. For that reason, it is very important that our classification as essential workers puts us on the list for receiving the series of Covid19 Vaccine.

I believe we all understand that keeping animals healthy, whether in homes, shelters or on farms, is directly related and correlated to keeping humans healthy. Sick animals lead to bad living conditions which can lead to further disease outbreaks. This really is a situation of herd health, where we include other species, rightly, in our herd. To care properly for these other members, we care takers need to be kept safe.

Dr. Breeden

I am a small animal relief veterinarian who would like to express my opinion about COVID-19 vaccine distribution.

I am terrified of getting COVID-19 at my places of work (I work in several different hospitals with several different people as a relief vet) as there is no way to social distance in this profession. We work closely together (directly in each others faces about 6 inches apart a lot of the time) in small buildings all day as technicians and staff will restrain pets while I examine and treat each patient in small exam rooms. We also work with the public and in particular during euthanasias, the risk of infection is high. Masks are required in the building, however, during euthanasias it is a sensitive time where pet owners are typically crying and breathing heavily during these heartbreaking moments as I assist their pets in a peaceful goodbye (again, in a small room, sometimes 6-12 inches away from each other).

I request (and in all honesty of emotions, beg) for the inclusion of veterinary professionals in "Phase 1b" in order to get the COVID vaccine as soon as possible.

Deborah Aparicio, DVM, Clayton Valley Pet Hospital, Concord

I am writing today about the need to vaccinate all veterinarians and their staff against COVID 19 as early as possible within the group of essential workers during the pandemic. I know many people do not realize that we work in very close proximity with our team as we exam, medicate, do procedures, and operate on our patients. It has been very hard to maintain a basic staff that is committed not only to stay away from social gatherings outside of work but the people who they live with as well. It takes one staff member to have been in possible close contact with a COVID positive person and unknowingly comes to work. This scenario leads to the closing of the hospital until everyone gets a negative test. And we have to trust that it's a true negative. I have been fortunate nobody in my staff has so far been exposed that we know of, but other veterinary hospitals in my area have had to close until everyone got tested. It's a constant battle to have everyone keeping their masks on properly and remain at distance with the daily people who come to our hospital with deliveries, pick ups, and repairs like the plumber, the heating and cooling company, the crematory, the diagnostic lab, the oxygen delivery, UPS, USPS, Fed Ex, among others, and not counting the clients who fail to follow procedure and walk right in and some without a mask despite all the postings. One person came in coughing and announcing she has allergies and she is really not sick but she has questions about her pet and wants to talk to the doctor. People don't realize how serious we are about protecting the entire staff. One is exposed and we all can't work. So everyday we are working with our staff with no guarantee they have not been exposed. We all go buy food and other products we need, we go to the gas station and other places like the bank for our deposits. We come to work and remain close together for long shifts. Yes, we are at risk among ourselves. We can't work six feet apart. And we don't need a medal or a recognition for the risks we take. We just want to be safe. Our job is very stressful as it is without COVID, with a very high suicidal rate compared to other professions. Compassion fatigue runs high and now add the stress of trusting your entire team is healthy and some clients who do not understand we have to respect new safety rules. Any staff member who has any little sign of being sick can't come to work until tested, so working short handed is common. Animals get sick and have accidents. They need us to be available. When a veterinary hospital closes the near by ones take the slack. Like everybody else, our stress level continues to raise, but most of us still go to work every day despite the risk. And last, I would like to remind people that if things were to get worse at our human hospitals, veterinarians are the closest profesion that could

offer a hand. The AVMA has already approved voluntary work from veterinarians if it was needed in certain areas. I can only hope that the people in charge of allocating the new COVID vaccine understand social distancing is impossible in our hospitals and that they realize we are of absolute value to our communities.

Sydney White RVT

We are busier than ever and communicating on the front lines with clients in order to treat their pets. We have patients whose owner has covid or their son, spouse, roommate does. These pets may carry that into us. We are as essential as those working the emergency rooms and would appreciate being included in those to receive the first round of vaccines.

Kenneth Aponte, Chief of Staff, Prestige Animal Hospital

My name is Dr. Kenneth Aponte, Chief of Staff at Prestige Animal Hospital in Fontana CA. Since the Covid 19 pandemic started I have worked non stop and seen a way larger volume of pets per day than ever before Covid 19. Many of my clients have reported to us been positive or having family members affected by the virus, which live with the pets we are in contact with. I have had 3 team members affected directly and exposure to the rest of me and my team due to this. We are an essential business as pets need medical care. We see diabetic pets, cardiac pets, epileptic pets, among many others that need regular care and medications to stay alive. It is not fair to call us essential workers and expect us to continue to put our lives at risk and not even get the benefit of priority vaccination for Covid 19. This has to change.

Lauren Craft DVM

I would like to request that veterinary personnel be included for the 1b essential personnel for the CoV-SARS-2 vaccine.

Veterinary hospitals are having much difficulty keeping up with the need for services in their communities. They are higher risk environments for Covid-19 as it is impossible to maintain social distancing while treating animal patients as they need to be held for treatments, and it often takes a team of people working in close proximity to provide life-saving treatment for pets.

Pets are important family members for people trying to do the right thing and staying in their homes. For some people, pets are the only family they have and are extremely important for their mental health.

Many veterinary hospitals, including large specialty hospitals with emergency services, have had to close their doors or severely limit services due to staffing issues from Covid-19, or from having positive employees in the hospital. This is having a huge effect on people's ability to obtain treatment for their pets.

Tané Brunker, Hospital Manager, Coastal Cat Clinic

I would like to reach out and request that veterinary staff be included in “Phase 1b” of the COVID-19 vaccine distribution. We are essential workers who have a lot of contact with the public and also work in an environment that makes social distancing fairly impossible in most situations. Many veterinarians also work with smaller staffs and would have to shut down for weeks if someone got sick which would lead to many animals not getting the care they need. Please prioritize veterinarians and veterinary staff for early receipt of the COVID-19 vaccine.

Dr. Laura Najman, DVM, DACVECC

I am an emergency/critical care veterinarian in a 24 hour hospital. Veterinarians are considered “critical essential workers” by the CDC. That means we don’t quarantine when we are exposed, the hospital doesn’t close to clean when we have positive cases, we can’t work from home—we basically keep working until we get covid. At veterinary hospitals, it is impossible to keep 6 feet away from your colleagues. Drawing blood, taking X-rays, performing an ultrasound—these all need multiple people in close contact to perform. I’ve lost track of the number of emails I’ve received that say “We wanted to let you know you have close contact with someone that tested covid positive.” I think I had four or five in three weeks. Given that veterinarians and their employees are critical essential workers and all that this entails, we should be in the group 1b for the vaccine. With the amount of exposure we have and the inability to quarantine, I don’t even know if I can make it to the 1b group without getting covid first, but at least I have a fighting chance.

Eddy Mayer

My wife is a Veterinarian/small business owner. She and her staff need to be protected against the virus, they play a huge role servicing our community and are and have been completely exposed to the pandemic.

Please, they need to be protected! Please let them receive the Covid-19 vaccine as soon as possible.

Doug Coward. DVM

I would like to get the covid vaccine ASAP. We have had 4 clinics ,including ours in South Orange County , shut down for a period do to Covid positive staff members. We do not have any spare veterinarians. Two of our 4 vets , including me , are over 67 years. We are at risk everyday . We are fully booked everyday. There are no spare vets out there to help any of us so it is paramount we stay healthy. The Covid vaccine would be a huge help for veterinarians who are working long hours , in close contact to clients and staff. Thank you. My arm is ready and waiting for the vaccine !

Dr. Karen Buchinger

I am a veterinarian in my 60s who practices in a small animal hospital in California. I wear masks, wash my hands frequently, yet still worry that I will be exposed to COVID because I deal with numerous team members and some clients every day I work.

I would like to receive a vaccine as soon as possible so I can protect myself, my 85 year old mother, my 65 year old partner, and of course the rest of my team and clients.

Ariana Dubelko Giolito, UC Davis, School of Veterinary Medicine - DVM Candidate, Class of 2022

I am writing to request the inclusion of veterinary professionals in Phase 1b of vaccine distribution. Veterinary professionals are critical essential workers with a high risk of exposure. We come in contact with clients and must work in close physical proximity to coworkers, and we do not have the option or ability to work from home.

Dr Giselle Pomeranc-Mayer, Peninsula Center Pet Hospital, Rolling Hills Estates

I am a Veterinarian/small business owner - I own a veterinary hospital in LA county. I recently had to shut down the clinic for 10 days due to coronavirus exposure to the staff. We are treating the pets of 70-90 clients daily (who may or may not be infected) in the parking lot outside our clinic. We wear masks to try to help keep us safe. Although we are taking on a lot of risk personally we feel that taking care of people's companions will in the long run help keep them mentally healthier too. We are doing the best we can.

I have reached out to the various veterinary medical associations and they say there has been no guidance in LA county on vaccinations for Veterinarians and their support staff.

Has there been any thought for Veterinarians and their support staff to receive Coronavirus vaccines in the first/second round? How would we go about getting them? I have called the local human hospitals and they say they have no idea on when or how I or my staff would go about getting vaccinated because they are only making appointments for human doctors.

Dr. Jennifer Self, Lake Forest Animal Clinic

I am a veterinarian and practice owner in Lake Forest, California. We have been open through all the phases of the pandemic, serving our community. I am writing to request that veterinary professionals be included in the "phase 1b" of the COVID-19 vaccine distribution.

Our veterinarians, technicians, receptionists and kennel assistants have been putting themselves at risk as we care for our client's pets. We want to stay healthy so we can remain open and be there for our patients.

Tana Simmons, DVM, California Veterinary Specialists, Murrieta

I would like to request that veterinary personnel be considered high risk essential personnel and added to those included in Phase 1b for vaccination against Covid-19. Veterinary practices are becoming hot spots. Our practice has had to close to receiving emergencies numerous times due to staff shortages related to Covid, and are overwhelmed by caseload. It is impossible to social distance when doing procedures, CPR on pets etc. obtaining care for pets in a timely manner is becoming increasingly difficult for clients. Please protect this valuable service to our community by protecting our veterinary personnel.

Melissa Sparks, DVM

I write this to encourage you to include veterinarians in the priority list for vaccination against COVID-19.

Veterinarians perform a large set of tasks important to public health and safety and well being. The CDC defines the veterinary contribution as important for "...improvement of human and public health by improving agriculture and food systems, advancing biomedical and comparative medical research, preventing and addressing zoonotic diseases, enhancing environmental and ecosystem health, and helping manage 21st century public health."

While many small animal vets have transitioned to curb-side appointments to decrease exposure from clients, we still come into daily contact with pets who can carry and transmit COVID-19, including minks, cats and dogs. We cannot perform our work from home, and our complex medical work requires a large support team including receptionists and skilled technicians. A CPR attempt at my hospital may involve two doctors, and 5-7 nurses all working together. We cannot stay 6 feet apart during these events, which are not infrequent, and even routine exams and procedures like blood draws often requires 2-3 people to work in close contact for prolonged periods of time.

Additionally, many of the large animal vets who perform critical public health roles cannot do curbside appointments and have limited nursing support, often relying on owners for restraint and assistance. My practice, which sees small animals, allows owners to be present during euthanasias. I have held my breath while performing euthanasias as owners rip off their masks and sob over losing their beloved companions, and all I can do is hope my mask is enough to protect me and my staff from possible infection.

In veterinary practices across the state and country we have kept our emergency doors open through the many shutdowns to provide life-saving care for the dogs, cats, horses, and livestock who come to us for aid, putting ourselves at increased risk to help others. I firmly believe that

our doctor and nursing colleagues in human medicine, the elderly and infirm, and others who work directly with human COVID-19 cases should be considered the first priority for vaccination. But I strongly urge you to remember us, as an often-forgotten yet critical of public health and essential medical providers, in your recommendation for the next category of vaccine prioritization.

Jennifer Schultz

Please allow veterinarians to move up in the field. We don't have the luxury of closing. Veterinarians spend at least 10-15 minutes with every euthanasia which puts them at greater risk than the general population. If a clinic closes, some areas will be unserved.

Carl Singer DVM, Hayward

As a veterinarian working closely with the public and considered an essential healthcare worker by the CDC, I'd like for my colleagues and I to be put on the soonest possible vaccinate list

Jaspal Harika, DVM

We need vaccines asap. We see over 30 customers with dogs and cats daily. We may not be pilix officers of physicians, but we are close to them and have frequent close contacts with many people while collecting patients and discharging patients. I just cane Covid positive and am very sick . I had to cancel around 250 appointments of patients, many of them ate sick and need care. Emergencies are already full and cannot take much more case loads without hours of waiting fir dying patients. Please get covid vaccines asap.

Denise Vroom

Peninsula Center Pet Hospital doctors and staff. Please help the veterinarian's and their staff receive the vaccines they need to continue on taking care of our pets. They are risking their lives and health daily.

Dr. Janet Helms, California Licensed Veterinarian

Please allow veterinarians to get the SARS-CoV-2 vaccination in Phase 1B of the vaccination program. Veterinarians are integral to supporting the food chain, providing necessary care to animals in the food chain or inspections to support a safe and secure food supply. They also provide necessary care to pets, and are in constant contact with the public when working with pets.

Teri Hensley, San Diego

Please include veterinarians and their staff in phase 1B of giving out the Covid vaccine. We feel, as a pet owner, that our veterinarian is essential to be COVID free since we take our pet in frequently for treatments and do not want to be unnecessarily exposed to Covid. So many elderly Americans have pets that I feel strongly about the veterinarians getting the vaccine as soon as possible.

Samantha Kent, DVM, San Marcos

I am writing this email to request inclusion of veterinary professionals in Phase 1b COVID-19 vaccine distribution in California.

As an emergency veterinarian, myself and my colleagues have been included in the group of essential workers who have continued to go to work everyday throughout this pandemic to provide needed medical care to California's pets who are clearly designated members of the family. I spent 9 weeks in March and April living separated from my own family in an effort to keep them safe while my veterinary hospital adapted policies and protocols. California's veterinarians donated ventilators, medical supplies and our own limited PPE to our colleagues in the human field, and we have worked tirelessly over the past few months due to a significant rise in veterinary needs and care throughout the pandemic. It is impossible in veterinary medicine to properly examine and treat our patients while maintaining distance from our colleagues and we have worked to maintain our humanity and compassion by allowing owners to be present with critical animals and euthanasias. Given our essential worker status and our higher risk as we work within close quarters we should be among those able to be vaccinated in phase 1b.

Dr. Kari Kato, DVM

I am emailing to request that you include veterinarians in phase 1b of the COVID-19 vaccine timeline. We have remained open throughout the pandemic providing medical care for pets and animals and have been extraordinarily busy. Most veterinary hospitals have seen an exponential increase in number of cases and animals we are trying to care for, all while trying to implement protocols that will keep out staff and clients safe. This would help many of us in the veterinary field feel safer about providing the veterinary care and services to the public.

Brett Hensley, DVM

Please include essential veterinary workers in the next phase of vaccine distribution. We have been putting ourselves and our families at risk by providing essential medical care to animals all year long. Most veterinary hospitals have had employees with COVID or exposed to COVID with many temporary closures throughout the year.

We are unable to keep 6 feet distance from each other at work as it can be impossible to have an animal restrained while exams, treatments, procedures are performed.

Please help us get protection.

Dr. R Sidhu DVM

I am requesting to add Veterinary professional in the 1b phase due to reason being we are essential workers and helping people deal with their sick pets. So we are getting exposed to people who could be asymptomatic and still exposing Vets and staff.

Peggy Herrera, DVM

As a small animal veterinarian I am in constant contact with the public. I handle their pets and then must discuss the results of my exam with my clients who remain in their cars. This requires me to often lean in a window to explain my findings and in all cases means I am conversing with owners with only a mask separating us. As a result I feel all veterinarians are at high risk of exposure and should be considered along with other health care workers for vaccination.

Kelly Churchil, Vet Tech

My name is Kelly and I work as a vet tech student at a privately owned clinic in Mission Viejo. I am sending this email to express my desire to receive the vaccine as soon as possible. My opinions are reflected in the SCVMA email: our jobs are critically important and require us to come face-to-face with the public on a daily basis, and as such, we need to be protected.

Angela Omadhebor RVT

Hello, I work at a 24 hour emergency and specialty veterinary practice. During COVID times many regular veterinary clinics are closed, which leaves only the veterinary emergency hospitals open and bearing the brunt of sick and injured pets. We have become increasingly busy, with less staff while adhering to COVID protocols. Many of our staff are immune compromised and fall under the guidelines of at risk individuals, yet we continue to work and bring much needed care to people's pets.

We would like to receive COVID vaccines to protect us while we continue this much needed work.

Marie-Christine Vitry, Veterinary Technician/Receptionist

I have worked in the veterinary field for over thirty years and have never seen any crisis that has so affected the level of stress our colleagues are under and the way in which we are forced to conduct business in order to keep each other healthy and safe. We are working longer hours, seeing more patients, turning away more patients, fielding endless calls, running in between cars and clients to deliver pets, medicines, and supplies, all while trying to remember to follow strict social distancing and sanitation protocols. Though most of our close contact is with animals, we still have to interact with their owners and our colleagues in ways that do not always allow strict social distancing.

Do we extract a frightened pet from a vehicle without putting our body into the space where a pet owner has been breathing out particles (likely while not wearing a mask)? If we have them get out of the vehicle, we still have to make them hand over the pet, an act that requires we stand a foot away from them, usually face to face. Though current reports do not indicate a high transmission rate from surface contact, we still have to handle fabric pet carriers, blankets, and towels that are difficult to sanitize. What risk is posed by the t-shirt clients wear and then place in their pet's carrier in order to ensure the pet can smell their human's presence?

Even if we can limit our interaction with clients, we still have to keep in close contact with our coworkers. Though most veterinary hospitals (including mine) have enforced mask wearing and other sanitation protocols, social distancing is nearly impossible. Many procedures require staff to be in close contact in order to work on patients. Many hospitals are simply too small to allow for work stations to maintain six-foot distancing or install plexiglass booths. Even when some barriers can be installed, there's no way to ensure that the particulates that may escape masked individuals don't build up in the building over the course of 10-12 hour shifts.

Veterinary medicine is already a field that sees high levels of stress due to the life and death nature of our work and the lack of respect most of us see from clients and the community. Most articles written about veterinarians are related to how much they charge and how willing they are to "let pet's die" rather than offer free services. We've seen our work load go up exponentially this year as the rate of pet adoption has risen by 25% across the country. Instead of booking appointments two or three days in advance, we're seeing our schedules fill up three to four weeks in advance. Even if we set aside blocks of time to take in urgent patients (which most of us do), we're still turning pets with legitimate health concerns away. Clients are incredulous when we are recommending that they contact the local emergency hospitals and go online to write hurtful reviews about how we don't care about their pet's suffering. They do not realize how hard we try to see as many patients as we can. Most of our doctors (and their support staff) work long hours with few to no breaks yet the public demands we do more. When we do provide urgent services (often after fitting them in on a doctor's break), they call us heartless when we ask them to pay because we should understand that they are underemployed due to the pandemic.

These are hard times for everyone. Our first responders, frontline workers, and eldercare residents and staff should be given priority when it comes to receiving the COVID-19 vaccine. They are at highest risk and are serving populations that have the most severe outcomes when infected with this virus. The reason I write this isn't to imply veterinary workers are more deserving of protections from the coronavirus, I'm simply concerned that we will be forgotten. We have been working without a break since March and have placed ourselves and our families

at risk in order to continue to serve our community. We adapted our care to maximize the benefit to our patients while minimizing our exposure but the consequences of these shifts in protocol have left us exhausted and crestfallen.

I respectfully ask that you consider putting early vaccination protocols into place for all veterinary staff professionals.

Dr. Lauren E Barry BVSc. MRCVS, CEO and Medical Director of Baker Ranch Animal Hospital, Lake Forest

Please consider my input regarding veterinarians and their employed staff as essential workers that may be considered for earlier scheduled access to the COVID-19 vaccine.

I am a veterinarian and small business owner. My day to day work involves multiple face to face interactions with the public. Although I do everything I can to safeguard myself and my staff, we do run a higher risk of exposure to the virus than the general population as it is impossible to perform my work duties isolated from home.

We are considered essential workers, and have kept our business open throughout the pandemic to provide important wellness and illness care for the pet owning public of Orange County.

Since March 16th when the initial stay at home order was proposed, my practice has adapted to working curbside and also implementing important health checks for my staff every day as well as enforced use of recommended PPE whilst at work.

We have had several "scares" where our clients have either knowingly or unknowingly exposed us to the COVID virus - and we have all at various times had to go and be tested. I have had some staff members isolate whilst waiting for test results.

We are a small team - a total of six employees plus myself the veterinarian and business owner. If two or more employees have to isolate at the same time then we will be forced to shut temporarily.

Many of our neighboring veterinary hospitals and urgent cares have had to close for days to weeks for this reason.

Veterinary hospitals not only uphold the health and welfare of animals but they perform an important public health role by providing preventative vaccinations and testing/ treatments for zoonotic illness - for example Rabies virus, Leptospirosis, Larval migrans disease associated with intestinal parasites and preventing the spread of tick and flea borne illness in humans such as Typhus and Lyme disease.

Melissa Cody

Please include veterinary staff in phase 1b as essential workers that should be vaccinated.

Peter Kendrick, DVM

Veterinarians should be included in the 1b vaccination group since we are essential workers that work directly in close contact with pets of Covid positive and infected owners. We provide an essential service to animal health which can directly impact human health in many ways. We are, behind 1st responders, of direct consequence to human health as well as animal health and are at times unable to maintain safe distances between workers given the situations we encounter. Please consider placing veterinarians into the next group of individuals vaccinated

Dr. Jenna Cooper, Banderas Pet Hospital, Rancho Santa Margarita

This letter is to express my interest in getting my professional community covered in 1b. The year has been taxing and different for everyone. I wanted to take a moment to express the impact it has had on my already taxed veterinary community. We are fully staffed and busier than ever with emergencies that the after-hours clinics can't handle, surgeries where normally the specialists can handle but they cannot get to because they are regularly being overloaded and shut down from COVID exposure. Many of my colleagues work not only in small animal but also large animal health which protects the nation's food supplies and shipping including import and export and their role is vital.

We have operated as an essential business throughout the pandemic, something that has been an honor and a stressor to us all. We do not have the ability to operate from home, or be hands off, and handling of animals requires being in contact with one another in order to examine, test, and treat our patients as it is rare to be able to handle them without assistance for our own safety. We have sat in on conference calls and been implored to remain open by the public health authority to provide emergency and essential services. I hope to see everyone vaccinated but to be continually at risk for providing what is deemed as the necessary, yet I worry that my colleagues will be left out.

Thank you for your continued work to keep everyone safe and protected.

Shamli Malik, DVM

Hello, my name is Shamli Malik and I am a Veterinarian practicing in San Diego. I have been going into work since the pandemic started and my staff and I are at high risk and considered essential workers. We feel that as doctors in health care we should be high on the list for the Covid vaccine. It is disheartening to see people that are in the medical profession who work from home and have no contact with people receiving the vaccine before us. We are hopeful that we will be considered high risk and have the ability to get vaccinated if we chose to do so. We understand that this is a difficult decision to make but are hopeful that we will be considered respected doctors in this society. Thank you for listening to our concerns.

Steven Feldman DVM, CA licensed veterinarian license V13536

Since we are essential workers please include us in Group 1b so we can be in the public serving and be protected from COVID. I cannot work as a small animal veterinarian until I feel safe!

Kaeli Brown

I'm in the veterinary field where we are in close quarters with clients on a daily basis. Where do we fall in the Covid vaccine prioritization tiers?

David A. Gordon, DVM

As you are aware, the veterinary profession has been considered essential workers since the start of the pandemic. Additionally, each and every day we are out there taking care of people and animals while we are doing everything possible to protect our health as well as the health of our teams and clients. And the profession has an integral role in public health, food safety and zoonotic disease prevention.

Please consider moving veterinarians into the next phase of vaccinations.

Lauren De Silva VMD, MS

As a practicing veterinarian in the heart of downtown Los Angeles, one of the major hot spots of the most recent COVID surge, I urge you to recognize veterinarians and veterinary professionals as not only essential workers, but the essential frontline health care professionals that we are.

We are part of a critical industry that requires that our doors stay open to serve the community. We are already facing record-breaking demand for our life-saving services, coupled with increasing challenges to keep the hospitals open and staffed amid 14 day quarantines for possible and actual COVID exposures.

It is of the utmost importance that the veterinary profession receive the COVID-19 vaccine as soon as possible, and should be included in the Phase 1b round of COVID vaccination.

We need the extra safety net that vaccination can provide us, as we continue to exercise best practices to keep ourselves and the public safe (curbside service, masks, face shields, social distancing, telemedicine). We have had to completely reinvent how we practice medicine without compromising our high standards of excellence. To say the last 9 months has been difficult is an understatement.

I recognize the difficult decisions your committee is tasked with, to determine which groups of individuals are prioritized. The veterinary community is often the forgotten stepchild of the medical community, but I hope that we are recognized, not marginalized, for our continued laudable work.

Lisa A. Pope, DVM

Since the onset of COVID 19 myself and my staff are working tirelessly to provide veterinary services to our clients and their pets in need of care. We are unable to work from home as equipment and supplies are essential for accurate diagnoses and treatments of disease. We are the forefront for identifying public health threats from zoonotic diseases.

It is my belief we should be included in Phase 1b of vaccination administration.

Wendy Brooks DVM

Veterinary staff have been considered essential workers throughout the pandemic. We care for important family members (pets) who are crucial to the mental well-being of the citizens of California. Please make us part of phase 1b for early vaccination. We have to be able to protect the entire family unit including the animals.

Dr. Joanne Hwang DVM MPH

I am writing this email to request that veterinarians and their staff be included in the tier 1b for covid vaccinations. Our profession plays a critical role in maintaining public health as you already are aware of our role in the “One Health Initiative”. Due to the pandemic our industry has been spread extremely thin with the increased pet adoptions and demand for their healthcare. It is extremely vital to keep our profession healthy to serve our community and most importantly continue to do our part in maintaining public health.

Dan Baxter Executive Director, California Veterinary Medicine Association

On behalf of its 7,800 members in the statewide veterinary community, the California Veterinary Medical Association (CVMA) requests that the California Drafting Guidelines Workgroup designate the veterinary profession for prioritized allocation of the COVID-19 vaccine.

According to guidance published by the federal Cybersecurity and Infrastructure Security Agency (CISA),¹ veterinarians and veterinary technicians/staff are considered part of critical

infrastructure/essential workers. On page 20 of its guidance document, CISA specifically designates "[v]eterinary nurses, technicians, veterinarians, and other services supporting individuals and organizations with service animals, search and rescue dogs, and support animals" as "essential critical¹¹ personnel. Veterinary personnel are also expressly designated in this manner in the context of the Food and Agriculture listings found on page 11 of the guidance document.

In addition, the California State Public Health Officer maintains an official list of "Essential Critical Infrastructure Workers."^{11 2} As with the CISA guidelines, veterinary practices are twice included in this state-specific grouping (being listed under both the Health Care/Public Health and Food and Agriculture sectors). It is also important to note that guidelines from the Center for Disease Control (CDC) regarding vaccine distribution state that groups considered for early vaccination if supply is limited include workers in essential and critical industries, among others.

Because veterinarians and veterinary technicians/staff are considered part of "essential and critical industries," they should be on the priority list for receiving the COVID vaccine if vaccine supply is limited. Accordingly, and especially because there is no veterinarian representative on the Drafting Guidelines Workgroup, the veterinary profession is hopeful that you will remember to include the veterinary profession as essential workers in early vaccine allocation.

¹www.cisa.gov/sites/default/files/publications/ECIW_4.0_Guidance_on_Essential_Critical_Infrastructure_Workers_Final3_508_1.pdf

² covid19.ca.gov/essential-workforce/

Jennifer Hawkins, DVM, Ladera Ranch

My name is Jennifer Hawkins and I am a practicing shelter veterinarian in Orange County. Like so many, veterinary professionals are also struggling to balance childcare, illness and their essential work.

Veterinary professionals cannot perform their work from home and, though modifications have been implemented into veterinary operations, safely providing care to animals cannot be performed while physically distant. At least two individuals are required when providing care to animals; one to restrain and one to provide care. One cannot take a temperature, place a catheter, clean a wound, intubate or even examine an animal without a person providing careful restraint of the patient. Rolling illness and quarantines strains teams' ability to effectively serve the volume of animal patients requiring medical care.

Additionally, the pandemic has prompted a rise in pet ownership. Many veterinary hospitals are actively diverting patients to other busy veterinary hospitals due to the strain on the veterinary community triggered by the impact of COVID19. Many animal shelters have suspended spays and neuters in order to ensure sufficient staff is available to meet the urgent needs of incoming animals.

Right now, there are fewer veterinary professionals to provide services for more animals. This severely limits the ability of the profession to deliver essential medical care for ill animals, ensure that only healthy animals enter the food supply and provide public health surveillance.

It is critical that veterinary professionals be prioritized in Phase 1b for receiving the COVID19 vaccine.

Dr. Laura Wagner, California Veterinarian, Owner of Alameda Pet Hospital

I am a California Veterinarian, and I, like many other veterinarians, are on the front lines. During the pandemic, animals have needed healthcare, too. While the animals themselves carry low risk of acquiring coronavirus, their human counterparts are certainly a concern. Despite social distancing protocols, there are many times when we are required to break that 6-foot barrier specifically with euthanasia services and when collecting and returning animals to their owners. We also have some extremely fearful dogs that would pose a risk to our staff if the human handler were not present.

Through the pandemic, we have learned that animals are an integral part of family life. For many, they offered benefits to their humans that other modalities cannot: they provide comfort to those who are stressed, they calm anxiety, and most importantly: companionship. Veterinarians care for these most important animals, and in doing so, provide mental stability to the human sector.

I kindly ask you to add veterinarians to the "most important" list for receiving the coronavirus vaccine. We are at risk, and we are important, too.

Monica Hambalko DVM, San Diego

I would like to express my opinion about COVID-19 vaccine distribution and to request the inclusion of veterinary professionals in "Phase 1b".

Veterinarians, Registered Veterinary Technicians, and veterinary support staff are classified as essential workers under federal and state guidelines, and thus are already prioritized for early vaccine distribution by virtue of that classification.

Liz Sánchez, RVT

I don't mind that vaccine been available early to veterinary professionals, as long as the vaccine isn't required to hold a job. I personally hesitate on accepting its efficacy and safety as a new vaccine that was developed in record time.

Nahmi Jones VMD, Blue Cross Pet Hospital, North Hollywood

I am a veterinarian from Los Angeles. My practice is located in North Hollywood, an area of Los Angeles County that is experiencing one of the highest infection rates in the County. I am writing to you with a desperate plea for me and my co-workers.

Please include veterinary workers in your Phase 1b recommendations.

There has been unprecedented demand for veterinary services during the pandemic shutdown. We continue to provide for the needs of our patients and clients despite the many challenges of the Covid shutdown. And yet, we are all but invisible to the press and the public.

Workers in the veterinary field are essential workers. We can not perform our duties without exposure to the public, this includes RVTs, technicians and receptionists as well as veterinarians. We can not maintain 6 feet of social distance from each other while working on a beloved pet.

I am calling us to your attention because your current plan does not specifically name us. We are healthcare workers, we provide also emergency services. Perhaps we technically fall under the category of food and agriculture workers, along with grocery store workers. However you choose to designate us, we are essential workers and could greatly appreciate Phase 1b status.

Once vaccinated, we will be excellent ambassadors of your program as we are well versed in educating the public about the benefits of vaccinations.

Ken Pawlowski, DVM, Past-President, California Veterinary Medical Association; Clinical Director, Insight Veterinary Wellness Center, El Dorado Hills

Veterinarians and their staff provide a crucial service to their communities and society as a whole and need to be prioritized in receiving the COVID-19 vaccination.

Veterinarians working in the food animal industry play an obvious, critical role in helping to provide a safe and adequate food supply, as evidenced by the recent work with Virulent (Exotic) Newcastle's disease outbreak in poultry in southern California, as well as with helping to maintain safe dairy, beef and other food products.

Those working in the Public Health sector are vigilant in monitoring for new/future epidemics or even pandemics, e.g. Avian Influenza (which could also destroy food supplies).

On the companion animal side, veterinarians have been busy taking care of family pets as they have provided increased comfort and support as people have stayed at home and are spending more time with their furry, feathery and scaly family members. Many people have brought new pets into their homes during this time from shelters, pet shops and breeders and need to make sure they are up to date with their preventive care. This is at a time when most veterinary hospitals are limited in capacity due to providing curbside (and similar) service.

Because of this increase in new pets and limited capacity of veterinary facilities there has been a dramatic increase in infectious diseases during a time when there are limited resources to help them. Blue Pearl, a national veterinary emergency hospital, reported a 70% increase in cases of parvovirus in dogs in July, and this has only increased. We have seen a definite increase in cases, along with apparent severity and in patients we would not normally expect to see it in.

As the capacity has been limited in general practice, more patients are being pushed to emergency hospitals, which now are generally running 4-8 hour wait times, and some are even closing to new patients for periods. We have had some of the ER hospitals have to close for days due to COVID-19 cases or exposure, putting even more strain on those that are open. All of this while we still must interact with the public (though taking every precaution possible) and putting ourselves and staffs at risk.

Our hospital has been fortunate to avoid any outbreaks or closures, but have felt the pressure when others ER hospitals have had to close. As the only 24-hour ER veterinary hospital in western El Dorado county we play a vital role to the community, and it would create a severe impact on the public as well as neighboring ER hospitals if we experienced an outbreak and needed to close. While pets have always been an important part of the family, during these unprecedented times their roles have become even more important in helping provide people comfort and a sense of wellbeing.

So, for the sake of the pets and their owners, as well as the safety of the veterinary staffs along with veterinarians providing crucial support in public health and food safety, I urge you to place veterinarians in the next group (1B tier 1) of those to be vaccinated.

Dr Ashley McCaughan, Marina Village Veterinary, Alameda

Veterinarians are essential service providers. We should be among the first wave of medical professionals to be vaccinated.

Kelly Myers, DVM, Veterinarian, Owner of Highlands Ranch Animal Hospital, CVMA, AVMA, and SDCVMA member since 2002, USDA Accredited Veterinarian

As one of the 7800 members of the statewide veterinary community in the California Veterinary Medical Association (CVMA), I request that the California Drafting Guidelines Workgroup designate the veterinary profession for prioritized allocation of the COVID 19 vaccine.

According to guidance published by the federal Cybersecurity and Infrastructure security agency (CISA),¹ veterinarians and veterinary technicians/staff or consider part of critical infrastructure/essential workers. Page 20 habits guidance document, CISA specifically designates "[v]eterinary nurses, technicians, veterinarians, and other services supporting individuals and organizations with service animals, search and rescue dogs, and support animals" as "essential critical" personnel. Veterinary personnel are also especially designated in this

manner in the context of the food and agriculture listings found on page 11 of the guidance document.

In addition, the California State Public Health Officer maintains an official list of "Essential Critical Infrastructure Workers."² As with the CISA guidelines, veterinary practices are twice included in the state-specific grouping (being listed under both the Health Care/Public Health and Food and Agriculture sectors). It is also important to note that guidelines from the Center for Disease Control (CDC) regarding vaccine distribution state that groups considered for early vaccination if supply is limited include workers in essential and critical industries, among others.

Because veterinarians and veterinary technicians/staff are considered part of "essential and critical industries," they should be on the priority list for receiving the COVID vaccine if vaccine supply is limited. Accordingly, and especially because there is no veterinarian representative on the Drafting Guidelines Workgroup, the veterinary profession is hopeful that you remember to include the veterinary profession as essential workers in early vaccine allocation.

Liz Weigand, Marketing Director, Terra Vista Animal Hospital

As essential workers that have continued to work throughout the pandemic, it is imperative that veterinarians and staff be among some of the first groups to receive the vaccine. Many dental offices have been shut or are seeing fewer patients each day in order to control the spread of the virus, yet they are ahead of veterinary staff when it comes to receiving the vaccine. Veterinary offices have been busier than ever. While our clients are not allowed in the office, we do continue to see them outside while socially distanced, and we have a full staff that continues to work hard every day. We attempt to maintain social distance in our office, and of course, wear masks, but with each passing day I wonder when it will hit. In order to continue to serve our clients and their pets each day, and maintain the positive outlook for both our staff and our clients, veterinary teams must be included in the initial phase of the vaccination. We have worked hard and deserve the opportunity to stay healthy and able to serve.

Sarah Bradley DVM, cVMA

I am writing this letter on behalf of myself and my staff. We have been open and working tirelessly for the past 10 months to provide care to all of our patients. At times we were very scared not only for our own safety but for the safety of our families due to our own contact with the public. We are thankful that we are deemed essential because our patients need us and we are proud to be able to help them. But we would please ask that we are still deemed essential when it comes to the vaccine.

Jovanna Radillo, DVM, MPPA

I am writing to you today to please fight for us veterinarians to be included in Phase 1B. We are in the front lines working with clients all day long given we could not shut down and pets need care. There are only so many of us compared to our human counterparts and us getting sick with COVID would be detrimental- more than it is with the shut downs.

We need this vaccine now.

Betsy Gray, DVM, A California Veterinarian

I am a veterinarian and therefore have somewhat of a bias about who should get vaccinated when. I believe the first people to get vaccinated should be all human health care workers. We will not be able to survive if our human health care team collapses from Covid. Beyond that there are many people who should get vaccinated but we must take into account who is able to work remotely and who is not.

As veterinarians we are tasked with the health of the entire animal population of the United States and none of that work can be done remotely. Therefore, I believe that veterinarians must be in one of the next groups of people to get vaccinated.

Taryn Kashani, DVM

I am writing to request veterinary professionals be included in phase 1b of the covid vaccine schedule. We have been essentials workers doing our best to help pets, which does also have public health components. We can mitigate our exposure from the general population, but still work in close contact with our co-workers and most hospitals do allow owners in with their pets for euthanasia.

Marika Pappagianis BS, RVT, VTS (Large Animal Internal Medicine), Large Animal Clinic Patient Care Manager

I am writing to request consideration by the Community Vaccine Advisory Committee to include veterinarians, veterinary technicians, and veterinary assistants in Phase 1b of the COVID-19 vaccine distribution. We in the veterinary medical field have been considered "essential health care workers" and have continued to go to work daily during this pandemic. We do not have the option of "working from home", as it is necessary for us to provide hands on patient care to our animal patients. We are not able to be physically distanced from our coworkers, as it is necessary to have more than one of us at a time working on most of our patients. We continue to see patients for myriad medical problems, emergencies, elective surgeries, necessary diagnostics etc. Those veterinary professionals that make ambulatory and field service calls must interact directly with the animal owners, further risking exposure to Covid-19. Those of us that work in veterinary hospitals and clinics must interact with the owners even as we try and limit the

number of owners on site while we are caring for their animals. The simple act of anesthetizing a horse for surgery, getting it on the surgery table, completing the surgery assisting with the recovery from anesthesia and the subsequent hospitalization and care of the animals necessarily involves several personnel to be in close proximity to one another. We are putting our lives at risk to continue the mission of patient care. Thank you for your attention to this matter.

Jen Anielski, DVM

Hi. I am a solo practitioner and own my own practice. If I get sick, I could lose everything. Not just my business, but my life savings. I work with the general public and employees all day long 5 days a week, seeing several clients per day. Please consider my colleagues and I as high risk and place us in a tier that allows us to get vaccinated asap.

Todd Cohen, DVM, DACVIM

Please consider veterinarians for Phase 1B as we have been working tirelessly throughout the pandemic with no interruption to our patients and clients.

Sarah Young, DVM

California Veterinarians are classified as 1b essential workers, and it is therefore essential that we and our staff be included in COVID-19 vaccination efforts as soon as possible. California is the bread basket of this nation, and we, as veterinarians, play critical roles in the safety of that food chain. We are agricultural workers and should be protected as such.

As small animal veterinarians we have been on the front lines since the beginning of the pandemic, doing our best to service an overwhelming demand for veterinary medical care while still keeping ourselves and our staffs safe. Unlike human healthcare, California law does not allow us the safety of telemedicine consults for new patients or those we have not seen in the past year. Given the length of the pandemic, this means the majority of our patients have had to be seen in person, and providing care to those patients requires close staff contact for extended periods of time. We are at significant risk every day.

Please include us with other Level 1b healthcare workers when making plans for vaccination schedules so that we can continue to provide the care that is so critical to the health and safety of this state.

Emily Adamson, DVM

Can you please include veterinarians and our support staff in Phase 1b for Covid vaccinations? We are considered essential employees and are unable to work from home. Performing our job duties also requires being in close contact with each other throughout the day.

Jennifer Eisley DVM

California Veterinarians are classified as 1b essential workers, and it is essential that we be included in COVID-19 vaccination efforts, plus Registered Veterinary Technicians, Assistants, and Customer Service Representatives, be included in COVID-19 vaccination efforts as soon as possible. We are all in contact with the public on a daily basis, and many hospitals have had to close temporarily due to staff illness or exposure, which affects our ability to help companion animals. Most veterinary emergency clinics are overwhelmed with many hours wait time at least partly due to staff shortages.

Penny Fleischer DVM

I am a practicing small animal veterinarian and practice owner in the San Joaquin Valley. We have practiced stringent protocols since March to minimize exposure for my staff and clients to COVID 19. Clients are not allowed inside the clinic, in order to allow for social distancing, and require all staff and clients to wear masks. However, there are multiple occasions everyday that clients get closer than 6 feet away, do not wear their masks properly, or even refuse to wear one! Veterinarians have always been considered an "essential workers", and justifiably so, and have been busier than ever during the pandemic. Our caseload is 50 patients or more per day, so the DVMs and entire staff is likely getting exposed to COVID 19 on a fairly regular basis.

So I humbly implore you to consider Veterinarians (especially those of us that are over 55), be considered a high risk group and be given a high priority for one of the COVID 19 vaccines.

Cathy Wallace, DVM, MPVM

I strongly recommend vaccinating veterinary professionals (both vets and vet techs) as we are on the frontline and our exposure is more than average

John Jeffreys, RVT, CVPM, PHRca, Practice Manager

This email is written to urge the California Department of Public Health to allow veterinary staff members to be included in phase 1B COVID-19 vaccinations. Veterinary professionals across the state are essential workers who have been working tirelessly throughout the entire Pandemic. Due to the nature of our field, it is near impossible to abide by social distancing while in a clinic setting (except at the Administrative level) as most treatments/procedures our patients require, necessitate two (or more) staff members to work in very close proximity. Although I assume most clinics are still working under "curbside care", this does not limit our client interaction completely as we are still interacting mask-to-mask with clients throughout the course

of each day. Early access to the vaccination will help me to provide my team with a better piece of mind as we continue navigating through these tremendously difficult times. For us here in San Diego, our Regional Stay at Home Order is extended indefinitely due to 0% ICU bed availability.

Alexis Smith, Doctor of Veterinary Medicine Emergency and Critical Care Clinician UC Davis School of Veterinary Medicine, Class of 2002

Thank you to your team for the time and effort that you have been providing throughout the pandemic. My name is Dr. Alexis Smith and I am an Emergency and Critical Care veterinarian that has continued to work relentlessly throughout the COVID-19 pandemic. I am writing to you in an effort to advocate for the veterinary community, while also hoping to provide some context from a veterinary emergency clinician's point of view. Since the pandemic started, veterinary clinics and hospitals have remained open and continue to take on an unprecedented caseload that continues to rise daily with increasingly limited staff and resources (including PPE), while also converting to curbside triage and care. Specifically, emergency and specialty hospitals have often reached overcapacity and subsequently been obligated to turn away many patients to focus on the most critically ill.

Despite our continued care and efforts as essential workers, veterinarians and staff continue to be viewed outside of the healthcare professional community and are currently given a low priority in receiving the COVID-19 vaccine. As heartbreaking as the lack of recognition may be, we have not let this deter us in our vocation and remain open to care for those without voices (pets), and continue to work harder than ever, with longer hours despite lack of medical, financial, and emotional support. Many of us, similar to those in the human medical field, have been experiencing burnout, compassion fatigue, and emotional trauma. We also remain one of the highest healthcare professionals at risk for suicide, and the suicide rate in veterinary medicine has only worsened with the pandemic and its subsequent repercussions. Many have fallen ill from COVID exposures at work, forcing even more limited staffing and the inability to provide care for animals in need. Emergency clinics are regularly closing due to understaffing from employees out with COVID further stressing the emergency hospitals that remain open. Wait times in the animal ER are regularly 4-6 hours and often times all but the most critical patients are turned away due to an inability to meet demand.

More clients are having increasing limitations in their abilities to finance veterinary services, and the frustrations associated with curbside measures, designed to keep staff and clients safe, have risen at an exponential level. We frequently deal with clients refusing to wear masks as well as clients who intentionally cough at us when they don't want to follow our protocols. We are frequently now dealing with pets who require life saving care and live in a household with multiple COVID positive individuals. These animals are likely carrying virus on their coats and potentially in their airways. We provide end of life care to animals and are forced to be close to clients who are allowed to be present to say goodbye. We are often in a small room with multiple family members that is less than 6 x 6 feet in dimension. We cannot socially distance at work during emergency surgery, while doing CPR or many other of the medically necessary

interventions required at an emergency hospital. What we do is no different from a human ER; the only difference is our patients are family members that are dogs and cats.

I hope that this message may encourage your team to prioritize the availability of the COVID vaccine to veterinarians and staff as they, too, are absolutely at high risk of exposure during these particularly difficult and trying times. Please strongly consider including us in the field of healthcare professionals and providing us the support and opportunity to receive the vaccine that has been provided to other healthcare workers during this pandemic.

Daniel Weinstein DVM

Please consider early Covid-19 vaccination of veterinarians and veterinary staff. We are essential workers that have been working tirelessly through the pandemic, caring for our state's food producing and companion animals. Our staff is exposed daily to 50-70 humans with their animals and so are at high risk of occupational exposure to Covid-19. Veterinarians are trained to recognize disease signs and can alert authorities to emerging disease threats. Given that we all provide essential services to the members of our state and many of us work in disadvantaged communities, veterinarians and veterinary staff should be included in Phase 1B for Covid-19 vaccination.

Lindsay Heath DVM

Please consider early Covid-19 vaccination of veterinarians and veterinary staff. We are essential workers that have been working tirelessly through the pandemic, caring for our state's food producing and companion animals. Our staff is exposed daily to 50-70 humans with their animals and so are at high risk of occupational exposure to Covid-19. Veterinarians are trained to recognize disease signs and can alert authorities to emerging disease threats. Given that we all provide essential services to the members of our state and many of us work in disadvantaged communities, veterinarians and veterinary staff should be included in Phase 1B for Covid-19 vaccination.

Naomi Turner, DVM

I am a veterinarian located in City of Los Angeles. I am writing to request that veterinarians, veterinary technicians, and veterinary support staff be included in Phase 1b as essential and critical workers next up for COVID vaccination. We are vital public health employees. Our job cannot be done from home. Our job involves close contact for extended time with the public and our coworkers. We cannot wait until "late Spring or Summer" for the COVID vaccine. We need it now.

I work full time as a high-volume veterinary surgeon for several non-profit high-volume surgical clinics and animal shelters, providing sterilization, immunization, and disease control for shelter animals and animals belong to under-resourced families in Los Angeles, Ventura, Kern, and Tulare Counties. My job keeps stray animals off the streets, reduces intake at animal shelters, and controls spread of infectious disease. In 2020 alone, I spayed or neutered 8,000 pets, and vaccinated 3x that number.

Every time a veterinarian or staff member tests positive for COVID, a high-volume surgical clinic or animal shelter greatly reduces its hours or closes down completely. That has a detrimental impact on our communities that need us the most. As a result, in recent months we have seen a resurgence of previously controlled infectious diseases, unwanted litters, and animals abandoned on the streets. These problems are all linked to our high-volume surgical clinic and animal shelter closures due to COVID. The only way to keep these problems from skyrocketing in 2021 is to get our veterinarians and staff vaccinated as soon as possible.

Please include veterinarians, veterinary technicians, and veterinary support staff in Phase 1b as essential workers up next for vaccination.

Jim Clark, DVM, MB, “Doctoring” Course Leader, U.C. Davis School of Veterinary Medicine

Thank you for your service in seeking the most equitable and effective approach to providing immunization protection against Covid19. I’ll get right to the point. Please consider prioritizing veterinary healthcare workers, who were classified early in the pandemic as essential workers. A lesson from Hurricane Katrina regarding disaster response was that many people consider their pets true members of the family and are even willing to risk their lives for their pet’s wellbeing. I’m glad that veterinary care was recognized as essential during the pandemic, which led to many veterinary team members putting themselves at risk from Covid19 in order to protect the health and well-being of countless pets, as well as our nation’s food supply. Now that the vaccine is available, I feel it’s appropriate and equitable to prioritize veterinarians and their teams to receive the Covid19 vaccination so they can safely continue their important mission and be recognized for their important service.

Same Letter

Jill Thornton, DVM

Lorraine Kassarian, DVM, CVA

Megan Cooper-Lydon, DVM

Lynette Lotz, DVM

Lauralyn C. Roberts DVM

Amalia Zacher, DVM

California Veterinarians are classified as 1b essential workers, and it is therefore essential that we and our staff be included in COVID-19 vaccination efforts as soon as possible. We are all in contact with the public on a daily basis, and many hospitals have had to close temporarily due to

staff illness or exposure, which affects our ability to help companion animals. Most veterinary emergency clinics are overwhelmed with many hours' wait time, and some have also closed, due at least in part to staffing shortages. In the large animal sector, there is so opportunity for curbside service without the owner present.

There is no way for us to do most of what we do from home. (And in California, it is not legal for vets to see our patients remotely without already having a recent and established relationship with them.)

Please include us with other Level 1b healthcare workers when making plans for vaccination schedules.

**Lindsey Nielsen, DVM, DACVECC, VCA Sacramento Veterinary Referral Center ,
Sacramento**

I am writing to the Covid-19 Vaccine Advisory Committee requesting that veterinarians and their support staff be included in Phase 1b of distribution.

As a critical care specialist, our emergency and specialty only hospital has seen a 50% or higher increase in caseload since the Covid-19 outbreak started. Veterinarians nationwide have seen this strange and consistent increase in caseload and requests for veterinary services, and my colleagues at various universities are trying to complete research to figure out why this surge in caseload has occurred. Additionally, we have been dealing with this increased caseload while working curbside and dealing with staff shortages because of the pandemic.

I am proud to say my hospital made it until late November 2020 before we started having employees out for quarantine from exposure to others with Covid, but we took our jobs very seriously and isolated outside of work to ensure we could keep giving pets the lifesaving care they needed.

Allowing veterinarians and their support staff to be included in the Phase 1b of vaccine distribution will ensure we can continue to provide lifesaving care to pets and emotional support to their families. It will also allow us to start considering reopening our doors for visitations with patients and offering elective surgeries to patients we have been putting off because of the pandemic.

About 30% of all California houses have a dog and/or cat, and many consider those pets part of their family. Please allow veterinarians and their support staff to be included in Phase 1b of the vaccine distribution to ensure that we are safe and able to continue providing this vital service to these California families.

Katie Volat, DVM, Capitola Veterinary Hospital

Please prioritize the Veterinary professionals (Doctors of Veterinary Medicine and Registered Veterinary Technicians) in the next round of vaccinations. Our industry is seeing overwhelming demand due to the pandemic. We are considered an essential industry. We are unable to consistently social distance due to the nature of our work. Our clinics are already understaffed and overwhelmed with unprecedented case loads. Please allow us a place in the next round of vaccinations so we can continue to provide care for our patients.

Michelle Timmons, San Diego

Just reaching out in support of veterinary staff receiving the COVID vaccine in the next stage of distribution.

Thank you from a veterinary assistant and veterinary student.

Arlee Birenbaum

I am writing as a veterinary practice manager and asthma sufferer. Working on the front line during this pandemic has been rewarding and stressful as I fear for my safety.

Can you please consider us as Phase 1b for the covid vaccine?

Kerri Hensley

I would like to express my concern for veterinarians and their staff during this COVID outbreak. They are essential workers and are exposing themselves daily. Because of the nature of their work, social distancing is not possible. Pets need to be restrained by multiple people for most procedures, which of course cannot be done at a six-foot distance.

Multiple clinics in our area are currently closed due to COVID outbreaks. In just the last two days, there have been several desperate inquiries on our local social media boards from owners with pet emergency trying to find an open clinic to go to. People have to call around and drive several cities away to find an open emergency clinic.

Please consider the health and safety of our veterinarians and their staff, as well as the essential service they provide to our communities and add them to the upcoming phase of vaccinations.

Brien Hensley

As Seniors with a dog who seem to need to see a veterinarian often, we strongly encourage you to include DVMs in the initial phase of essential workers.

Gary Magdesian, Professor, U. C. Davis.

Respectfully, veterinarians are essential workers that must interact with large numbers of personnel- the public, staff and clients alike. As such, I respectfully request that veterinarians be included in the Phase 1b vaccination group.

Scott Martin, MBA, Working in Support of Veterinarian Professionals

I am writing to urge this committee to approve adding veterinarians and their staff to be part of group 1b vaccines recipients. These teams have been working on the frontlines in direct exposure to give people and their pets much needed support since day one of the pandemic. The mental, emotional and physical stability they are providing people and their pets is paramount today. Please consider protecting this underserved group of selfless compassionate people in the veterinarian industry.

Traci L. Bonassar, Human Resources Director, PetVet Care Centers, Westport, CT

I would like to take the opportunity to speak on behalf of all of our Veterinary professionals in the State of California and them being part of phase 1B of the vaccine distribution. I am writing this in support of the California Veterinary Medical Association and their position on this topic.

Our company owns approximately 78 veterinary hospitals in the state of California. From the beginning of this pandemic to where we sit today, our veterinary staff have put themselves at risk and continue to put themselves at risk every day. More and more people are working from home and are taking an increased interest in their furry family members. This of course has increased the need for our healthcare workers to be there to serve and take care of our pets. Pets are our family members - they are a valued part of our lives and our society. They provide comfort, stability, and endless support. We owe it to the staff that have maintained the health of our family members to be given high priority. Their safety is incredibly important because without them the well-being of our animals suffer. Although we have restricted a lot of face to face treatments with patient families (with the exception of euthanasia) we continue to work in an industry that has very little ability to social distance from one another. Our staff work closely together in the veterinary space. Restraining, taking vitals, intubating, doing dental work, lab work, etc...all the same procedures we as humans receive. They of course wear their PPE but that doesn't offer 100% safety. Our staff work tirelessly taking care of patients, making sure that our humans have the best outcomes for their "babies". They are considered essential staff so we need to treat them like essential staff and place them in the earliest phase possible to receive the COVID-19 vaccine.

Jason Elepano

I would like to provide the following comments on California state priority groups for the COVID-19 vaccine.

The incarcerated should not be in a priority tier over law abiding citizens in society. Law abiding citizens contribute to their families and their health will lead to growth of the economy. Not prisoners.

Let those who are 65+ get vaccinated soon.

More importantly, let those who are 75+ get vaccinated NOW!

Employees of medical device companies are essential to society. Let them have a high priority as well.

Suzanne Lezotte

My family and I have been patient, masking up everywhere we go, avoiding any unnecessary trips to the store, and not traveling. I have a son with Down syndrome who is almost 18 and has a lowered immune system. Yet, the homeless and prisoners are ahead of us in line to get the vaccine??

My taxes are paying for the homeless to have bathrooms and washing stations all over the city where I live, and some have threatened our freedom to walk around the neighborhood. And they are ahead of us?

As for prisoners, I am appalled to think that they have committed crimes and are still ahead of any law-abiding citizen. My taxes already pay to house and feed them, why should they be at an advantage over us? What you should do is vaccinate those who work there and come in contact with them and they should not be allowed any visitors. They are already quarantined. We have been self-quarantining and have not seen our families and yet, we are at the end of the line. Vaccinate those of us who live and work and pay our taxes in this city, so our kids can go back to school. Oh, I guess we aren't Governor Newsom and don't have those privileges.

Personally, if anyone had any sense, they should have closed the airlines for 3 weeks and shut down people coming into California. Instead, people are free to travel outside our state, and spend money in other places, yet we are crippling our restaurants and small businesses. If we had shut down the airlines and kept people home, maybe they would have spent their money on local businesses, rather than everywhere else.

Geoff Suddleson, Partner/Co Head, Unscripted Television

As a citizen in good standing, with no criminal record, I'm offended that prison inmates would be considered a candidate for the COVID vaccine before myself. The state should not be rewarding those people ahead of others. PLEASE RECONSIDER!!!!

Rosemary Pang

Why are incarcerated people included in the phase with people 65 and over? Isn't it enough that they already committed crimes and, to add insult to injury, have robbed California citizens of unemployment benefits that hardworking people desperately need!

This is why so many people are leaving the state. So many bad decisions that hurt hardworking citizens.

I am adamantly opposed to incarcerated people being included in the tier with people 65 and over.

I would also like to know if teacher vaccinations are contingent on returning to in-person classes. If not, why do they need to be vaccinated before other groups?

Brian Luc

I object to proposed priorities for Covid vaccines. Why are inmates given priority? Have you not seen the viral videos of inmates deliberately infecting themselves to obtain release? Also, every teacher I know teaches online now. How are they at risk? Lastly, I don't like that you make these illogical choices at the expense of people like myself, I'll be 62 in January and have a serious comorbidity. Neither of those put me in a favorable tier for vaccination. I get skipped so you can vaccinate a 21 year old prisoner who may have deliberately self infected? Or the 28 year old high school teacher running lessons online? I support 2 my kids in college and a wife. I am the breadwinner. If I die, they will face major disruptions.

Why can't you simply follow CDC guidelines? Your proposals are outrageous. I'm investigating options of flying overseas to possibly obtain a foreign vaccine because you guys are failing me. Hospitals executives are getting vaccines. Politicians are getting vaccines. Rich people are getting them through their connections.

I am not demanding a place at the front of the line, but I never expected you'd put me in the back of it.

Milla Bell-Hart, Venice

Thank you so much for your hard work and sacrifice over this holiday season. I wanted to reach out to urge you not to forget our brothers and sisters behind bars when considering who should be at the top of the list for vaccines. Incarcerated people are disproportionately affected by the

outbreak, and their inhumane living conditions only exacerbate the virus's spread. In fact the California First Appellate Court of Appeal deemed the living conditions at San Quentin to be cruel and unusual and in violation of the 8th amendment. As Governor Newsom refuses to release these incarcerated folks, they are under the state's care and their health and safety is our responsibility. Please do not overlook them as you are considering the distribution of this vaccine!

**Judy Luce MD, Emeritus Clinical Professor UCSF, Director of Oncology Services SFGH
Geoffrey Wilson, President, Physicians Organizing Committee**

I am writing out of concern for the Covid-19 surge in California State Prisons. I am the President of the Physicians Organizing Committee, and several of our members work in the prisons and are concerned that we don't have another disaster on the scale of the San Quentin event. Although that event resulted in a set of rules devised after it happened, this protocol has not been followed in other institutions, and we have reports of guards not wearing masks and a shortage of hand sanitizer, and apparently not being tested per protocol. Given that visitors have not been allowed since last summer, the spike in cases, apparent on the Corrections System website, is logically the result of importation of cases from the workers/guards from the community.

We would like to see better prevention protocols installed, widespread testing, and early vaccination as is being done with nursing homes. Is there someone in your department that we can discuss this with?

We appreciate the clarity and completeness of your presentations at the news conferences, and by and large the accomplishments in keeping California safe and well informed. That is why we are reaching out to you for help to aid this vulnerable population.

Dana Ludwig, M.D.

I have been reading in the LA Times about current plans for prioritizing vaccine distribution in California. I found it disturbing that the prison inmates are proposed for phase 1c.

I am also currently scheduled for phase 1c because I am 69 years old. I think that is fair because I'm not in a high risk essential service, and I work from home. If I get the virus, I may have a 10% of dying, but I probably won't get the virus.

The case of the prison inmates is different. Like nursing home residents, they seem to be all getting the virus, and their death rate is high because they tend to be often older. Many people have no trouble overlooking that fact, because the prisoner's did something against society or else they would not be in prison.

But they are already paying for their crimes. In the US we have a stable society because we mostly follow laws, and the laws proscribe the punishment for the prison inmates. For us to slip

towards punishment in excess of those laws is equivalent to an extra-judicial "lynching". I don't think any of us want our society to decline in that direction. Furthermore, protecting the prisoners is much less dangerous than releasing them before the end of their prison term.

You are considering these priorities carefully, and the decisions you make will reflect on all of us for generations to come. Please do the right thing and place prisoners in the 1b (or even 1a) class where they belong, so we can all live with ourselves and our children when this is over.

Jeannie Parent

My name is Jeannie Parent, and I coordinate Kern Welcoming and Extending Solidarity to Immigrants (KWESI), an immigrant visitation and advocacy organization in Bakersfield. I have been visiting and assisting immigrants once they're released from detention for the last five years.

I'm writing to implore you to include immigrant detention facilities in CA in the first tier for vaccinations. People inside detention have no control over their own movements and often get transferred between pods or dorms. The buildings they inhabit are poorly ventilated and just like in prisons, those inside are forced to breathe the air that is circulated between dorms. Also, they're not given N95 masks, and in some cases they are only allowed to wear cloth masks. The staff do not disinfect regularly and depend on immigrant volunteers to clean the dorms - sometimes just with shampoo - or with a disinfectant that is harmful to the skin and eyes. Immigrants in detention cannot practice social distancing due to the close proximity of the bunks to each other. They also are often subjected to transfers from CDCR - often without them being quarantined.

These are just a few of the conditions I have heard first hand about from immigrants inside. Also, staff go in and out of these facilities daily, potentially bringing the virus in - and out into the community. Just as assisted living situations, immigrant detention facilities are congregate settings and the government is charged with taking care of the inhabitants, but right now, it is not doing its job. The authorities don't communicate with the immigrants in detention, and they don't protect those immigrants. We also know that ICE has withheld email communication with GEO in which they shared plans to NOT test immigrants because they didn't feel they had the capacity to quarantine them should they test positive.

There have been COVID outbreaks at every ICE detention facility, and as we know, in such settings, the virus spreads extremely rapidly. Therefore, immigrants in detention facilities need to be vaccinated in the first tier. This is a public health concern. Immigrants are an important part of our community, they contribute significantly, and they deserve dignity and respect. They must not be forgotten or forsaken.

Adriana Jasso, Program Coordinator, American Friends Service Committee

My name is Adriana Jasso, I work for the office of the American Friends service Committee in San Diego. Our program advocates for the dignity and humanity of immigrants. Since the beginning of the global crisis of CIVID-19 a great deal of our program's resources has been dedicated to supporting people detained at the Otay Mesa Detention Center run by the private corporation of CoreCivic. On May 6, 2020, the Otay facility registered the first death due to COVID-19 of Mr Carlos Escobar Mejia, his death as many others were preventable.

California must do everything in its power to protect the health and safety of individuals in these facilities, including prioritizing their access to the COVID-19 vaccine, while providing them an informed choice with respect to any decisions related to vaccination. California must include immigrant detention facilities located in the state of California in any plan related to securing our communities. The Drafting Guidelines Workgroup, and the Community Advisory Vaccine Committee should meet with stakeholders on the issue of immigrant detention, including detained and impacted individuals, community organizations, and experts on immigration detention.

Thank you for your time and we hope that these recommendations are considered by members of your committee.

Marisa Corriea-Hernandez

My name is Marisa Corriea-Hernandez. As a California resident and aspiring public health professional, I am very concerned about the inequitable effect of the COVID-19 pandemic. We know the best practices to prevent the spread of COVID-19 is social distancing and wearing masks which people in detention centers are unable to do. There have now been significant outbreaks of COVID-19 at every ICE detention facility in California, posing a threat to members of our community inside detention, as well as to the surrounding community and medical infrastructure.

We individually have a responsibility to follow state and local guidance to protect ourselves, family, friends and neighbors. As well, our state must be proactive about this issue, and do everything we can to secure these facilities and save lives. I am writing to ensure that our state includes immigrant detention facilities with appropriate plans to ensure the safety of our entire state. The Drafting Guidelines Workgroup and this workgroup should prioritize community voices by meeting with stakeholders including those detained and impacted families, community organizations and experts on immigration detention. Prioritizing access to the COVID-19 vaccine for individuals in these facilities is crucial to stop preventable death and community spread. Pertinent information must be provided to stakeholders to ensure empowered and informed choice with respect to vaccination. I humbly thank the CDPH for the efforts to stop the spread of COVID-19 and we must continue to prioritize our most vulnerable community members to ensure we all can be safe.

Susan Lange, Elk Grove

My name is Susan Lange. I am the coordinator of a visitation group at the Yuba County Jail in Marysville, CA for people who are in immigration detention there. The name of our group is Faithful Friends.

I have visited and talked to about 60 people in the last two and half years that our program has been officially recognized by the Department of Homeland Security.

Visits have been suspended at the jail due to COVID. However, I am in contact with six people who are still at Yuba, by telephone. These six people are in different locations in the facility. All the people that I talk to relate to me the same issues.

In spite of assurances that there is enough soap, cleaning supplies, and precautionary measures being taken by the jail staff, THIS IS NOT THE CASE. Faithful Friends has been actively fundraising in order to send money to everyone at the jail in immigration detention so that they are able to buy soap and hygiene supplies. In spite of a flyer letting people there know that they can ask for soap whenever they need it, this is not happening. The officers will say "Ask me later, ask the next shift, we don't have any right now" and the soap is not handed out as it should be. This is indicative of the dismissive attitude that the officers at the Yuba County Jail have towards the people in immigration detention there.

Officers are instructed to spray a "disinfectant". We are hearing that some officers pretend to spray. Spraying is no replacement for cleaning. Cleaning supplies are not given out. People have to beg for cleaning supplies. I spoke to one person who cleaned with shampoo and toilet paper. He was not given towels to clean. When he finally received a mop for the floor, the bucket with the mop was full of dirty water.

People in immigration detention are moved constantly from one location to another. Each time, they have to clean the area where they have been moved into. People in county custody who have COVID have been housed in the locations into which they are moved. There are six people who have been moved four times in the last month. Transfers between dorms shows a disregard for their protection from COVID, especially when there are, at latest count, 69 people spread throughout the jail, who have been tested COVID positive.

It is impossible to isolate people there in any case. Yuba county jail is an old facility. The ventilation system spreads contaminated, dirty air throughout the jail. One person I spoke to placed a glass of water near a vent. A few hours later, there was a film of dust and dirt on the surface of the water. This person put a request in to have the vents cleaned. Nothing was done.

The conditions at the Yuba County Jail are dire. One person that I talked to compared life at Yuba to being in a sinking boat slowly filling with water, and there is nothing they can do about it.

Vaccinations for the 235 people there are absolutely necessary. As an American citizen, and resident of California, I wish to let you know of my support for vaccinations for those among us who are most unable to protect themselves from COVID - those who are incarcerated.

**Rev. Meg S. Sullivan, M.S.N., Reiki Master, Founder, Reiki Center of the East Bay,
Founder, Immigration-Healing Arts Project**

As an inactive Registered Nurse, and as an active Minister, I am very concerned for the many people in immigration detention whose lives are at stake because of the conditions in ICE detention.

My husband and I are sponsoring a family seeking asylum. And I started a group project, supporting immigrants and their advocates through the use of healing arts.

Immigrants are the backbone of this country, contributing their knowledge, expertise, and hard work in every area of our society. If we let them, they broaden our minds and open our hearts.

It is essential that:

1. California must include immigrant detention facilities located in our State in the plans being drawn up for vaccinating people.
2. The Drafting Guidelines Workgroup, and the Community Advisory Vaccine Committee should meet with stakeholders on the issue of immigrant detention, including detained and impacted individuals, community organizations, and experts on immigration detention.
3. California must do everything in its power to protect the health and safety of individuals in these facilities, including prioritizing their access to the COVID-19 vaccine, while providing them an informed choice with respect to any decisions related to vaccination.

Keeping in mind that almost all citizens of the United States are immigrants or descendants of immigrants, we must treat immigrants with respect and giving them the basics of proper health care. And California should be at the forefront of this stance.

Janett Salas

My name is Janett Salas and I live in Sun Valley, CA. I am with Freedom for Immigrants and I have a friend currently detained in Adelanto Immigration Facility. I believe that California should do everything in its power to protect the health and safety of the people detained in these facilities and we must prioritize their access to COVID-19 vaccines and protection.

With the outbreaks of COVID-19 in the facilities and the many stories I've heard of detainees being neglected when it comes to being protected or cared for concerning COVID-19, it is imperative that they be made a priority.

There have been reports to the press about CoreCivic attempting to require detainees to sign legal waivers before providing them with PPE, and detainees that protested this requirement were then pepper-sprayed as a result.

My friend, detained in Adelanto Immigration Facility, fears for his health and safety everyday. He says many people are exposed and infected with COVID-19 and there is nothing being done to protect and help the others that are in good health.

I hope you take this all into consideration and do the right thing to protect the vulnerable community detained in these facilities.

Ruby Stein

Immigrant Detention

1. California must include immigrant detention facilities located in the state of California in any plan related to securing our communities.
2. The Drafting Guidelines Workgroup, and the Community Advisory Vaccine Committee should meet with stakeholders on the issue of immigrant detention, including detained and impacted individuals, community organizations, and experts on immigration detention.
3. California must do everything in its power to protect the health and safety of individuals in these facilities, including prioritizing their access to the COVID-19 vaccine, while providing them an informed choice with respect to any decisions related to vaccination.

Chris N. Lesser, Department of Geography, University of California, Berkeley

I am writing as a researcher, teacher and volunteer with the organizations Freedom for Immigrants and the California Collaborative for Immigrant Justice (CCIJ) to urge the Department of Public Health and State lawmakers to include immigrant detention facilities in all planning related to distribution of the COVID-19 vaccines. The Community Vaccine Advisory Committee should meet with detained individuals, community organizations, lawyers and experts on immigrants' rights and the rights of refugees and displaced peoples. The State is responsible for the lives of individuals held in State and private detention facilities and must prioritize the access of these individuals and other incarcerated persons to the available vaccines, as their detention significantly increases risk of exposure to COVID-19.

California currently has five facilities detaining up to 5,600 immigrants and plans to expand this capacity in the near future. Cases of COVID-19 have been reported at all of these facilities. In the spring, the Otay Mesa Detention Center in San Diego County reported over 200 persons infected with COVID-19. One detainee died from the virus, making California the first State to report a death from COVID-19 in its immigrant detention facilities (<https://www.latimes.com/california/story/2020-05-06/first-ice-detainee-dies-coronavirus-otay-mesa-detention-center>). Governor Gavin Newsom has spoken of the need to protect vulnerable populations, including persons held at migrant detention centers, but no concrete plans have been made to provide these individuals with priority access to vaccines. This includes privately managed facilities like Mesa Verde in Bakersfield, managed by GEO Group Inc., as well as State facilities like the Yuba County Jail, both of which U.S. District Judge Vince Chhabria found to lack a "clear and detailed plan to minimize the risk of an outbreak"

(<https://www.fresnobee.com/news/coronavirus/article242389436.html>). This carelessness with the lives of migrants is in violation of international law and is morally appalling. It furthermore endangers the lives of all people in communities throughout the State where detention facilities are located. A recent study in the *Journal of Urban Health* (Irvine et al. 2020) found that outbreaks at detention centers create ripple effects in the larger public health system which have the potential to overwhelm already limited ICU capacity. The California Department of Public Health must step in to protect the lives of migrants and the health and safety of our communities. I write to urge the members of the Community Vaccine Advisory Committee to take immediate action to ensure detained persons receive priority access to the COVID-19 vaccines. We must do everything in our power to save lives now.

Elaine LeCain

My name is Elaine LeCain. I am a member of KWESI, an immigrants in detention support group. I am advocating for including immigrants in detention in a high priority for education and vaccination for COVID-19. Many of the detainees locally at Mesa Verde and throughout the state have been fearful for their lives during this pandemic because of the lack of care provided by the private contractor GEO that administers the ICE detention facility where they are housed. As in prisons and nursing homes, large numbers of people are housed together with staff coming in and infecting residents who have no control over their own lives with regard to obtaining PPE. These conditions pose a risk to the community because of the strain on local health facilities should detainees become too ill to be cared for at Mesa Verde or the other detention facilities in the state. I urge you to give priority to vaccinating these extremely vulnerable people. I am a senior citizen myself and would gladly wait longer if these people could be protected first for the good of everyone. Thank you for the important work you are doing.

Lisa Knox, Legal Director, California Collaborative for Immigrant Justice (CCIJ)

My organization, the California Collaborative for Immigrant Justice (CCIJ), utilizes coordination, advocacy and legal services to fight for the liberation of individuals in detention. We previously submitted a joint comment with Immigrant Defense Advocates urging you to include the hundreds of individuals in California's immigrant detention centers in any plan to address COVID-19.

I write again to underscore the incredible toll COVID-19 has taken on those in detention. Since March, detained individuals have bravely endured physical assaults, solitary confinement and pepper spraying to call attention to the complete lack of protection from COVID-19. Despite their pleas, ICE and private detention operators did nothing. In fact, Federal District Court Judge Vince Chhabria has stated that their conduct and attitude towards detained individuals during the pandemic "have shown beyond doubt that ICE cannot currently be trusted" to protect those in its care from COVID-19. In July, when a COVID-19 outbreak hit the Mesa Verde facility in Bakersfield, I personally fielded dozens of calls from individuals who feared for their lives.

Many of these people were gasping for air and could barely breathe, yet were not receiving regular medical monitoring.

Five months later, yet another outbreak is in progress at the Yuba facility. The outbreak at Yuba has been accelerated by constant and reckless shuffling of detained people within the facility, lack of cleaning supplies, and unsanitary conditions. One CCIJ client, who was held in isolation for most of the pandemic due to his age and medical vulnerability, contracted the virus after he was housed alongside COVID+ individuals. Detained people at Yuba and elsewhere are terrified for their lives as more and more of their peers fall ill and transfers between housing units continue.

ICE detention contracts require facilities to collaborate and comply with federal, state, and/or local authorities addressing public health issues, including communicable diseases. Yet private detention facility operators have seemingly provided limited information to local public health departments, and do not appear to be engaged in cooperation or joint planning around the containment of COVID-19 in these facilities.

California must take action to stop this public health crisis. I urge this committee to consult with detained and impacted individuals, community organizations, and experts on immigration detention, and ensure that detained immigrants are not forgotten.

Caroline Lehman, Chair, Interfaith Immigration Social Justice Team, Congregation Beth El

My name is Caroline Lehman, I and am active with the Interfaith Movement for Human Integrity. My volunteer work involves immigrant families with loved ones who have been caught up in the machinations of ICE and have been imprisoned in the immigration detention centers.

As you must be aware there are significant outbreaks of COVID-19 at every ICE detention facility and those incarcerated there are in fear of their lives because of the appalling conditions with scant regard to health and safety in any these centers. This threatens not only the individuals being held but all the people who work there and the surrounding communities. Any plans you make must include these detention centers. In addition CDCR routinely transfers prisoners, disregarding the spreading of COVID -19 throughout the carceral system.

California must include immigrant detention facilities in any of its plans. The committee should meet with the stakeholders on the issue of immigrant detention, especially the experts with knowledge of the community organisations. And the State should do everything in its power to protect the individuals being held by ICE in these facilities, including prioritizing access to the vaccine which should be given by health professionals clearly not connected or associated with

ICE, to ensure that people are not afraid to have the vaccine, since ICE's treatment of these individuals has been pernicious in the extreme.

Aradhana Tiwari, Staff Attorney, Anti-Trafficking Project , Deportation Defense & Legal Advocacy Program, Dolores Street Community Services

My name is Aradhana Tiwari, and I am an Immigration Attorney with Dolores Street Community Services based in the San Francisco Bay Area. Our program provides *pro bono* legal services to immigrants in ICE detention facilities in California.

As you may know, several jails and detention centers which house members of our immigrant communities have had COVID outbreaks. One facility in Dublin has over 100 people infected. At present, I am completely unable to even contact my client by phone who is currently detained there.

Being detained should not become a death sentence and as such, the Drafting Guidelines Workgroup, and the Community Advisory Vaccine Committee should meet with stakeholders on the issue of immigrant detention, including detained and impacted individuals, community organizations, and experts on immigration detention.

Laynee Kuhn, Executive Director, Paradise Oaks Youth Services

My organization, Paradise Oaks Youth Services, is writing to call on DPH to include and explicitly list Short Term Residential Therapeutic Programs (STRTPs) and behavioral health care providers in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan.

Based on the recent recommendations of the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations and behavioral health organizations are considered frontline essential workers. The federal government defines front line essential workers as workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2. California has classified the staff at child welfare and behavioral health care organizations as an essential critical infrastructure workers as defined here: <https://covid19.ca.gov/essential-workforce/>.

Our organizations are continuing to provide critical services to different vulnerable subpopulations during the public health emergency, notably youth who are in foster care or juvenile justice systems and their caregivers; foster care and juvenile justice youth who are in “out-of-home” care and in congregate settings; and homeless young adults.

COVID 19 has impacted every California resident. For our sector, we are most concerned about the immediate and lasting effects on children and youth, many of whom accessed critical services through schools prior to the pandemic. In analysis entitled *Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020*, researchers highlighted that when

comparing pediatric Emergency Department visits for April-October data for 2019 with same time period in 2020, data shows that the “proportion of mental health related visits for children aged 5–11 and 12–17 years increased approximately 24%. and 31%, respectively.”

Paradise Oaks Youth Services operates a 60-bed Short Term Residential Therapeutic Program and a Foster Family Agency. During this pandemic, we have needed our employees to show up at our residential care sites to provide the necessary 24 hours a day/7 days a week supervision that is required by state regulations. Many employees have chosen not to continue this work for fear of their own health and that of their families. Additionally, our Foster Family Workers have been required by the state to continue supervising in-person visits with children and their biological families, many whom struggle with homelessness or live in other community living arrangements where the risk of exposure to SARS COV-2 is intensified.

In alignment with the DPH powerpoint slides presented at the December 16th Vaccine Community Advisory Committee meeting, we consider our organization to fall under the “Emergency Services” Worker under the bullet points “Child and Youth Services” or “Non-residential social services for elderly and disabilities”. In the latter category, we consider mental health illness and substance use disorder to be included in the definition of disabilities.

To avoid confusion, we are strongly urging DPH to explicitly list STRTPs, Foster family Agencies, and behavioral health care providers in Phase IB of the Priority Workers COVID Vaccine Distribution Plan in future materials disseminated to the public and other stakeholders.

Eva M. Terrazas, VP Public Policy and Special Initiatives, Uplift Family Services

I would like to take the opportunity to strongly recommend that DPH include Short Term Residential Therapeutic Programs (STRTPs) and behavioral health care providers in the final Phase IB Priority Workers COVID Vaccine Distribution Plan.

Based on the recent recommendations of the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations and behavioral health organizations are considered frontline essential workers. The federal government defines front line essential workers as workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2. California has classified the staff at child welfare and behavioral health care organizations as an essential critical infrastructure workers as defined in the CA ALL COVID 19 website: <https://covid19.ca.gov/essential-workforce/#:~:text=Workers%20such%20as%20plumbers%2C%20electricians,any%20facility%20supporting%20COVID%2D19>

Uplift Family Services continues to provide critical services to vulnerable subpopulations during the public health emergency, particularly youth who are in foster care or the juvenile justice systems and their caregivers. As a children’s behavioral health and child welfare organization, we are most concerned about the immediate and lasting effects on children and youth who come through the systems having been already traumatized and experience further trauma as a result of

of the pandemic. Many of these youth accessed critical services through schools prior to the pandemic, leaving a wide gap today in the provision and continuity of services.

Emergency Department visits for April-October 2019 compared to THE same time period in 2020 indicate that the "proportion of mental health related visits for children aged 5-11 and 12-17 years increased approximately 24%. and 31%, respectively."

In alignment with the DPH slide deck presented at the December 16th *Vaccine Community Advisory Committee* meeting, we consider behavioral health/child welfare agencies to fall under the "Emergency Services" Worker. I strongly urge DPH to include and list STRTPs and behavioral health care providers in Phase IB of the Priority Workers COVID Vaccine Distribution Plan and in future materials disseminated to the public and other stakeholders.

Miki Jordan, CEO, Wayfinder Family Services

My organization, Wayfinder Family Services, is writing to call on DPH to include and explicitly list Short Term Residential Therapeutic Programs (STRTPs) and behavioral health care providers in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan.

Based on the recent recommendations of the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations and behavioral health organizations are considered frontline essential workers. The federal government defines front line essential workers as workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2. California has classified the staff at child welfare and behavioral health care organizations as an essential critical infrastructure workers as defined here:<https://covid19.ca.gov/essential-workforce/>

Our organizations are continuing to provide critical services to different vulnerable subpopulations during the public health emergency, notably youth who are in foster care or juvenile justice systems and their caregivers; foster care and juvenile justice youth who are in "out-of-home" care and in congregate settings.

COVID 19 has impacted every California resident. For our sector, we are most concerned about the immediate and lasting effects on children and youth, many of whom accessed critical services through schools prior to the pandemic. In analysis entitled *Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020*, researchers highlighted that when comparing pediatric Emergency Department visits for April-October data for 2019 with same time period in 2020, data shows that the "proportion of mental health related visits for children aged 5–11 and 12–17 years increased approximately 24%. and 31%, respectively."

To avoid confusion, we are strongly urging DPH to explicitly list STRTPs and behavioral health care providers in Phase IB of the Priority Workers COVID Vaccine Distribution Plan in future materials disseminated to the public and other stakeholders.

Beverly Boone, MA, CGHA, Author, Founding Executive Director, Milestone House

My organization, Milestone House, is writing to call on DPH to include and explicitly list Short Term Residential Therapeutic Programs (STRTPs) and behavioral health care providers in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan.

Based on the recent recommendations of the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations and behavioral health organizations are considered frontline essential workers. The federal government defines front line essential workers as workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2.

California has classified the staff at child welfare and behavioral health care organizations as an essential critical infrastructure workers as defined here:

https://urldefense.proofpoint.com/v2/url?u=https-3A_covid19.ca.gov_essential-2Dworkforce_&d=DwIDaQ&c=Lr0a7ed3egkbwePCNW4ROg&r=IXpg2Qds0NOzcffsLLGomAOEHKqNIER_dqZ2_5Tlg9aPIJwV22ej2eSRyNBPJgsD&m=yokJua jH j4mG26pwxEJXB hx n6 U7FSsZJ79r02xwIJK&s=e3Ypfh6mmtmkH0-Kuxy6pPmw n76ls473MY -fmC8rnO0&e= Our organizations are continuing to provide critical services to different vulnerable subpopulations during the public health emergency, notably youth who are in foster care or juvenile justice systems and their caregivers; foster care and juvenile justice youth who are in "out-of-home" care and in congregate settings; and homeless young adults .

COVID 19 has impacted every California resident. For our sector, we are most concerned about the immediate and lasting effects on children and youth, many of whom accessed critical services through schools prior to the pandemic. In analysis entitled Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020, researchers highlighted that when comparing pediatric Emergency Department visits for April–October data for 2019 with same time period in 2020 , data shows that the "proportion of mental health related visits for children aged 5–11 and 12–17 years increased approximately 24%. and 31%, respectively."

Our staff has been dedicated to providing around the clock care to children who are survivors of child abuse and who suffer some of the most serious emotional, psychological, and behavioral issues. We have done this despite uncertainty and risk to ourselves because we are dedicated to providing care to our kids who depend upon us for their well being as some of California's most marginalized and under-served children.

In alignment with the DPH powerpoint slides presented at the December 16th Vaccine Community Advisory Committee meeting, we consider our organization's to fall under the "Emergency Services" Worker under the bullet points "Child and Youth Services" or "Non-residential social services for elderly and disabilities". In the latter category, we consider mental health illness and substance use disorder to be included in the definition of disabilities.

To avoid confusion, we are strongly urging DPH to explicitly list STRTPs and behavioral health care providers in Phase IB of the Priority Workers COVID Vaccine Distribution Plan in future materials disseminated to the public and other stakeholders.

Brian Van Anne, MSW, CEO/Administrator, Transitions Children's Services

My organization, Transitions Children's Services, is writing to call on DPH to include and explicitly list Short Term Residential Therapeutic Programs (STRTPs), behavioral health care providers, and Foster Family Agency social workers providing in-person visits in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan.

Based on the recent recommendations of the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations and behavioral health organizations are considered frontline essential workers. The federal government defines front line essential workers as workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2. California has classified the staff at child welfare and behavioral health care organizations as an essential critical infrastructure workers as defined here: <https://covid19.ca.gov/essential-workforce/>

Our organizations are continuing to provide critical services to different vulnerable subpopulations during the public health emergency, notably youth who are in foster care or juvenile justice systems and their caregivers; foster care and juvenile justice youth who are in "out-of-home" care and in congregate settings; and homeless young adults.

COVID 19 has impacted every California resident. For our sector, we are most concerned about the immediate and lasting effects on children and youth, many of whom accessed critical services through schools prior to the pandemic. In analysis entitled *Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020*, researchers highlighted that when comparing pediatric Emergency Department visits for April–October data for 2019 with same time period in 2020, data shows that the "proportion of mental health related visits for children aged 5–11 and 12–17 years increased approximately 24% and 31%, respectively."

At Transitions Children's Services, we work with about 200 children and young adults every day. Whether through our foster care program, Adoption program, substance use disorder program or our mental health program, we ask our staff to put themselves at risk in order to provide the necessary support services our clients and their caregivers need. I recognize the importance of all Californians being vaccinated, but advocating for child welfare agencies to have access as soon as possible will afford us peace of mind as we continue to assist our most vulnerable populations.

In alignment with the DPH PowerPoint slides presented at the December 16th Vaccine Community Advisory Committee meeting, we consider our organization's to fall under the "Emergency Services" Worker under the bullet points "Child and Youth Services" or "Non-residential social services for elderly and disabilities". In the latter category, we consider mental

health illness and substance use disorder to be included in the definition of disabilities. To avoid confusion, we are strongly urging DPH to explicitly list STRTPs, behavioral health care providers and Foster Family Agency social workers in Phase IB of the Priority Workers COVID Vaccine Distribution Plan in future materials disseminated to the public and other stakeholders.

Jim Roberts, Founder/CEO, Family Care Network

I am strongly recommending that Community Behavioral Health Providers & STRTP's be included in the Phase IB Priority Workers COVID Vaccine Distribution Plan. My organization has nearly 150 clinical staff doing essential, direct contact with high-needs clients, and are at very high risk of contracting Covid-19. We provide Behavioral Health Services through 12 different programs, provide emergency crisis shelter care, and five housing programs for transitional age youth and homeless families. Becoming vaccinated is a high priority for this agency, checking both staff and clients we serve.

Thank you for receiving public comment, and please include Community Behavioral Health Providers & STRTP's in the Phase IB vaccine rollout.

Wendy Wang, MPP, Vice President, Public Policy and Advocacy, Hathaway-Sycamores

Hathaway-Sycamores is writing to strongly urge you to explicitly list California's Short-Term Residential Therapeutic Programs (STRTPs) and non-profit behavioral health care organizations in Phase IB of the final COVID Vaccine Distribution materials. First, we want to thank you and your colleagues who are working tirelessly to protect all Californians. As you already know, the CDC's Advisory Committee on Immunization Practices (ACIP) on December 19-20th recommended and approved that Phase IB include individuals 75 years or older and frontline essential workers. In reviewing the ACIP's definition of front line workers, California's own classification of essential critical infrastructure workers (listed at <https://covid19.ca.gov/essential-workforce/>) and the framework offered by CVAC (societal impact of jobs, equity, impact on the economy and occupational exposure), Hathaway-Sycamores believes that the staff working at Short-Term Residential Therapeutic Programs (STRTPs) and staff of behavioral health care organizations clearly meets the threshold to be included in the Phase IB priority worker category. During COVID-19, STRTPs are providing mental health treatment, care and support for foster youth and/or juvenile justice youth who need residential intervention in a congregate care environment. While much of the national, state, and local dialogue on COVID risks and resources have focused on skilled nurse facilities, long-term care facilities, and older adults, it would be a significant oversight to not explicitly recognize and prioritize STRTPs' staff that are providing care and supervision for an important subpopulation (entrusted to us by the CA Department of Social Services and local Department of Children & Family Services) in a 24/7 congregate care setting.

Hathaway-Sycamores, as a non-profit behavioral health care organization, has a subset of staff who have been continuing to provide in-person services in the community (while donning PPEs and social distancing protocols) for a segment of the consumers who we serve because it is in the

best interest of the client’s mental health well-being or the consumer has been deemed “high acuity”. For these outward facing staff, each time our staff go into the community to serve a consumer represents another potential point of COVID exposure, especially during this season of increasing COVID-19 positive cases and hospitalizations. These behavioral health services are “essential to the functioning of society” as we see the preliminary data about effects of the pandemic. Most concerning to us is the prolong effects of COVID, multiple stay-at-home orders, hybrid and distancing learning models on children and youth. This is supported by the findings revealed in CDC’s *Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic— United States, January 1–October 17, 2020*. When comparing pediatric Emergency Department visits for April-October data for 2019 with same time period in 2020, researchers discovered that the “proportion of mental health related visits for children aged 5–11 and 12–17 years increased approximately 24%. and 31%, respectively.” COVID 19 has also been challenging for many young adults. In August 2020, CDC’s own survey of young people between the ages of 18 and 24 indicated that about 25% of those respondents contemplated suicide due to COVID-19. Together, these two data points illustrate the interconnectedness of COVID to well-being. By extension, the work that behavioral health care organizations do to serve segments of the U.S. population and California population are then essential to the functioning of society.

In reviewing the powerpoint slides (Emergency Services Workers -Slide 37) presented at the December 16th Vaccine Community Advisory Committee meeting, it appears that non-profit organizations that serve children and youth is currently included in Phase IB priority worker category. Alternatively, in another bullet point denoting non-residential social services for elderly and people with disabilities, we interpret disabilities to include mental health illnesses and substance use disorders. In order to avoid further confusion, we are calling on the Drafting Guidelines Work Group and the Department of Public Health to explicitly highlight the inclusion of STRTPs and non-profit behavioral health care organizations in Phase IB of the Priority Workers COVID Vaccine Distribution Plan in future materials disseminated.

Tony Weaver, LCSW, Vice President, Housing Programs, St. Anne’s

My organization, St. Anne’s, is writing to call on DPH to include and explicitly list Short Term Residential Therapeutic Programs (STRTPs), behavioral health care providers, and foster family agency workers providing in-person visits in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan.

Based on the recent recommendations of the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations and behavioral health organizations are considered frontline essential workers. The federal government defines front line essential workers as workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2.

California has classified the staff at child welfare and behavioral health care organizations as an essential critical infrastructure workers as defined here:<https://covid19.ca.gov/essential-workforce/>.

Our organizations are continuing to provide critical services to different vulnerable subpopulations during the public health emergency, notably youth who are in foster care or juvenile justice systems and their caregivers; foster care and juvenile justice youth who are in “out-of-home” care and in congregate settings; and homeless young adults.

COVID 19 has impacted every California resident. For our sector, we are most concerned about the immediate and lasting effects on children and youth, many of whom accessed critical services through schools prior to the pandemic. In analysis entitled *Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020*, researchers highlighted that when comparing pediatric Emergency Department visits for April–October data for 2019 with same time period in 2020, data shows that the “proportion of mental health related visits for children aged 5–11 and 12–17 years increased approximately 24%. and 31%, respectively.”

During a holiday season which is generally challenging based on the trauma youth experience in being away from family and being in a congregate care setting, staff have the compounded impact of creating a meaningful experience during a time when opportunities and resources are extremely limited. In addition, STRTP are dealing with the impact of COVID-19 in their personal lives while continuing to show up on a daily basis to serve and support our youth.

In alignment with the DPH powerpoint slides presented at the December 16th Vaccine Community Advisory Committee meeting, we consider our organization’s to fall under the “Emergency Services” Worker under the bullet points “Child and Youth Services” or “Non-residential social services for elderly and disabilities”. In the latter category, we consider mental health illness and substance use disorder to be included in the definition of disabilities.

To avoid confusion, we are strongly urging DPH to explicitly list STRTPs and behavioral health care providers in Phase IB of the Priority Workers COVID Vaccine Distribution Plan in future materials disseminated to the public and other stakeholders.

Aubree Sweeney, LMFT. Executive Director, Rancho San Antonio Boys Home

My organization, Rancho San Antonio Boys Home Inc. is writing to call on DPH to include and explicitly list Short Term Residential Therapeutic Programs (STRTPs), behavioral health care providers, and foster family agency workers providing in-person visits in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan.

As a member of the California Alliance for Children and Families, I am aware that DPH’s Vaccine Community Advisory Committee met on 12/23/20 to discuss this topic and that our member President was in attendance. As the decision is reviewed, I wanted to make sure to write in support of this advocacy. As a 24/7 STRTP (residential facility), our staff members are required to come to work daily. With capacity for 76 beds, this is the youths’ home, and it is imperative that we exercise all options to keep their home and their staff safe. Like many businesses, we have been drastically impacted by COVID-19, however, we do not have the

luxury to work from home or provide services remotely like many businesses. The youth are here for Specialty Mental Health Services and reside on our campus. We are also experiencing an extreme staffing shortage due to staff being out for COVID related leaves.

Based on the recent recommendations of the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations and behavioral health organizations are considered frontline essential workers. The federal government defines front line essential workers as workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2. California has classified the staff at child welfare and behavioral health care organizations as an essential critical infrastructure workers as defined here: <https://covid19.ca.gov/essential-workforce/>

Our organizations are continuing to provide critical services to different vulnerable subpopulations during the public health emergency, notably youth who are in foster care or juvenile justice systems and their caregivers; foster care and juvenile justice youth who are in “out-of-home” care and in congregate settings; and homeless young adults. We are strongly urging DPH to explicitly list STRTPs and behavioral health care providers in Phase IB of the Priority Workers COVID Vaccine Distribution Plan in future materials disseminated to the public and other stakeholders.

Cher Ofstedahl, Chief Executive Officer, Trinity Youth Services

My organization, Trinity Youth Services, is writing to call on DPH to include and explicitly list Short Term Residential Therapeutic Programs (STRTPs), behavioral health care providers, and foster family agency workers providing in-person visits in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan.

Based on the recent recommendations of the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations and behavioral health organizations are considered frontline essential workers. The federal government defines front line essential workers as workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2. California has classified the staff at child welfare and behavioral health care organizations as an essential critical infrastructure workers as defined here: <https://covid19.ca.gov/essential-workforce/>

Our organizations are continuing to provide critical services to different vulnerable subpopulations during the public health emergency, notably youth who are in foster care or juvenile justice systems and their caregivers; foster care and juvenile justice youth who are in “out-of-home” care and in congregate settings; and homeless young adults .

COVID 19 has impacted every California resident. For our sector, we are most concerned about the immediate and lasting effects on children and youth , many of whom accessed critical

services through schools prior to the pandemic. In analysis entitled *Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17,2020*, researchers highlighted that when comparing pediatric Emergency Department visits for April–October data for 2019 with same time period in 2020 , data shows that the “proportion of mental health related visits for children aged 5–11 and 12–17 years increased approximately 24%. and 31%, respectively.”

The important role our staff play in prioritizing the safety, well-being and permanency of our youth and families, even as they risk their own health is nothing less than heroic. These staff show their commitment and dedication, regardless the hour, and do “whatever it takes” to ensure families have what they need

In alignment with the DPH Powerpoint slides presented at the December 16th Vaccine Community Advisory Committee meeting, we consider our organization’s to fall under the “Emergency Services” Worker under the bullet points “Child and Youth Services” or “Non-residential social services for elderly and disabilities”. In the latter category, we consider mental health illness and substance use disorder to be included in the definition of disabilities.

To avoid confusion, we are strongly urging DPH to explicitly list STRTPs and behavioral health care providers in Phase IB of the Priority Workers COVID Vaccine Distribution Plan in future materials disseminated to the public and other stakeholders.

Thank you so much for your consideration of my comments.

Sil Orlando, Chief Executive Officer, Optimist Youth Homes & Family Services

I encourage you to put staff of Short Term Residential Treatment Programs (STRTPs) high on the list of priorities-at least 1B. Our staff provide institutional care to children and cannot maintain social distancing. When there are outbreaks at our facilities not only are children in our care at risk, but also we are put on lock down meaning new children cannot be admitted leaving them in juvenile halls or shelters.

Susan Gambini, Administrator, CEO , Courage to Change

I am writing to you in behalf of our organization, Courage to Change, which is a 42 bed, residential treatment program, for boys between the ages of 13 and 18. Their lives have led them to gang involvement, substance abuse and criminality. Most have been severely neglected and abused as young children. I am asking that DPH to include and explicitly list Short Term Residential Therapeutic Programs (STRTPs), behavioral health care providers, and foster family agency workers providing in-person visits in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan.

Based on the recent recommendations of the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations and behavioral health organizations are considered frontline essential workers. The federal government defines front line essential

workers as workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2. We can't send our kids home. Some of the kids haven't seen their families since the end of February! Please help us get them and the community safe.

California has classified the staff at child welfare and behavioral health care organizations as an essential critical infrastructure workers as defined here: <https://covid19.ca.gov/essential-workforce/>

We can't just shut the doors (42beds). We can't send our staff home (60+families). We can't stop taking care of the kids 24/7, in close quarters, with exposure from staff who go home at the end of their shift and are exposed to Covid-19. Our organization is and will continue to provide critical services to some of the most vulnerable children in California. Not just physically vulnerable, but also emotional. Our staff will continue to sacrifice their safety and their loved one's safety by heroically reporting to work every day, even though there are positive kids and positive staff who are being sent home. We are serving foster youth who are in foster care or juvenile justice placements and their caregivers; foster care and juvenile justice youth who are in "out-of-home" care and in congregate settings; and homeless young adults.

COVID 19 has impacted every California resident. For our sector, we are most concerned about the immediate and lasting effects on children and youth, many of whom accessed critical services through schools prior to the pandemic. In analysis entitled *Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020*, researchers highlighted that when comparing pediatric Emergency Department visits for April-October data for 2019 with same time period in 2020, data shows that the "proportion of mental health related visits for children aged 5–11 and 12–17 years increased approximately 24%. and 31%, respectively."

To avoid confusion, we are strongly urging DPH to explicitly list STRTPs and behavioral health care providers in Phase IB of the Priority Workers COVID Vaccine Distribution Plan in future materials disseminated to the public and other stakeholders.

Same Letter

Lisa Weigant, MA, Chief Executive Officer, Promesa Behavioral Health, Fresno

Lena Wilson, JD, President and Chief Executive Officer, Vista Del Mar, Child and Family Services

- We would like to thank DPH and Dr. Nadine Burke Harris and Dr. Pan for their continuing work on ensuring the safety and protection of all California residents during COVID-19.
- My organization, Promesa Behavioral Health, is writing to call on DPH to include and explicitly list Short Term Residential Therapeutic Programs (STRTPs) and behavioral health care providers in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan.
- Based on recent recommendations of the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations and behavioral health organizations are considered frontline essential workers. The federal government defines front line

essential workers as workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2.

- California has classified the staff at child welfare and behavioral health care organizations as an essential critical infrastructure workers as defined here: <https://covid19.ca.gov/essential-workforce/>. It is not possible to assign STRTP staff to telework.
- Organizations like Promesa are continuing to provide critical services to different vulnerable subpopulations during the public health emergency, notably youth who are in foster care or juvenile justice systems and their caregivers; foster care and juvenile justice youth who are in “out-of-home” care and in congregate settings; and homeless young adults .
- COVID 19 has impacted every California resident. For our sector, we are most concerned about the immediate and lasting effects on children and youth , many of whom accessed critical services through schools prior to the pandemic. In analysis entitled *Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020*, researchers highlighted that when comparing pediatric Emergency Department visits for April-October data for 2019 with same time period in 2020, data shows that the “proportion of mental health related visits for children aged 5–11 and 12–17 years increased approximately 24%. and 31%, respectively.” Our Specialty Mental Health Services (SMHS) professionals are in daily contact with youth in STRTP placements.
- Promesa’s STRTP, Foster Care, Mental Health and Substance Use services all meet clientele. The STRTP staff have the unenviable task of helping out-of-home placement youth manage this crisis in unique ways (shelter in place in our facilities, virtual education and other services, coordinating appointments, including mental health) while ensuring 24/7 coverage. The anxiety many of our STRTP placements exhibit requires consistent management. Our Resource Families rely heavily on our social workers to keep youth in safe environments, while dealing with the pressures of shelter in place. Our SMHS and Substance Use clinicians have the added pressure of providing intensive services to our youth and their families while caring for their own.) While we have very dedicated conscientious staff, even the most diligent person can be exposed and, yes, we have experienced unusual turnover during this crisis. It would be helpful to our staff to have assurances that their work is essential enough to be included in Phase 1B. We serve upwards of 700+/- STRTP youth annually, 130+/- foster youth who are supported by a team of social workers, resource families, clinicians, and support staff.
- In alignment with the DPH powerpoint slides presented at the December 16th Vaccine Community Advisory Committee meeting, we consider our organization’s to fall under the “Emergency Services” Worker under the bullet points “Child and Youth Services” or “Non-residential social services for elderly and disabilities”. In the latter category, we consider mental health illnesses and substance use disorder to be included in the definition of disabilities (the average age of our SUD clients is 37 and the majority of the 125+/- clients are rural residents). We receive STRTP placements from nearly all of California’s counties.
- To avoid confusion, we are strongly urging DPH to explicitly list STRTPs and behavioral health care providers in Phase IB of the Priority Workers COVID Vaccine Distribution Plan in future materials disseminated to the public and other stakeholders.

Dr. Simona Cataldo, CEO, Victor Community Support Services, Victor Treatment Centers

The Victor Agencies are writing to call on DPH to include and explicitly list Short Term Residential Therapeutic Programs (STRTPs) and behavioral health care providers in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan.

Based on the recent recommendations of the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations and behavioral health organizations are considered frontline essential workers. The federal government defines front line essential workers as workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2.

California has classified the staff at child welfare and behavioral health care organizations as an essential critical infrastructure workers as defined here: <https://covid19.ca.gov/essential-workforce/>. Our organizations are continuing to provide critical services to different vulnerable subpopulations during the public health emergency, notably youth who are in foster care or juvenile justice systems and their caregivers; foster care and juvenile justice youth who are in “out-of-home” care and in congregate settings; and homeless young adults .

COVID 19 has impacted every California resident. For our sector, we are most concerned about the immediate and lasting effects on children and youth , many of whom accessed critical services through schools prior to the pandemic. In analysis entitled *Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020*, researchers highlighted that when comparing pediatric Emergency Department visits for April–October data for 2019 with same time period in 2020 , data shows that the “proportion of mental health related visits for children aged 5–11 and 12–17 years increased approximately 24%. and 31%, respectively.”

The Victor Agencies have a total of 950 employees across California. Most are field based staff providing mental health services to the highest needs kids in the State. 17,000 children and families were served in our outpatient programs in 2019. Of those served the families identified as 45% Hispanic/Latino; 29% White/Caucasian; 13% Black/African American; 10% Other; and 3% Asian. In addition, 233 children were served in our Short-Term Residential Therapeutic Programs. The clients we see are the most vulnerable in the State. We have seen an exacerbation of mental health issues since the onset of COVID-19. Providing these services through TeleHealth, while possible and helpful, is not sufficient and we still face the need and professional responsibility to meet with them in person in order to avoid self-harm, a psychiatric hospitalization, or juvenile detention.

In light of this, we are strongly urging DPH to explicitly list STRTPs and behavioral health community based providers in Phase IB of the Priority Workers COVID Vaccine Distribution Plan in future materials disseminated to the public and other stakeholders.

In alignment with the DPH powerpoint slides presented at the December 16th Vaccine Community Advisory Committee meeting, we consider our organization’s to fall under the “Emergency Services” Worker under the bullet points “Child and Youth Services” or “Non-residential social services for elderly and disabilities”. In the latter category, we consider mental health illness and substance use disorder to be included in the definition of disabilities.

Jesper C. Nordqvist

I am writing in regards to the proposed vaccination priority groups. I see the next phase is proposed to include child care. I strongly urge the committee to include children's residential care programs within this category, including STRTPs (short term residential therapeutic programs), licensed by CDSS. The child care workers, therapists, teachers, and support staff are front line workers, risking exposure in congregate living facilities on a daily basis to care for these youth, with no ability to social distance. Youth in care are also at risk of exposure from staff. Swift vaccination is critical to residential programs' ability to safely staff facilities and best provide care for these traumatized youth.

Beatriz Behrens, ACSW, Social Worker and STRTP Administrator

I am writing in regards to the proposed vaccination priority groups. I understand the next phase is proposed to include child care. I strongly urge the committee to include children's residential care programs within this category, including STRTPs (short term residential therapeutic programs), licensed by CDSS.

The child care workers, therapists, teachers, and support staff are front line workers, risking exposure in congregate living facilities on a daily basis to care for these youth, with no ability to social distance. Youth in care are also at risk of exposure from staff. Swift vaccination is critical to residential programs' ability to safely staff facilities and best provide care for these traumatized youth.

Jill Dominguez, Executive Director/President, Mary's Path
Gerry Strickland, Former Senior Counselor, Regional Center for D.D., Site Administrator
1994-2012, Transition Special Needs and At-Risk Programs, Capistrano Unified School District

I am writing to call on DPH to include and explicitly list Short Term Residential Therapeutic Programs (STRTPs) and behavioral health care providers in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan.

The federal government defines front line essential workers as workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2.

Organizations such as Mary's Path are continuing to provide critical services to different vulnerable subpopulations during the public health emergency, notably teen moms who are in residential foster care.

COVID 19 has impacted every California resident. We are most concerned about the immediate and lasting effects on children and youth , many of whom accessed critical services through schools prior to the pandemic. In analysis entitled *Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020*, researchers highlighted that when comparing pediatric Emergency Department visits for April-October data for 2019 with same time period in 2020 , data shows that the “proportion of mental health related visits for children aged 5–11 and 12–17 years increased approximately 24%. and 31%, respectively.”

The staff of STRTP services are required to interface with the community to serve and ensure services to these vulnerable youth. Weekly family visitation is a right of the youth to maintain contact and support. This activity exposes the youth to community “bubbles” that can and do introduce infections to the youth and carried to programs, fellow residents, and agency staff at all levels. Replacements for staff in quarantine introduce new exposure creative a cycle of every increasing infection. This cycle endangers the health of youth and the staff and impacts program continuity and effectiveness.

Thank you for the designation of STRTP staff as “Emergency Services” Worker for “Child and Youth Services”.

Kelli Strickland, LCSW, Lead Social Worker, Mary’s Path

I am grateful for your time and consideration regarding the vital issue of including Short Term Residential Therapeutic Programs (STRTP) in phase 1B of the vaccine distribution. I have worked as a direct-care staff member and Licensed Clinical Social Worker in what was previously termed a “group home” for pregnant and parenting teen mothers and their babies in foster care for over 10 years.

Over the course of this unprecedented pandemic, the safety and health of our residents has been in constant jeopardy as a result of the in-person staffing requirements of congregate care for minors. All of our residents have experienced extensive complex trauma, and require a high level of intensive mental health services in order to manage their behavioral and mental health needs. There is not space available in our residential program to consistently maintain social distance between staff members. Though all staff wear masks, we have had two outbreaks over the course of the pandemic which have had the potential to spread widely as a result of the number of in-person family visits required for families attempting to reunify through the foster care system. Our residents’ families are in the highest categories for vulnerability to COVID, so every visit poses high-risk exposure for each person at the STRTP. Despite our best efforts, our STRTP has had positive COVID-19 infections at all levels of our agency - babies, teen mothers, and employees.

It is imperative that STRTPs be specifically included in phase 1B of the vaccine distribution process as a result of the continuous high risk of infection and community spread.

Heather Carrigan, CEO, Allies for Every Child

Allies for Every Child wishes to thank the California Department of Public Health, Dr. Nadine Burke Harris, and Dr. Erica Pan for their tireless work throughout the COVID-19 pandemic to ensure the safety and protection of Californians during this tremendously difficult time. Allies for Every Child has vigilantly followed guidance from state and local public health officials since the beginning of this pandemic, and greatly appreciates the consideration and vigilance afforded to essential workers who are critical to keeping California families and communities afloat. We are now calling on CA DPH to continue this commitment to essential and frontline workers, and include STRTPs, FFA staff, and behavioral healthcare providers in the finalized Phase 1B Priority Workers COVID Vaccine Distribution Plan.

Based on the Center for Disease Control (CDC) recommendations from the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations and behavioral health organizations are considered “frontline essential workers” (defined by the federal government as “workers who are in sectors essential to the functioning of society who are at a substantially higher risk of exposure to SARS COV-2”). California also recognizes staff at child welfare and behavioral health care organizations as essential critical infrastructure. According to the DPH presentation on December 16th, our organization falls under “Emergency Services” workers under the bullet points, “Child and Youth Services” and “Non-residential social services for elderly and disabilities,” in which illnesses related to mental health and substance abuse are included in the definition of disability.

Allies for Every Child and our behavioral health team provides critical services to Los Angeles’ most vulnerable children and families – children in foster care, children and families at-risk of being separated due to neglect or abuse, and children and families experiencing homelessness. The vast majority of our clients are low-income families of color who work in some of the most exposed industries with the least protection. Our clients have borne a tremendously disproportionate burden from COVID-19 – dying at rates many times higher than those of other communities. We know that it is essential that Allies’ social workers interact with our clients frequently in-person and often in client homes, however, this carries significant personal risk to our staff’s health, and the health of their families that they go home to after their work day is done. For these reasons, it is essential that STRTPs, FFA staff, and behavioral healthcare workers are included in Phase 1B of the Priority Workers COVID Vaccine Distribution Plan.

Many people are understandably eager to secure standing in the vaccination queue. Because of the essential nature of behavioral healthcare workers to all who depend on them, and the high risk of exposure to COVID-19, we strongly urge DPH to explicitly list STRTPs, FFA staff, and behavioral healthcare providers in all printed material regarding Phase 1B of the Priority Workers COVID Vaccination Distribution Plan to avoid any confusion regarding their standing. Thank you for your consideration of this very important request. We look forward to being able to offer a safer and more equitable work environment for our staff in the coming weeks.

Tom Alexander, LCSW, President & CEO, Fred Finch Youth & Family Services

My organization, Fred Finch Youth & Family Services, is writing to call on DPH to include and explicitly list Short Term Residential Therapeutic Programs (STRTPs) and behavioral health care providers in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan. Based on the recent recommendations of the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations and behavioral health organizations are considered frontline essential workers. The federal government defines front line essential workers as workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2.

Our organizations are continuing to provide critical services to different vulnerable subpopulations during the public health emergency, notably youth who are in foster care or juvenile justice systems and their caregivers; foster care and juvenile justice youth who are in “out-of-home” care and in congregate settings; and homeless young adults .

COVID 19 has impacted every California resident. For our sector, we are most concerned about the immediate and lasting effects on children and youth , many of whom accessed critical services through schools prior to the pandemic. In analysis entitled *Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020*, researchers highlighted that when comparing pediatric Emergency Department visits for April-October data for 2019 with same time period in 2020 , data shows that the “proportion of mental health related visits for children aged 5–11 and 12–17 years increased approximately 24%. and 31%, respectively.”

Since March, our staff have continued to provide critical services to our program participants, many of whom whose needs have increased with the stressors of the pandemic. Our employees in our STRTPs support children and adolescents with both developmental and mental health disorders, providing needed care 24 hours a day, 7 days a week. With the pandemic, our staff continue to report to work in spite of the risk in-person activities pose, even while wearing PPE and following safety precautions. Similarly, our community-based program staff meet with our program participants in person when telehealth is not an option—in other words, when our participants are in crisis and need help most urgently. Additionally, the holiday season is always a stressful period for our participants across our programs when family issues often come to the forefront.

In alignment with the DPH PowerPoint slides presented at the December 16th Vaccine Community Advisory Committee meeting, we consider our organization’s to fall under the “Emergency Services” Worker under the bullet points “Child and Youth Services” or “Non-residential social services for elderly and disabilities”. In the latter category, we consider mental health illness and substance use disorder to be included in the definition of disabilities. To avoid confusion, we are strongly urging DPH to explicitly list STRTPs and behavioral health care providers in Phase IB of the Priority Workers COVID Vaccine Distribution Plan in future materials disseminated to the public and other stakeholders.

Regina Betts

- My organization, Aviva Family & Children's Services, is writing to call on DPH to include and explicitly list Short Term Residential Therapeutic Programs (STRTPs) and behavioral health care providers in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan.
- Based on the recent recommendations of the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations and behavioral health organizations are considered frontline essential workers. The federal government defines front line essential workers as workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2.
- California has classified the staff at child welfare and behavioral health care organizations as an essential critical infrastructure workers as defined here: <https://covid19.ca.gov/essential-workforce/>
- Our organizations are continuing to provide critical services to different vulnerable subpopulations during the public health emergency, notably youth who are in foster care or juvenile justice systems and their caregivers; foster care and juvenile justice youth who are in “out-of-home” care and in congregate settings; and homeless young adults .
- COVID 19 has impacted every California resident. For our sector, we are most concerned about the immediate and lasting effects on children and youth , many of whom accessed critical services through schools prior to the pandemic. In analysis entitled *Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020*, researchers highlighted that when comparing pediatric Emergency Department visits for April-October data for 2019 with same time period in 2020 , data shows that the “proportion of mental health related visits for children aged 5–11 and 12–17 years increased approximately 24%. and 31%, respectively.”
- Aviva provides homeless housing in our residential facility to young women and their children which requires 24/7 supervision, so my employees have continued to work every day of this pandemic and are at high risk of infection. In addition, because of the nature of our services, we are required to put our clients’ needs above the safety of our employees and see clients in person whenever there is a crisis. We also must monitor our foster homes to make sure that foster children are getting the care they need during a stressful separation from their family.
- In alignment with the DPH powerpoint slides presented at the December 16th Vaccine Community Advisory Committee meeting, we consider our organization’s to fall under the “Emergency Services” Worker under the bullet points “Child and Youth Services” or “Non-residential social services for elderly and disabilities”. In the latter category, we consider mental health illness and substance use disorder to be included in the definition of disabilities.
- To avoid confusion, we are strongly urging DPH to explicitly list STRTPs, Homeless Service providers and behavioral health care providers in Phase IB of the Priority Workers COVID Vaccine Distribution Plan in future materials disseminated to the public and other stakeholders.

Same Letter

Katie Franci, Teacher, Greenacres School

Tess Shatto, ACSW, Greenacre Homes and School, Sebastopol

Charles Andrews Facility Manager Occidental House Greenacre Homes INC.

Ben Swenson-Aguirre, Executive Director, Greenacre Homes & School, Sebastopol

I am writing in regards to the proposed vaccination priority groups. I see the next phase is proposed to include child care. I strongly urge the committee to include children's residential care programs within this category, including STRTPs (short term residential therapeutic programs), licensed by CDSS. The child care workers, therapists, teachers, and support staff are front line workers, risking exposure in congregate living facilities on a daily basis to care for these youth, with no ability to social distance. Youth in care are also at risk of exposure from staff. Swift vaccination is critical to residential programs' ability to safely staff facilities and best provide care for these traumatized youth.

Evan Anatra, Facility Manager, Greenacre Homes

I am writing in regards to the proposed vaccination priority groups. I see the next phase is proposed to include child care. I strongly urge the committee to include children's residential care programs within this category, including STRTPs (short term residential therapeutic programs), licensed by CDSS. The child care workers, therapists, teachers, and support staff are front line workers, risking exposure in congregate living facilities on a daily basis to care for these youth, with no ability to social distance. Youth in care are also at risk of exposure from staff. Swift vaccination is critical to residential programs' ability to safely staff facilities and best provide care for these traumatized youth.

Jodie Langs, Director of Policy & Communications, WestCoast Children's Clinic

On behalf of WestCoast Children's Clinic, a children's mental health clinic in Alameda County, we want to thank DPH, Dr. Nadine Burke Harris, and Dr. Pan for their work to protect California residents during the pandemic.

We are writing to request that DPH include and explicitly list frontline behavioral health care providers, child welfare settings and Short Term Residential Therapeutic Programs (STRTPs) in the Finalized Phase 1B Priority Workers COVID Vaccine Distribution Plan.

Based on the recent recommendations of the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations and behavioral health organizations are considered frontline essential workers. The federal government defines front line essential workers as workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2.

We are continuing to provide critical services to different vulnerable subpopulations during the public health emergency. Notably, at the Alameda County Assessment Center we provide immediate care for children in the first hours after they're removed from their homes due to

abuse and neglect; foster care and juvenile justice youth who are in “out-of-home” care and young people receiving MediCal in need of intensive outpatient mental health services in order to prevent hospitalization.

COVID 19 has impacted every California resident. For our sector, we are most concerned about the immediate and lasting effects on children and youth , many of whom accessed critical services through schools prior to the pandemic. In analysis entitled Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020, researchers highlighted that when comparing pediatric Emergency Department visits for April-October data for 2019 with same time period in 2020 , data shows that the “proportion of mental health related visits for children aged 5–11 and 12–17 years increased approximately 24%. and 31% , respectively.

In alignment with the DPH powerpoint slides presented at the December 16th Vaccine Community Advisory Committee meeting, we consider our organization to fall under the “Emergency Services” Worker under the bullet points “Child and Youth Services” or “Non-residential social services for elderly and disabilities”. In the latter category, we consider mental health illness and substance use disorder to be included in the definition of disabilities.

To avoid confusion, we are strongly urging DPH to explicitly list behavioral health care providers, child welfare settings and STRTPs in Phase IB of the Priority Workers COVID Vaccine Distribution Plan in future materials disseminated to the public and other stakeholders.

Sue Fowler, Client Services/Food Service Director, Greenacre Homes & School

I am writing in regards to the proposed vaccination priority groups. I see the next phase is proposed to include child care. I strongly urge the committee to include children’s residential care programs within this category, including STRTPs (short term residential therapeutic programs), licensed by CDSS. The child care workers, therapists, teachers, and support staff are front line workers, risking exposure in congregate living facilitates on a daily basis to care for these youth, with no ability to social distance. Youth in care are also at risk of exposure from staff. Swift vaccination is critical to residential programs’

Same Letter

Timothy Dimick, Deputy Director, Greenacre Homes

Celia Dimick

I am writing in regards to the proposed vaccination priority groups. I see the next phase is proposed to include child care. I strongly urge the committee to include children’s residential care programs within this category, including STRTPs (short term residential therapeutic programs), licensed by CDSS. The child care workers, therapists, teachers, and support staff are front line workers, risking exposure in congregate living facilitates on a daily basis to care for these youth, with no ability to social distance. Youth in care are also at risk of exposure from

staff. Swift vaccination is critical to residential programs' ability to safely staff facilities and best provide care for these traumatized youth.

Jeff Farber, Executive Director, Helpline Youth Counseling, Inc.

My organization, Helpline Youth Counseling, is writing to call on DPH to include and explicitly list Short Term Residential Therapeutic Programs (STRTPs) and behavioral health care providers including those providing homeless services and in-home services in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan. Based on the recent recommendations of the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations and behavioral health organizations are considered frontline essential workers. The federal government defines front line essential workers as workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2. California has classified the staff at child welfare and behavioral health care organizations as essential critical infrastructure workers as defined here: <https://covid19.ca.gov/essential-workforce/>.

Our organizations are continuing to provide critical services to different vulnerable subpopulations during the public health emergency, notably youth who are in foster care or juvenile justice systems and their caregivers; foster care and juvenile justice youth who are in “out-of-home” care and in congregate settings; and homeless young adults living on the streets, encampments, and shelters. COVID 19 has impacted every California resident. For our sector, we are most concerned about the immediate and lasting effects on children and youth, many of whom accessed critical services through schools prior to the pandemic. In analysis entitled *Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020*, researchers highlighted that when comparing pediatric Emergency Department visits for April-October data for 2019 with same time period in 2020, data shows that the “proportion of mental health related visits for children aged 5–11 and 12–17 years increased approximately 24%. and 31%, respectively.”

From the beginning of the pandemic in March, staff of Helpline Youth Counseling have continued to provide critical behavioral health services to vulnerable children, teenagers, TAY, and adults. Additionally, we have provided emergency support in the form of rental and utility payments, food baskets, hygiene supplies, PPE, diapers and wipes, clothing, etc. to ensure the stability, health, and safety of our clients. We have and are continuing to serve our clients in-home, in encampments, in hotels and shelters, and in our offices in order to ensure their emotional and physical safety during this crisis period.

In alignment with the DPH powerpoint slides presented at the December 16th Vaccine Community Advisory Committee meeting, we consider our organization's to fall under the “Emergency Services” Worker under the bullet points “Child and Youth Services” or “Non-residential social services for elderly and disabilities”. In the latter category, we consider mental health illness and substance use disorder to be included in the definition of disabilities. To avoid confusion, we are strongly urging DPH to explicitly list STRTPs and behavioral health care

providers including homeless services and in-home services in Phase IB of the Priority Workers COVID Vaccine Distribution Plan in future materials disseminated to the public and other stakeholders.

Kathy Murphy Strickland, Faculty (retired), College of Education, California State University, Fullerton

I'm writing to respectfully ask that the DPH include and explicitly list Short Term Residential Therapeutic Programs (STRTPs) and behavioral health care providers in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan.

According to the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare and behavioral health organizations are considered frontline essential workers, as “workers who are in sectors essential to the functioning of society are at substantially higher risk of exposure to SARS COV-2”.

Organizations such as Mary's Path, which are full-time residential care programs, are continuing to provide critical 24/7 services to vulnerable foster care youth during the current public health emergency. In doing so, both clinical and residential support staff clearly fall into the frontline essential workers category defined by the ACIP. However, these vitally important social services workers appear to have been overlooked during the preliminary ACIP determinations.

Please give this group careful consideration for timely access to vaccine protection, so that these critical care programs can operate safely and with maximum effectiveness.

Clete Menke, Operations Director, Mary's Path, Santa Ana

My organization, Mary's Path, is writing to call on DPH to include and explicitly list Short Term Residential Therapeutic Programs (STRTPs) and behavioral health care providers in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan. Mary's Path is an STRTP that works only with pregnant youth or youth who have babies. We view our population as particularly impacted and vulnerable.

Our organization has worked endlessly to continue to provide safe and therapeutic homes for during this unprecedented period. Despite our efforts, we have had two significant outbreaks that have required intervention by Orange County's Health Care Agency. Every staff member has been out at some point due to being a close contact or actually testing positive. 40% of our staff have tested positive. A large number of young mothers and their babies have tested positive. Some, but not all, of our staff and youth have experienced very significant illness as a result of COVID.

Despite all this, we remain steadfastly committed to the youth and babies in our care. Given the recent spike in infections, however, we are concerned about our ability to continue on our current path. As we are still able to welcome new youth into our homes, we know of many

other STRTP's that have closed or are under public health orders to not accept new residents. We would like the opportunity to ensure that we can continue to provide the compassionate care and behavioral health services these youth desperately need right now. We need your to help make sure our organization can do so.

To avoid any confusion, I am strongly urging DPH to explicitly list STRTPs and behavioral health care providers in Phase 1B of the Priority Workers COVID Vaccine Distribution Plan in future materials disseminated to the public and other stakeholders.

Thank you so much for your consideration of my comments.

Glynis Butler-Stone, MS Chief Executive Officer, Children's Receiving Home of Sacramento

My organization, the Children's Receiving Home of Sacramento, is writing to call on DPH to include and explicitly list Short Term Residential Therapeutic Programs (STRTPs) and behavioral health care providers in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan.

Based on the recent recommendations of the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations and behavioral health organizations are considered frontline essential workers. The federal government defines front line essential workers as workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2.

California has classified the staff at child welfare and behavioral health care organizations as an essential critical infrastructure worker as defined here: <https://covid19.ca.gov/essential-workforce/>.

Our organization has been and continues to provide critical services to different vulnerable subpopulations during the public health emergency, notably youth who are in foster care and their caregivers; foster youth who are in "out-of-home" care and in both emergency shelter care (TSCF) and residential treatment in a congregate setting (STRTP).

Our resilient staff have been providing critical therapeutic services, care and supervision to children and youth who are not able to return to their family of origin, even during this public health crisis. In addition, our staff have provided the in person support for distance learning at a level never before experienced. Children not able to attend in person school and living in congregate care spend all of their waking hours supervised and supported by our front line workers. Without our front line staff, who would be caring for these youth? Serving as surrogate teachers? Where would these already vulnerable children and youth reside and where would they receive the mental health services that they desperately need?

In addition, our day treatment program has served as a diversion program to keep at risk youth out of hospital care and allowed others to utilize this critically needed bed space.

These committed front line therapists and skills trainers have been providing in person daily support throughout the current pandemic without waiver.

COVID 19 has impacted every California resident. For our sector, we are most concerned about the immediate and lasting effects on children and youth. In analysis entitled *Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic- United States, January 1-October 17, 2020*, researchers highlighted that when comparing pediatric Emergency Department visits for April-October data for 2019 with same time period in 2020, data shows that the "proportion of mental health related visits for children aged 5-11 and 12-17 years increased approximately 24%. and 31%, respectively."

In alignment with the DPH PowerPoint slides presented at the December 16th Vaccine Community Advisory Committee meeting, we consider our organization to fall under the "Emergency Services" Worker under the bullet points "Child and Youth Services" or "Non-residential social services for elderly and disabilities". In the latter category, we consider mental health illness and substance use disorder to be included in the definition of disabilities.

To avoid confusion, we are strongly urging DPH to explicitly list STRTPs and behavioral health care providers in Phase 1B of the Priority Workers COVID Vaccine Distribution Plan in future materials disseminated to the public and other stakeholders.

Barnaby Murff, Chief Executive Officer, Extraordinary Families

My organization, Extraordinary Families, is writing to urge DPH to include and explicitly list foster family agency workers providing in-person visits in the finalized Phase IB Priority Workers COVID Vaccine Distribution Plan.

Extraordinary Families is a frontline essential agency that finds foster and adoptive homes for children who have been removed from their families due to abuse or neglect. Based on the recent recommendations of the federal Advisory Committee on Immunization Practices (ACIP), the staff of child welfare organizations are considered frontline essential workers. The federal government defines frontline essential workers as those who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS COV-2. California has classified the staff at child welfare organizations as an essential critical infrastructure worker as defined here: <https://covid19.ca.gov/essential-workforce/> We are continuing to provide critical services to vulnerable populations during the public health emergency, notably children and youth who are in foster care and their caregivers.

COVID 19 has impacted every California resident. For our sector, we are most concerned about the immediate and lasting effects on children and youth, many of whom accessed critical services through schools prior to the pandemic. In analysis entitled *Mental Health-Related*

Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020, researchers highlighted that when comparing pediatric Emergency Department visits for April–October data for 2019 with same time period in 2020, data shows that the “proportion of mental health related visits for children aged 5–11 and 12–17 years increased approximately 24% . and 31% , respectively.”

Extraordinary Families’ staff is providing mandatory in-person services to resource families caring for children in foster care, birth parents who attend monitored court ordered family visitation with their children in foster care, and prospective resource parents undergoing the home study process to become approved during the pandemic. We also provide essential resource coordination services to youth aging out of the child welfare system. In alignment with the DPH PowerPoint slides presented at the December 16 Vaccine Community Advisory Committee meeting, our organization falls under the “Emergency Services” Worker under the bullet points “Child and Youth Services”.

We strongly urge DPH to explicitly list foster family agencies in Phase IB of the Priority Workers COVID Vaccine Distribution Plan in all future materials.