

# WRITTEN PUBLIC COMMENT TO COMMUNITY VACCINE ADVISORY COMMITTEE (CVAC)

**Committee Meeting on November 25, 2020**

**Comments Received November 25, 2020 - November 29, 2020**

**Elena Ong**

In the interests of transparency, could the chat, if not also a recording of the Zoom, also be available to the public?

Thank you!

Thank you for addressing this extremely important issue of TRUST.

I'm interested in knowing what data you will be using to allocate and distribute the COVID vaccine,

For example, UCLA just released the following report and interactive maps for LA County and CA:

For LA County:

[UCLA Newsroom](#)

[UCLA Covid Medical Vulnerability](#)

For the 58 counties throughout California:

[Covid Vulnerability Indicators](#)

[CA Neighborhood Pre-Existing Health Vulnerability and Supporting Indicators](#)

Thank you!

**Richard Nagy, DDS**

California Dental Association (CDA) President

On behalf of the California Dental Association and nearly 36,000 California dentists and their teams providing essential healthcare, we respectfully request to participate in the recently assembled Community Vaccine Committee. While many other healthcare provider associations will be represented in this committee, we request that a representative from the dental community also be

present to ensure all perspectives are adequately taken into consideration. It is crucial that the hazards all essential workers must endure during the pandemic are weighed equitably during a time where swift state response will save lives.

Thank you for your continued collaboration in this and all other efforts related to the protection of the public, especially during this pandemic.

**Casey Dorman, Ph.D.**

Special Projects

Orange County Health Care Agency

What is the advantage of taking into account social vulnerability using HPI or CDC SVI as a geography-based factor for prioritization over using COVID-19 infection or mortality rate as a geography-based factor for prioritization. It seems to me the latter is more to the point, since the vaccine doesn't address the underlying vulnerabilities, it only addresses COVID-19 severity and and, hopefully, mortality and likelihood of being infected.

**Lisa Matsubara**

Planned Parenthood Affiliates of California

I am listening in on the Community Vaccine Advisory Committee meeting this morning and would like to know if there is a way for Planned Parenthood Affiliates of California to participate as a member of this group. While we work closely with many of our partners that are already members of this Committee, PPAC has been active in advocating for vaccine distribution – particularly for flu shots and now with the upcoming COVID vaccine.

Planned Parenthood affiliates operate over 100 health centers throughout the state and see over 1 million patient visits annually. For many of patients, Planned Parenthood's health centers are the only contact with the health care system and we take our role in public health seriously – whether it is to ensure robust testing for STIs or to make sure that all our patients have access to recommended vaccines. As a safety net provider, almost 90% of PP patients are either on Medi-Cal, uninsured, or enrolled in limited scope Medi-Cal programs such as Family PACT or Presumptive Eligibility for Pregnant Women.

Because of the demographic of patients we serve and unique nature of the payor mix, PPAC is concerned about vaccine distribution to the communities that are not covered by commercial insurance or full-scope Medi-Cal. We have already had problems with coverage for flu vaccines in programs like Family PACT and the recent [Interim Final Rule from HHS](#) related to the FFCRA which attempts to exclude immunizations from limited scope Medicaid programs such as those covering family planning is very concerning as we have gotten some push back from DHCS for even the flu vaccine – something we have been advocating for since before the COVID pandemic and currently provide to patients who have no coverage as part of PP’s commitment to charity care.

In addition, PPAC’s current executive leadership have long been involved in the state’s efforts to expand immunizations among Californians. PPAC’s CEO Jodi Hicks as well as myself, through our former work with the California Medical Association, were heavily involved in a series of vaccine legislation including the landmark SB 277 while PPAC’s VP of Communications Jennifer Wonnacutt is a co-founder of Vaccinate California. I hope that CDPH sees the importance of PPAC’s perspective representing the 7 affiliates throughout the state and the expertise and experience we bring regarding an often overlooked patient population in the state that rely on the state’s limited scope coverage programs

Thank you for the consideration.

**Peter Hansel, Chief Executive Officer**  
CalPACE

Please consider inclusion of staff who work in the state’s 19 Programs of all-Inclusive Care for the Elderly (PACE) in the Phase 1a tier 2 category of high risk health workers, as described in slides 40 and 47 of the Community Advisory Committee Presentation of November 25, and in the definition of healthcare worker in slide 41. PACE provides fully integrated health and long-term supports and services to nearly 11,000 seniors across the state who are certified by the state as nursing home eligible but who can safely remain in the community with the support PACE provides. This includes services provided in the state’s 54 dedicated PACE Centers and alternative care sites, as well as in participants’ homes and congregate living settings, and includes primary care, nursing, therapies, social work, dietary, transportation and other services that are needed to enable them to live in the community. Due to COVID-19, the bulk of the services PACE provides are being provided in participants’ homes. Although it is

not clear where PACE staff fit in the breakdown of health care workers by facility type in slide 49 of the presentation, we think they should be thought of as incorporating elements of skilled nursing facility, home health care, and primary care clinic staff.

By virtue of their make-up, PACE participants represent a high risk group for COVID-19 exposure. The average age is 76. The average number of medical conditions is 20. Over half have three or more functional limitations in activities of daily living and over 80 percent belong to racial and ethnic groups at higher risk of COVID-19 exposure and adverse outcomes.

PACE providers strongly encourage the state to recognize PACE participants, staff and programs in the state's COVID-19 vaccination planning efforts, including in the critical populations for receipt of initial distribution of vaccine and the allocation framework to guide vaccine distribution.

Thank you for your consideration of our comments.

### **Jordan Lindsey Executive Director**

The Arc of California

Since 1950, The Arc of California has promoted and protected the human rights of people with intellectual and developmental disabilities (IDD) and actively supported their full inclusion and participation in the community throughout their lifetimes. Our 23 regional chapters provide direct services and supports to thousands of individuals and families across the state, and our individual members actively advocate on behalf of more than 350,000 Californians with IDD and their families.

We strongly urge the inclusion of people with intellectual and developmental disabilities, as well as their direct support professionals (DSPs) and families in the priority list of those who will have first access to a COVID-19 vaccine.

People with IDD are at higher risk for becoming infected and three times more likely to die of COVID-19, compared with patients without IDD, a new analysis found<sup>1</sup>. This heightened risk can be mitigated, however, with healthy DSPs and family caregivers.

The DSPs who make integrated community life possible are **essential** elements in our fight against COVID-19, and they have continuously demonstrated their commitment and heroism throughout this pandemic. Their close and extended

proximity to those they serve means they are at exceptional risk of being infected by, or transmitting, COVID-19. We must do everything possible to protect the health of DSPs so that they can continue their front-line heroism.

Similar to DSPs, parents and family members provide **essential** daily support for the many people with IDD who live at home. These family caregivers are critical to the health and safety of people with IDD, and an infection at home, particularly with aging caregivers, could mean that the person with IDD would have to move to a congregated residential setting with higher risks.

For these reasons we strongly urge that your discussions and ultimate decisions include and prioritize Californians with IDD, their DSPs, and their family caregivers in access to COVID-19 vaccines.

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<sup>1</sup> [Ny Times: Covid Developmental Disability](#)

### **Empower Family California**

Empower Family California is comprised of member organizations and members who are actively involved in educating, advocating and lobbying for families in California.

In the 84 page document California Covid-19 Vaccination Plan it outlines a robust infrastructure on all levels dedicated to the widespread distribution of the Covid-19 vaccine across the population, by targeting key populations and groups. The major complication with the methods outlined in this document relates to the multiple facilities and types of providers who will be administering the Covid-19 vaccine and the subsequent reporting of adverse vaccine reactions to VAERS. While the plan is to continually assure the public of the vaccine's safety and effectiveness, there is truly no infrastructure to ensure that immediate AND long-term reactions are appropriately documented. Who is ultimately responsible to report to VAERS---The clinician where the vaccine was administered or the health care provider who receives the patient in his care? There will, without question, be a system breakdown in the reporting or knowledge of how to report vaccine injury. This breakdown undermines confidence in any major vaccine effort and must be addressed. A 2011 report by Harvard Pilgrim Health Care, Inc. for the U.S. Department of Health and Human Services (HHS) stated that *fewer than one*

percent of all vaccine adverse events are reported to the government (<https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf> page 6). The 1986 National Childhood Vaccine Injury Act *legally requires* doctors and other medical workers who administer vaccines in the U.S. to report vaccine reactions, however due to a lack of penalties in the law for those who refuse to comply with the reporting requirement, there is no accountability to do so.<sup>5</sup> VAERS continues to be a “passive” reporting system and providers routinely remain under-educated on both acute, latent, and chronic vaccine reactions. *This lack of education also undermines the provider’s ability to give full informed consent to patients.* What mechanism will be put into the California Covid-19 Vaccination Plan to compel VAERS reporting compliance when serious health problems, hospitalizations, injuries and deaths occur? When a provider receives a patient a month after vaccine administration with a listed vaccine adverse event, will they even know to question the Covid-19 vaccine? While this document is committed to full transparency in administering and tracking vaccine usage, it is negligent in compelling education and transparency in the reporting of vaccine adverse events.

**Barry Jardini**, Executive Director  
[California Disability Services Association](#)

The California Disability Services Association (CDSA) represents over 100 community- based organizations whose common purpose is to improve the lives and opportunities for Californians with intellectual and developmental disabilities (IDD). Our member organizations collectively serve over 55,000 individuals with IDD, employ over 21,000 direct support professionals (DSPs), and advocate on behalf of more than 350,000 Californians with IDD and their families.

We strongly urge the inclusion of individuals with IDD, as well as DSPs and family members in the priority list of those who will have first access to a COVID-19 vaccine.

The IDD population is especially vulnerable to the impacts of COVID-19 and recent studies have shown that individuals with IDD are two-to-three times more likely to die if diagnosed with COVID-19 as compared to members of the general public.<sup>12</sup> One study found that across all age groups, COVID-19 patients with developmental disorders had the highest odds of dying from COVID-19.<sup>3</sup> Given the elevated risk, equitable vaccine access must prioritize this vulnerable population.

We can also mitigate the risk of infection and protect the health and safety of Californians with IDD by prioritizing the DSPs and family caregivers for early access to the vaccine. Individuals with IDD rely on DSPs and family caregivers to provide necessary services and supports to facilitate integrated community life. As the pandemic has persisted, the essential supports provided by DSPs have been critical in keeping incidence of COVID-19 in our system comparably low in California. DSPs have been on the frontlines, working long hours and risking their own health to ensure the safety and well-being of their clients. CDSA urges recognition of these professionals as essential frontline workers, and the prioritization of this workforce in vaccine access so that they can continue to protect their clients from infection.

Similarly, the state must prioritize vaccine access for family members of individuals with IDD. As of September 2020, nearly 80 percent of Californians with IDD live in the home of a parent/guardian.<sup>4</sup> Families provide daily support to their family members with IDD and are critical in keeping them safe from COVID-19. Additionally, many parents of adults with IDD are often in one or more high-risk groups by virtue of age, and a COVID-19 infection could be devastating for these families. Ensuring these family members have early access to a vaccine is critical to protecting their health and the health of the IDD population.

Thank you for your consideration of the health and safety of Californians with IDD, their families, and the dedicated professionals who serve them. We trust that the Department of Public Health and the Community Vaccine Advisory Committee will ensure that vulnerable Californians with IDD, who are most at risk, will have equitable access to the vaccine.

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<sup>1</sup> [Case and Mortality Report](#)

<sup>2</sup> [Covid Developmental Disabilities](#)

<sup>3</sup> [Mortality Study](#)

**Kristie Sepulveda-Burchit**

Executive Director, Educate. Advocate.

I write to you on behalf of Educate. Advocate. Educate. Advocate. is a nonprofit statewide grassroots parent built and parent led organization that serves families with children with special needs. Many of our families have children and adults they care for that have been injured by vaccines. We have assisted families

contending with issues with being denied access to education, services and supports in the IEP document due to vaccine status. We now are helping families contend with issues of being discriminated against and denied access to stores, entertainment, and travel due to having a health/medical condition that they cannot wear face coverings.

We understand the mission of this workgroup is to prioritize who receives Covid-19 vaccines and to do this equitably. While this may be an important question, the most important question to address as the priority is safety. The safety question should take front and center especially with our most vulnerable populations. For instance, if a vaccine is given to both an individual with a disability and their caregiver and causes severe side effects that debilitates the caregiver who will then provide care for the person with a disability? These are the questions that must be considered.

Covid-19 vaccines require two doses and those who receive vaccines will be monitored for two years during this live experiment. mRNA vaccines have never been used on the human population. We have no idea what the long term effects might be of this new vaccine technology developed under the aptly titled "Operation Warp Speed".

<https://unlimitedhangout.com/2020/11/reports/pfizers-experimental-covid-19-vaccine-what-youre-not-being-told/>

Several times legislation has been introduced in California unsuccessfully to tie receiving benefits, namely CalWorks to receiving vaccines. There should never be any attempt to mandate vaccines to receiving benefits or services such as CalWorks, Medi-Cal, IHSS, SSI/SSP and regional center services.

There has been a history in both our state as well as our country in medical experimentation of our disabled population as well as minorities. Here is a collection of atrocious samplings of these on our disabled population in the United States:

[https://en.wikipedia.org/wiki/Unethical human experimentation in the United States](https://en.wikipedia.org/wiki/Unethical_human_experimentation_in_the_United_States) Additionally this medical experimentation has occurred in our minority population <https://unlimitedhangout.com/2020/11/investigative-series/the-johns-hopkins-cdc-plan-to-mask-medical-experimentation-on-minorities-as-racial-justice/> We have a history of eugenics in California as well; both forced sterilization and also forced sterilization to continue to receive benefits [https://en.wikipedia.org/wiki/Eugenics in California](https://en.wikipedia.org/wiki/Eugenics_in_California)

I have mentioned many of our families have children and adults with vaccine injury and even death. Prior to vaccine injury most if not all parents dutifully trusted their doctor and the vaccine schedule and vaccinated their children. Though the slur anti vaxxer has been used to describe these parents nothing could be further from the truth because they did vaccinate and their child was injured as a result.

There is rightly so a lack of trust. A rushed vaccine, new to market with an experimental mRNA feature we have no idea what long term effects might be, with a desire to target vulnerable populations in this two year live experiment does not positively influence the trust dynamic.

While the equitable distribution question may be of priority concern to this committee the question that is on our minds and that of the many families we serve with our shared history is safety. We look forward to this committee prioritizing the safety issue above all else.

**Jim Mangia, MPH President & CEO**

St. John's Well Child and Family Center

To the Members of the COVID-19 Vaccine Drafting Guidelines Workgroup:

On behalf of St. John's Well Child and Family Center, I thank you for your commitment to help fight the pandemic and ask you to seriously consider the capabilities and contributions of community health centers as you work to determine a fair plan for distribution of the COVID-19 vaccines in

California. St. John's is a federally qualified health center (FQHC) based in Los Angeles County, operating 18 community health centers and three mobile clinics. We are the largest provider of healthcare services in South Los Angeles, with 450,000 patient visits annually, and have become one of the leading health centers engaged in COVID-19 testing and triage. We were recently chosen by the Health Resources and Services Administration (HRSA) as an FQHC pilot site to provide monoclonal antibody infusion treatment for COVID-positive patients. We have tested over 40,000 people in South Los Angeles to date and are working hard to meet the recent increase in testing demand as the state battles another virus surge. As we look forward to the approval and distribution of vaccines, we are very concerned that the same health disparities that have been prevalent for generations are impacting the decisions on the distribution of these vaccines.

Community health centers are part of the critical safety net that serves and cares

for the underserved communities that have been most detrimentally impacted by this pandemic, including low-income African American and Latino families. It is essential that they are top priority in the plan to allocate vaccines fairly throughout the state. Community health centers were not part of the recent survey of healthcare providers which was sent out by the State Department of Public Health. While the Los Angeles County Department of Public Health openly apologized for this misstep, it is clear that recent strategies for vaccine allocation have missed these crucial players in the battle against COVID-19. We agree that hospital frontline workers must have first access to the vaccine, but they are not the only ones; healthcare workers at health centers doing massive community testing are equally at risk. These workers are primarily people of color from low-income communities - and once again are not being prioritized by state policy and decision makers. That needs to change and this working group has the power to do that.

The most important part of the vaccine distribution strategy must be to ensure that frontline healthcare workers with direct contact with COVID-19 patients are prioritized. We agree that factors such as facility type and location and the attributes of the healthcare workers need to be considered in developing a distribution plan. However, if we lose the testing staff who are putting their lives at risk to collect samples, then a linchpin of our blueprint to fight this virus is lost. One way to prevent this is to use tiered approaches within a facility type. In a particular facility, individuals at the administrative level who do not have potential contact with COVID-19 patients should not be prioritized for vaccinations, even if they work for a hospital.

Furthermore, although we understand that it is primarily the state's role to contemplate the logistics of vaccine allocation based on the workgroup's plan, the fact is the sensitive nature of these vaccines do play a significant role in the accessibility of the vaccine. The state must not delay

distribution in order to stay aligned with a plan that has not considered facilities' abilities to store the vaccines. The Pfizer vaccine must be stored at extremely low temperatures which could make it time-consuming and costly to provide it to facilities that do not have the proper equipment by the time it is ready to be distributed. Community health centers like St. John's are prepared to take on this responsibility. We have purchased eight refrigerators that can hold 16,000-20,000 doses of vaccine a week. We are developing our vaccine administration and distribution plan to vaccinate 16,000-20,000 people weekly throughout

downtown and South Los Angeles. The refrigerators are “on the truck” and scheduled to be delivered on by this Sunday, November 29. Given the amount of power the refrigerators require, we are building dedicated power lines for the refrigerators and are purchasing back-up generators. We have erected 28 treatment tents throughout South Los Angeles and will erect 14 more to expedite our ability to vaccinate. Finally, we have signed an agreement with Los Angeles Unified School District and Compton Unified School District to establish drive through and walk up vaccination sites at schools throughout South Los Angeles. We are ready to not only distribute to frontline healthcare workers but also the general public, which is another one of our concerns.

As this workgroup works with the state Health and Human Services Agency, the Department of Health Care Services, and other health agencies to develop the plan for vaccine distribution to the general public, we urge you to remember the safety net and those impacted most by this pandemic. We are greatly concerned that these populations are already being overlooked. We must not delay distribution to low-income communities and communities of color; they are the backbone of our economy and state culture and have made immeasurable sacrifices for their fellow residents of California. This workgroup must prevent the continuation of health inequity in access to the vaccine by openly advocating for the protection and prioritization of these populations.

California took bold steps at the beginning of the COVID-19 pandemic by instituting shelter-in-place orders. Thousands of lives have undoubtedly been saved as a result, as states throughout the nation followed in our footsteps. We urge this workgroup to design a courageous plan that will save thousands more. By ensuring proper, timely access to vaccines for frontline healthcare workers at community health centers and to low-income communities and communities of color, California will make significant progress towards addressing health inequities and disparities.

Thank you again for your work and for your consideration of these comments. Should you have any questions, please do not hesitate to contact me.

**Kellie Henkel**

Hi! I have a son injured from vaccines. I highly against any mandates for people. Make it optional. I will not be taking the covid vaccine and neither will my kids under no circumstances.

**Mihir Meghani, Board Member and Co-Founder, Hindu American Foundation**

Dear CADPH, I know you are extremely busy. Our organization would like to be a committee member for the COVID-19 Community Advisory Committee. As the 3rd largest faith tradition in the state of California, there is no Hindu organization that is a part of the committee. Our organization can represent that important part of the community which includes Hindus from India, other South Asian countries, the Fiji Islands, and other parts of the world. Given the ethical, religious, and dietary requirements of members of our community, there will be greater trust in the vaccine if ingredients are known and understood, as many Hindus and Jains follow a vegan or vegetarian lifestyle. Many of our leaders and members are physicians as well. I am a Kaiser Northern California physician, and I am a Board Member of the Silicon Valley Interreligious Council. I live in Fremont, CA and could be the representative for our group in this committee.