

WRITTEN PUBLIC COMMENT TO COMMUNITY VACCINE ADVISORY COMMITTEE (CVAC)

Submitted from January 5 through January 18, 2021

David Bazzo, MD, FAAFP, President, California Academy of Family Physicians

The California Academy of Family Physicians (CAFP) and our nearly 11,000 family physicians and medical students deeply appreciate the actions you have taken so far to distribute vaccines to combat the COVID-19 pandemic. CAFP recognizes the significant challenges and effort required to disseminate and administer the vaccine.

Family physicians stand ready to serve as partners in vaccine education, distribution, and administration. We will work to support efforts to ensure everyone receives the vaccine, especially those populations who have been disproportionately affected by COVID-19. Family physicians trust the science of vaccines, and educate our patients to understand more about vaccines.

We recognize limited quantities of vaccines are available and agree that priority should be given to frontline health care workers and those at greatest risk of morbidity and mortality from COVID-19. While distribution efforts thus far have prioritized health care workers in certain entities, such as acute care hospitals, as well as health care workers affiliated with those entities, we urge that unaffiliated physicians and medical students be given the vaccine immediately and without delay. Solo, small, and medium size primary care practices play a critical role in stopping the spread of COVID-19 and in treating those who have the virus. This is also true of primary care physicians in rural areas, as well as medical students. We urge you to ensure these vital caregivers are afforded the opportunity to be vaccinated at the same rate as their hospital-affiliated colleagues.

CAFP is eager to partner with you to ensure the effective and efficient distribution of COVID-19 vaccines to those most in need of inoculation because of health condition, age, and potential exposure to the virus. Please contact us if there is any further information we can provide to you, or any guidance we can provide to our members, to ensure the vaccine prioritization envisioned by the State comes to fruition.

Debbie Malina CRNA, MBA, DNSc, FNAP

I am a Temecula resident and a Certified Registered Nurse Anesthetist who works at a Temecula ambulatory surgery center.

We are all being told “front line” healthcare providers are currently able to get the Covid vaccine. Except that seems to be only physicians, nurses, etc. who work at a hospital, in a facility affiliated with a hospital system, or a university hospital.

But what about the thousands of local (and statewide) RNs, LVNs, advanced practice nurses (nurse practitioners, nurse anesthetists), physician assistants, surgical techs, medical assistants, mammogram and radiology techs, etc., who work in free-standing surgery centers, radiology centers, physicians offices, walk-in & dialysis clinics?

We are in limbo. We are still working closely daily with patients who may be Covid +. I have contacted the governor's office, the CA Dept. of Public Health, Riverside County Public Health, the CA Board of Registered Nursing to see what information and/or guidance they can provide me. They have provided no solutions (actually, no responses). My insurance company told me to contact the retail pharmacies they contract with; CVS states they'll only vaccinate nursing home patients. Ralphs states they do not even have the vaccine. My primary healthcare provider says she's in the same boat I am. Limbo. Temecula Valley Hospital's employee health nurse is the only person who has said she will at least look into the situation.

I have heard anecdotally many local hospitals have too many doses, as they have vaccinated all of their staff with doses left over.

Do you have any solutions, recommendations, or information for those thousands of healthcare providers who are falling through the cracks, yet are still at high-risk for daily patient care?

Jennifer F

I am a RN that works directly caring for clients of the CA waiver program. Cannot get the Covid 19 vaccine in San Diego. Public health is a mess, and I feel ignored.

I work with some of the most fragile residents in the state. The Homecare company I contact with is doing NOTHING for their staff and putting their client at risk.

I have made many many inquiries thus far.

Jennifer Fisher, OD, FAAO, ACCCOS President

I am the president of the optometric society in Alameda County. I hear that dentists are able to set up appointments this week. How can we make sure we can offer the vaccines to Alameda County optometrists who are in the same tier? Please let me know.

Norman S. Kato, MD

I am a solo physician with 30 years of experience. My wife is a retired ICU nurse. We are both in our mid 60's. We would be happy to participate in vaccinating people if included as a 1a vaccinator. I have written to the Medical Board of California who has referred me to the the LA County. No one answers my email. If you want to really roll this out, you need to vaccinate the

vaccinators NOW. Otherwise, you are not going to get a multiplier effect for another 6 weeks as long as you prolong 1 more week.

I am a healthcare policy person too. I run a company that does this analysis. Southern California is going to be a mess unless you take action now. I would be happy to arrange all of this for you.

Shiu-Lan Lui MD, East Bay Primary Care Medical Group, Oakland

We are a primary care medical practice in Oakland Chinatown serving the elderly and disadvantaged populations. Our clinic has been giving vaccines to patients for over 30 years, including annual flu vaccines and the H1N1 vaccine in 2009. We have the resources to give vaccines to high risk patients immediately; and we have been diligently educating our patients and our local community on the importance of vaccination. However, we have not been able to procure an invitation code to enroll as a provider for the vaccine.

We are eager to partner with you to end this pandemic as soon as we can. Please let us know when we can enroll and receive the vaccines. Thank you.

Kathy Konst, Executive Director, California Naturopathic Doctors Association

The California Naturopathic Doctors Association (CNDA) represents CA licensed naturopathic doctors (NDs) - regulated by the Naturopathic Medicine Committee of the DCA. Naturopathic doctors are qualified as Primary Care Providers in California, to offer their services during this critical time in healthcare. Our doctors are educated similarly to MDs, experienced, licensed, and ready to serve their communities as the COVID-19 vaccine is rolled out.

On behalf of over 800 doctors in the statewide ND community, the California Naturopathic Doctors Association (CNDA) requests that the California Drafting Guidelines Workgroup designate licensed naturopathic doctors for Phase 1 prioritized allocation of the COVID-19 vaccine.

Additionally, the CNDA requests that CA licensed naturopathic doctors be listed in the Essential Workforce Guide and Health Corps lists as essential workers, in order to help fill this great need for qualified medical personnel.

Finally, CA licensed naturopathic doctors should be added to the list to receive early vaccinations themselves, since they work as essential workers with direct patient contact.

After hearing from numerous NDs in our membership about their inability to be recognized as essential workers as they step up to volunteer their services; after other medical professions, that don't serve as Primary Care Providers, i.e. pharmacists, dentists and veterinarians, have been approved for a waiver to administer COVID-19 vaccines; it is time for these duly trained and caring licensed naturopathic doctors to be recognized and accepted as essential workers who can provide care to our community in the manner in which they have been trained.

Phuoc Thien Le (aka Peter Le), Vietnamese/English/French certified medical interpreter (

This letter to find out if there is a program for people who work with patients like us to be vaccinated (Covid 19) early as we meet daily with patients, doctor, nurses. I worked as sub contract to Hospital (Cedars Sinai Medical Center, Kaiser Permanente, USC, St Joseph Hospital etc...) Please contact hospitals we work with that may be enrolled in the immunization program. Please allow me to insert some notes from Kaiser Permanente ... Additionally, by January 9, all service areas will have begun offering vaccination opportunities to members and non-members who serve as health care personnel in our communities. Members and non-members who are health care workers but not employed by KP can call the KP Appointment Line at 1-833-KP4-CARE to make an appointment at the medical center nearest them. Currently, call center wait times are high. However, a COVID-19 Vaccination E-Visit is expected to go live in mid-January to help streamline the vaccination process and reduce pressure on the VMC. Again, only individuals employed by KP or those considered health care workers in our communities are eligible to receive the COVID-19 vaccine at this time.

John P. Miller, MD, PhD, Vice President and Senior Medical Director, Medical Services National Marrow Donor Program / Be The Match

The bearer of this letter, **Stephen Gunther Westcott**, is a National Marrow Donor Program courier who is transporting donated blood stem cells or bone marrow for a patient urgently awaiting a life-saving transplant. It is imperative this courier be prioritized for COVID-19 vaccination in accord with the Center for Disease Control & Prevention's "Advisory Committee on Immunization Practices' Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine (2020)" ("ACIP Report").

The Department of Homeland Security, Cybersecurity & Infrastructure Security Agency (CISA), separately has issued an August 18, 2020, "Advisory Memorandum on Ensuring Essential Critical Infrastructure Workers Ability to Work During the COVID-19 Response." That Memorandum, which is cited in the ACIP Report, specifically identifies "Donors of blood, bone marrow, blood stem cell, or plasma, and the workers of the organizations that operate and manage related activities" as Essential Critical Infrastructure Workers in Healthcare/Public Health roles, placing them within the four candidate groups for initial COVID-19 vaccine allocation.

Akanbi Mowale

We nursing students from college of technology need to be vaccinated in order to carry on our study

Cindy May, Psy.D.

I am writing to ask for psychologists to be placed in a priority tier to receive a vaccination for coronavirus. Psychologists provide essential mental health services for people and these services have been in extremely high demand during the pandemic.

Grace Cooke

I meet the requirements for the COVID 19 Vaccination and would like to schedule an appointment. I live in Concord, Ca. I work for Home Care Professionals in Pleasant Hill.

Daniel J. Starck, Chief Executive Officer, Apria Healthcare

We write to urge you to revise the vaccine priority classification of certain durable medical equipment (“DME”) home care provider personnel into the Phase 1a population.

Because they must set up patients who have been prescribed home therapeutic equipment, such as invasive and non-invasive respirators and oxygen therapy devices for COVID-19 patients, these caregivers must regularly enter, and interact with patients and personnel of, acute care hospitals and long-term care facilities. Accordingly, these DME home care provider personnel face the same COVID-19 risks as hospital and long term care facility caregivers. Further, in the current crisis, many of the patients of these personnel are COVID-positive and are being sent home from the hospital early to free up beds for more critical patients. Thus the continued availability of these personnel to continue to serve these patients is crucial.

There are currently approximately 15,000 COVID patients receiving home oxygen therapy in California from our company alone. This number is expected to increase dramatically over the coming month. Thus it is crucial that the DME home care provider personnel who care for these people continue to be available – and willing – to provide this care; and early vaccine availability is critical to that.

We estimate that for all (not only Apria) DME home care providers providing this critical care, the total number of personnel to be moved into the Phase 1a population is between 2000 and 3,000. This primarily includes respiratory therapists and delivery/set-up technicians.

The policy basis underlying this request is straightforward and consistent with the December 5 Allocation Guidelines published by the Department of Public Health (the “Guidelines”). Under the Guidelines, “persons at risk of exposure to SARS-COV-2 through their work in any role in direct health care or long-term care settings” are categorized as in the Phase 1a population. As described above, the DME home care provider personnel are exactly that. Accordingly, we urge you to revise the vaccine priority classification of these important caregivers into the Phase 1a population.

About Apria and Its Current Pandemic Efforts

Apria is one of the largest and most highly regarded respiratory care and durable medical equipment (“DME”) companies in the country. A DME industry leader, Apria has been a Medi-Cal participating provider for more than 20 years. Apria was the first DME company to be accredited by The Joint Commission and has been continuously accredited since 1988. With almost 30 locations throughout California, Apria provides service at home to thousands of Californians including thousands of Medi-Cal beneficiaries as well as beneficiaries of Medicare and private insurance. Apria provides a full range of respiratory DME products to patients in the home, including oxygen therapy primarily delivered via oxygen concentrators and invasive and non-invasive ventilators, each a crucial product line in these difficult times. Apria’s involvement is a key to allowing recovering patients to be discharged from the hospital. Apria currently provides oxygen therapy to approximately 85,000 COVID-19 patients nationwide and approximately 15,000 COVID-19 patients in California.

Daniel J. Starck, Chief Executive Officer, Apria Healthcare

As you pointed out in your recent press conference, California faces a crisis with COVID-19 with respect to availability of oxygen therapy supplies and equipment. This issue is no less critical in the home setting than in our hospitals. In fact, home oxygen (primarily oxygen concentrators) is playing a key role in facilitating early hospital discharges for COVID patients. Apria Healthcare LLC (“Apria”), an important provider of home oxygen therapy equipment and supplies, as well as ventilators and other home medical equipment to Californians, is, and wants to continue to be, an important contributor to the solution at this crucial time.

In that regard, we want to make you aware of Apria’s current efforts and challenges with respect to home oxygen therapy and to offer our support of and participation in the efforts of the statewide oxygen strategy team.

Apria and Its Current Pandemic Efforts

Apria is one of the largest and most highly regarded respiratory care and durable medical equipment (“DME”) companies in the country and has a major presence in California. A DME industry leader, Apria has been a Medi-Cal participating provider for more than 20 years. Apria was the first DME company to be accredited by The Joint Commission and has been continuously accredited since 1988. With approximately 30 locations throughout California, Apria provides service at home to thousands of Californians including thousands of Medi-Cal beneficiaries as well as beneficiaries of Medicare and private insurance. Apria provides a full range of respiratory DME products to patients in the home, including oxygen therapy primarily delivered via oxygen concentrators. Apria also provides invasive and non-invasive ventilator equipment and therapy for use in the home environment. These therapies each represent a crucial link to relieving pressure on hospitals in these difficult times, and Apria currently provides oxygen therapy to approximately 85,000 COVID-19 patients nationwide and approximately 15,000 COVID-19 patients in California.

As the exclusive contract provider of home oxygen therapy to Kaiser beneficiaries in both Northern and Southern California, Apria is obligated to accept referrals of those patients. Due to the exigencies of the pandemic, in an effort to make hospital beds available for more critically ill patients, Kaiser has been forced to discharge to home for oxygen therapy, i.e., to Apria, COVID-19 patients whose blood oxygen saturation levels might not qualify for home oxygen therapy in normal times. This prophylactic approach opens up hospital beds for patients who are more critically ill, but it puts a strain on the oxygen equipment inventory of home oxygen therapy providers. It has created dramatically increased demand for oxygen therapy equipment and supplies, and stretched Apria to and beyond the limit. Apria's obligations to other provider and payer systems are similar. These include Dignity Health, HealthNet, United Healthcare West, UCSF, the VA system in large parts of the state and others.

This unprecedented demand for home oxygen equipment has resulted in the utilization of essentially all of Apria's oxygen equipment across California and the country. Where conditions have allowed, Apria has redirected oxygen therapy equipment from other parts of the country to California. All such equipment is put to use in the home as soon as it becomes available. The pattern is that when a patient moves off home oxygen therapy, whether by recovery or death, the equipment is retrieved from the patient's home and brought to Apria's service facility for maintenance, cleaning and decontamination, a process taking approximately 3-4 days. When it is ready, equipment is then re-issued to another home patient. At any given time only a few thousand oxygen concentrators are in one of our California branch or warehouse facilities undergoing this process. It is important to understand that such equipment is not "unused" or "spare" – it is being made ready for patient use for which it is already committed.

Further, Apria has two area distribution centers located in California where oxygen equipment shipments are received and then distributed to the western states: one each in Riverside and Woodland. These facilities, and the equipment they maintain, jointly serve the states of California, Oregon, Washington, Arizona, Nevada, Colorado, Idaho and Hawaii. Thus, even though this equipment is located in California, it is regularly serving COVID-19 patients across the West. Under current circumstances, any effort to re-direct the miniscule supply of oxygen equipment undergoing cleaning and maintenance to exclusive use in California could be extremely disruptive to treatment across the entire western region of our country.

Offer to Assist and Request for Consultation

Apria believes that our broad and deep experience in home care and oxygen therapy can provide valuable insight and assistance to the statewide oxygen strategy team. Accordingly we stand ready to participate immediately in that effort in any way you deem helpful and to the extent we can reasonably provide assistance; and we would also respectfully but urgently request that you provide us with notice and the opportunity to discuss with your team any proposed state plans for allocating or re-directing home oxygen equipment that would affect the availability of such supplies currently committed within the state.

Louris Khalaf, MBA, Ms (ASCP), COO, Physicians Immunodiagnostic Laboratory, Inc., Burbank

We are one of the CA Testing Task Force laboratories. Many of our COVID testing team and staff are testing positive for COVID, and we are experiencing major shortage on the COVID testing team during this surge for COVID testing. I have not been able to get an answer from Vaccine Outreach unit yet. Many of our clinical laboratory scientists, phlebotomists and our laboratory first-line health workers assisting with COVID collection and testing are worried and afraid, they need to go on the vaccination list. Is there anything you could do to help laboratories on the TTF list with vaccination plans or recommendation on where, how we could get our COVID TESTING TEAM vaccinated.

Peggy Bridgford, Global Head of Human Resources, Avellino

I am submitting this letter to the California Department of Public Health as a request to obtain COVID-19 vaccinations for our clinical laboratory workforce at Avellino Labs USA, Inc. We believe that our duty as a California COVID-19 Testing Task Force member necessitates vaccination so that we may continue serving in the global fight against COVID-19.

Avellino Labs is a small company making a big impact. We are a CLIA-certified laboratory with an active Emergency Use Authorization (EUA) to run our AvellinoCoV2 test kit for the detection of SARS-CoV-2. Our AvellinoCoV2 test was authorized under an EUA in March of 2020. To date, we have performed more than 1,000,000 AvellinoCoV2 tests to assist in the fight against SARS-CoV-2. We pride ourselves in our California COVID-19 Testing Task Force membership, and our service to our many customers, including skilled nursing facilities, schools, and first responders.

Avellino Labs has a duty to remain operational during this pandemic, which requires vaccination of our employees. In addition to the AvellinoCoV2 test, we expanded our test to include other respiratory diseases, such as Influenza A, Respiratory Syncytial Virus, and H1N1. We intend to and do provide additional support to hospital systems, skilled nursing facilities, and schools in their infectious disease programs.

Our laboratory personnel are directly exposed to infectious materials when processing Avellino CoV2 kits. Our administrative staff are indirectly exposed to infectious materials by working in the laboratory building. Our invaluable employees fall squarely within the parameters set forth in the California COVID-19 Vaccination Plan for vaccination as essential healthcare workers. To continue our work as a COVID-19 testing laboratory, we need immediate protection through vaccination of our employees.

We respectfully request that our employees at Avellino Labs USA, Inc., as essential workers with direct and indirect occupational exposure to SARS-CoV-2, receive the COVID-19 vaccine as members of the California COVID-19 Testing Task Force supporting critical California infrastructure and essential workers.

**Heather Zenk, RPh, PharmD., Senior Vice President, Strategic Global Sourcing
AmerisourceBergen**

On behalf of AmerisourceBergen (AB), we write to express our commitment to supporting the nation's pharmaceutical supply chain, the patients it serves, and the nation's pandemic response efforts. It is essential that the nation's healthcare system remain fully operational and well supplied throughout the COVID-19 pandemic, and that pharmacies, physician offices, hospitals, and long-term care facilities (Healthcare Entities) continue to receive the medications they need to treat patients.

Given the critical role AB plays in distributing essential medicines in California and in all 50 states, we request that AmerisourceBergen's pharmaceutical distribution center employees at our warehouses and delivery drivers in California be recognized as critical infrastructure as the state moves forward with prioritizing access to the COVID-19 vaccine. We respectfully request that our 604+ California based essential associates working at our distribution centers and 507 contracted delivery drivers necessary to transport medications to Healthcare Entities be prioritized to receive access to the COVID-19 vaccine after providers and other frontline health care workers are inoculated in California. We also request that associates at our Lash Group & US Bioservices pharmacies be prioritized. This includes AB associates in:

- AB Distribution Center - 1851 California Ave, Corona California – 164 associates
- AB Distribution Center - 215 Deinger Cir., Corona California – 59 associates
- AB Distribution Center - 1325 W. Striker Ave, Sacramento California – 173 associates
- World Courier Facility - 808 S. Hindry Ave, Ste H, Inglewood California – 53 associates
- World Courier Facility – 399 Adrian Rd., Millbrae California - 32 associates
- MWI Animal Health Distribution Center - 24903 Ave Kearny, Visalia California – 112 associates
- US Bioservices Specialty Pharmacy - 5100 E. Hunter Ave, Anaheim California– 11 associates

AB is a pharmaceutical distribution and services company that distributes over 30% of all pharmaceuticals in the United States, shipping more than 4 million products daily. AB completes 50,000+ daily deliveries to pharmacies, hospitals, veterinarian practices, long-term care facilities and physician offices across the country within 12 hours or less, safely and efficiently delivering life-saving medications to hundreds of thousands of sites of care. We ensure safe, secure delivery of medications that are used to treat a variety of critical diseases such as diabetes, high-blood pressure, multiple sclerosis, Parkinson's, cancer, COVID-19 and many others. In addition, AB is working closely with the U.S. Department of Health and Human Services as the primary distributor of [remdesivir](#), [bamlanivimab](#), [casirivimab](#), and [imdevimab](#) for the treatment of COVID-19. AB distributes pharmaceuticals daily to Walgreens, Costco, independent pharmacies and several hospitals in California.

Since the beginning of COVID-19 response efforts, the U.S. Cybersecurity & Infrastructure Security Agency (CISA) and Governors across the country have classified pharmaceutical distributors as essential businesses that are permitted to operate throughout local and state stay-at-home orders¹. Furthermore, the Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP) COVID-19 Vaccines Work Group's plan for phased allocation

of the vaccine includes essential workers in Phase 1 prioritization planningⁱⁱ. As California moves forward with planning and determining priorities for the order of populations receiving the vaccines, we respectfully urge you to include our pharmaceutical distribution center employees and delivery drivers in the initial phases of vaccination. While AB strictly follows COVID-19 safety protocols, vaccinations are critical to increasing the likelihood that these essential workers remain healthy in order to ensure the nation's doctors, nurses, pharmacists and patients maintain access to life-saving vaccines and therapeutics.

AB is committed to supporting our supply chain partners as well as federal and state authorities to do everything possible to ensure continuous operations during the pandemic response effort. Thank you for your leadership during this challenging time in our history.

Olga Derbeneva, Ph.D., Director, Lab Operations, Biosafety Officer, DxTerity Diagnostics

My name is Olga Derbeneva and I am director of laboratory operations at DxTerity Diagnostics. DxTerity is a Los Angeles based CLIA licensed and CAP/ISO accredited clinical laboratory that provides FDA EUA authorized RT-PCR COVID-19 testing services to more than 130 corporate partners in the US, including Fortune 500 companies and pharmaceutical organizations. Last week we also made testing services available to the US consumers through Amazon (<https://www.cnn.com/2021/01/05/business/covid-at-home-test-amazon/index.html>). Our current testing volume is over 5,000 tests a day and growing.

With rolling out COVID-19 vaccinations I have a question about laboratory testing providers place in the priority queue. Could you please advise in what phase or tier companies like DxTerity would fall into? With ever increasing testing demand it is critical to keep our laboratory testing personnel safe, as they are the ones who are directly exposed to infectious materials (saliva and nasal swabs) every day. How can we get them vaccinated, is there anything we need to do?

I would greatly appreciate any help and guidance you could provide. DxTerity serves the US community in the fight against COVID-19 and it is my priority to keep the people here safe and able to continue their work for the community health and benefit.

Jane Schmitz, ATP, ATP Source

Following up on this request. I received a reply back suggesting that I try to get a vaccine in one of the facilities I work with. This is not an option as they are doing their best to get their residents vaccinated and I am not an "employee".

Please let me know who to contact. I want to be sure to protect my patients. I go into homes all over Northern California which is obviously not regulated. It puts me and many people at risk.

Marianna Kritsberg, MSW, LCSW, RN, Branch Manager, Northern California, GENEX

COVID19 vaccine distribution question for 80+ RNs providing care in Alameda County-2nd request.

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.

Wendy Wang, MPP, Vice President, Public Policy and Advocacy, Hathaway-Sycamores

Hathaway-Sycamores is writing to urge the Work Group to put in writing that behavioral health care is classified in Phase 1A Priority Worker after listening to the statements made at the Community Vaccine Advisory Committee meeting on December 23rd. During the December 23rd meeting, Dr. Oliver Brooks clarified that behavioral health care is considered part of the physical health care sector. Therefore, behavioral health care should be considered Phase 1A Priority Worker. Following the statement, Veronica Kelly who represents County Behavioral Health Directors Association (CBHDA), strongly asked that the Department of Public Health provide this clarification in writing so that local public health officials have the same understanding. In concurrence with CBDHA, Hathaway-Sycamore is respectfully asking that this classification of behavioral health sector in Phase 1A Priority Worker be made explicit in all future materials to the public and stakeholders, notably to local public health officials.

Since there has yet to be written and explicit guidance about where behavioral health care sector falls in the vaccine priority worker groups, it has generated confusion and potentially non-uniform interpretations at the local level. Without specific written guidance, organizations like ours may have drawn their assumptions and conclusions even though we know that behavioral health is classified with the physical health/public health sector under California's Essential Critical Infrastructural Workers (confirmed here: <https://covid19.ca.gov/essential-workforce/>). Due to this classification as an essential critical infrastructure worker, since the start of COVID-19, the subset of non-profit behavioral health care organizations has been providing in-person mental health care and support (while donning PPEs and social distancing) in the community. It is true that some services can be provided by telephonic or telehealth. However, for a group of our consumers, in-person and in community care is necessary and most appropriate for their individualized needs. This group of consumers includes homeless young adults, foster youth and their caregivers, and others who may be flagged as "high needs or high acuity". In our last correspondence submitted December 22nd, Hathaway-Sycamores shared two data points about the mental health trends during COVID-19. We highlighted 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.” We also noted the stress and anxiety of COVID-19 for many young adults. In August 2020, CDC’s survey of young people between the ages of 18 and 24 indicated that about 25% of those respondents contemplated suicide due to COVID-19. These analyses, along with other preliminary research, point to the essential work of behavioral health care, as a sector, to help ensure the continued functioning of society during our current pandemic.

Since the statements on behavioral health made by Dr. Oliver Brooks at the December 23rd Community Vaccine Advisory Committee, together with the above, Hathaway-Sycamores is now modifying its public comment and recommendation submitted December 22nd to read: The staff who work at California’s Short Term Residential Therapeutic Programs (STRTPs) should be immediately included in the Phase IA Priority Worker vaccine distribution group since STRTPs are providing care, supervision, and support for foster youth in a congregate care setting . *We are also respectfully asking the Drafting Guidelines Work Group to make explicit and in writing that behavioral health care, as a sector, is classified in Phase IA Priority Worker in all future materials.*

Mende Barbosa, Staff Coordinator, ALLPRO Healthcare Solutions, Fresno

I manage a non-medical homecare agency in Fresno, CA. and I am trying to see if I can sign up our employees to receive the COVID-19 vaccine. Would you kindly send me the link to sign up or any additional information we need to get on the list?

Holly Yang, MD MSHPEd HMDC FACP FAAHPM, San Diego

As the vaccine distribution plans for California stand, there is no mention of how and when hospice clinicians and staff will be vaccinated. Tier 2 of Phase 1A includes home health care and in-home supportive services. In San Diego County, as there has not yet been clarity from the State, I have been told that hospice may be Tier 2 or possibly Tier 3.

I respectfully ask that the State Allocation Guidelines explicitly state that hospice clinicians and staff should be in Tier 2 at the latest for the following reasons:

1. Hospice agencies are critical in unloading overburdened hospitals as many families are choosing to take their loved ones home for end-of-life care, rather than be unable to be with them due to visitor restrictions in the hospitals or nursing homes. For most families, taking a loved one home to die comfortably would be impossible without the support of hospice.
2. Hospice staff are in the home setting with potential for high-risk exposure to asymptomatic, undiagnosed COVID, just like staff in home health and in-home support services. Hospice staff are exposed to not just the patient but family members who have variable compliance with public health measures like masking, often live in tight quarters, or have mixing of households so that families can provide the labor-intensive care people on hospice require.

3. Hospice staff are often directly caring for COVID positive patients with COVID positive family members in the home. Additionally, many have had challenges accessing adequate PPE as many hospice agencies are small and not part of a larger health system or national hospice company.
4. Hospice clinicians cross clinical care settings as part of their role and are not isolated to a single care delivery location. They go where the patients are, including Tier 1 patient care locations. Nurses and other staff who are employed by the hospice agency (not by the Tier 1 hospital or nursing home) see patients in hospitals, long-term care facilities (nursing facilities, assisted living, and board and care facilities), homes, and even care for homeless patients in the community. There is no other clinical workforce that I am aware of that goes to all these care settings in the course of their daily patient care role.
5. Finally, we are hearing distressing reports of overloaded EMS systems in LA and patients not being transported to hospitals if they are less likely to survive or who have DNR and/or comfort care wishes. (<https://ktla.com/news/local-news/l-a-county-hospital-officials-race-to-discharge-patients-and-make-room-for-those-with-covid-19-but-cant-keep-up/>) The issue of out-of-hospital triage and rationing and the accuracy/inaccuracy of reporting in the media I will not comment on, except to say that the only ethical way to care for dying people at home is to ensure that these patients have access to medical care in the home setting. It would be unconscionable to abandon people to die at home without treatment for symptoms, like breathlessness and pain, or support for their families. Hospice supports people with high-quality, compassionate healthcare at the end of life, including the choice to have their care delivered at home with those they love. The hospice clinicians who are dealing with the surge of deaths in the community need to be vaccinated to preserve their workforce, and they deserve to have clarity about where they stand in line and their contributions to patients and the system valued.

I am advocating as a physician and an individual citizen of the State of California. I have already received my first dose of vaccine in my role in the hospital and am soon to receive my second, so I am not advocating for myself.

While I am not speaking for any of these organizations that follow, my conflicts of interest are that I am a Hospice and Palliative Medicine board-certified physician who has practiced in the inpatient, clinic, long-term care, and home settings, including hospice. I am Secretary of the American Academy of Hospice and Palliative Medicine. I am President of the San Diego County Medical Society. I am on the Board of Trustees for the California Medical Association. I have also just completed 2 terms on the Board of Directors for the Hospice Medical Directors Certification Board. I understand how end-of-life care fits into the larger picture at home and across all parts of our healthcare system. It is because of my areas of expertise and experience, and frankly my place of privilege, that I feel it is important to comment and advocate for my often overlooked interprofessional hospice colleagues, especially the home health aides who are critical to care delivery, have the most frequent prolonged contact with patients at home, are lowest paid, and are disproportionately women of color.

In closing, I hope to see hospice clinicians and staff clearly listed as part of Phase 1A Tier 2 as soon as possible. Thank you for your consideration and for all you are doing in a very difficult time where there are no easy answers. I am happy to be contacted with any questions or if clarification is needed.

Ana Montes

I implore you to give the COVID-19 vaccine to bed bound people and elderly at home. Hospice and Home Healthcare Companies don't have access to the vaccine and old people can die in their homes, since Hospitals/Ambulance will not transport or give them oxygen.

I have 2 bed bound adults at my home and 4 senior citizens who still have to go to the store, often, to not go hungry (they are stubborn or ignore the severity of the situation). Also the home health aides come and go, to many homes, during the day. This has dangerous potential to spread the disease. We are all at high risk!

Please, please grant Hospice and Home Health Companies the vaccine, so that our elderly can survive this pandemic.

Paris Maloof-Bury, MSN, CNM, RNC-OB, IBCLC, President, California Nurse-Midwives Association

My name is Paris Maloof-Bury, and I am the president of the California Nurse-Midwives Association (CNMA). I am writing today to ask that the Community Vaccine Advisory Committee offer guidance to local health departments on the distribution of the COVID vaccine to home birth and birth center midwives and staff.

It is my understanding that these midwives do fit into Tier 2 of Phase 1A, but some of our midwives have had limited success with their outreach to their local health departments. 95% of nurse-midwives in California attend births in the hospital setting, and those of us in that setting are already in the process of receiving our COVID vaccines. However, the remaining 5% of us who work in community-based birth settings are at significant risk for infection. Not only are they at risk for falling through the cracks when it comes to vaccine access, but midwives who do not work in hospitals have faced new supply chain barriers to obtaining PPE and sanitation supplies during the pandemic. These issues have become increasingly important during this pandemic while low risk families are increasingly seeking alternatives to hospital birth. These concerns also apply to our licensed midwife colleagues.

Importantly, when birthing people are in active labor and pushing, the COVID virus can become aerosolized. This puts midwives at increased risk of contracting the virus, and of further passing it on to their clients. As you know, regardless of where a woman plans to give birth, she is at increased risk of severe infection if she contracts the virus during the pregnancy, which increases the risk of intrauterine growth restriction and placental insufficiency for the fetus. During the birth, the risk to an infected woman is even greater.

Amy Shuklian, Chair, Eddie Valero, Vice-Chair, Larry Micari, District 1 Supervisor, Pete Vander Poel, District 2 Supervisors, Dennis Townsend, District 5, Tulare County Board of Supervisors

The Tulare County Board of Supervisors has remained committed to the needs of its communities and we want to highlight the critical need of our farmworker population who fall in a higher prevalence category for COVID-19. We are asking you to ensure that these essential workers get the priority access to the vaccine that they need.

The Farmworker community in rural Tulare County has seen a significant impact from the COVID-19 virus - regularly recorded at over seven times higher than other demographics.

Our Hispanic population is disproportionately affected, regularly at or over 56% over Caucasian (11.99%); Asian/Nat. Hawaiian/Pacific Islander (1.89%); African American (.60%); Native American (.47%); Multi-Race/Other (2.61); and unknown (26.21%).

The multi-faceted outreach performed by Tulare County, which includes our Public Health and Ag Commissioner's Office, includes community testing and resource (including face masks) give-away drives, visits by trained community health workers (Promotores de Salud), Spanish-language videos and information on social media, mailers, contracts through the Listos California grant with local radio and television stations for community engagement, and cultural outreach in conjunction with Univision Fresno to educate and encourage families to follow safety and health guidelines. Our county has worked closely with the Central Valley Farmworker Foundation to build trust and awareness in our farmworker communities. Last, our Community Cares Coalition represents multiple CBOs in Tulare County and continues to hold many outreach events that include testing, backpack distribution, food, and other essential needs distribution.

Nevertheless, the Farmworker community continues to be severely impacted and we continue to be gravely concerned about the dual impacts to these Farmworker families and to the crucial food supply sector in which farmworkers play a vital role.

The 2019 Tulare County Crop Report recorded a total gross production value as \$7,505,352,100. Field crop production alone was \$496,171,000 and Fruit and Nut commodities were valued at \$4,555,465,000.

Farmworkers are involved in every level of agricultural production, and work to produce high-quality crops that provide food to more than 96 countries throughout the world. Moreover, farmworker families rely on the income provided by these jobs to retain a livelihood, remain in their homes, and take care of their families, and, as Tulare County already has one of the highest rate of unemployment in the State, it is vital that these individuals have priority access to the COVID-19 vaccine. The Tulare County Board of Supervisors firmly believes our Farmworker population has an urgent need to be placed near the front of the line for COVID-19 vaccinations to begin to quell the rampant infection rate amongst the Hispanic Farmworker population.

We implore you to seriously consider both the lives of the Farmworker population and the concurrent safe and healthy food supply chain that these individuals provide.

Bruce McPherson, Chair, Board of Supervisors

On behalf of the Santa Cruz County Board of Supervisors, I write to you today to express our gratitude to Governor Newsom for his leadership in demonstrating public support for COVID-19 vaccination prioritization for our farmworkers, who are providing critical and essential services to our communities, regions, and state.

Data across the State of California on the economic and health impacts of COVID-19 amongst agricultural workers confirms the need for this critical sector to be prioritized for early access to COVID-19 vaccines. Agricultural workers are three times more likely than other sectors of the California workforce to contract COVID-19, which, combined with their systematic exclusion from important safety-net programs, heightens their vulnerabilities. Therefore, we applaud your decision to include those who work in the food and agriculture industry COVID-19 vaccine access during Phase 1B: Tier 1.

In the weeks to come, it is crucial that targeted outreach efforts are put in place to provide vaccine education to the agricultural worker community. These efforts must include our indigenous speaking communities who do not have access to technology or healthcare. Many of our agricultural workers are considered hard-to-reach and there are reports circulating that many undocumented immigrants are wary of receiving the COVID-19 vaccine, fearing that government entities will be tracking and sharing their information.

These essential agricultural workers have continued laboring through the pandemic and have been sickened with COVID-19 at disproportionate rates. We have an opportunity to take the lead in making sure that this community has access to information about the vaccine, and where to obtain it in the languages that they speak. We must come together to support these vital workers who have already been heavily impacted by this pandemic.

Leticia Garcia, Director, State Government Relations, California Grocers Association

I hope you are doing well and staying healthy. Thank you for all your efforts in the vaccine distribution. I know these are hectic times and on behalf of the grocery industry we are thankful for all you and your colleagues are accomplishing.

With the implementation of tier 1 of phase 1b, I wanted to reach out to see if the department is open to approving an essential worker vaccination letter for the grocery industry. Grocers Associations in other states have partnered with their Departments of Public Health to provide this verification letter to employees in the grocery industry. This can be a useful tool for our members to provide to their employees.

Noe Paramo, Legislative Advocate, CRLA Foundation

We are pleased that California's agricultural workers have been placed, and remain in, Phase 1B, Tier 1 of vaccination distribution. However, recent pronouncements at the federal and State levels are making this prioritization illusory. By elevating age as a priority category and not taking into account occupational, demographic, community and household risk, vaccines will not reach farmworker communities in an expeditious manner.

As we pointed out in our November 2020 policy brief, signed by 11 California farmworker advocacy organizations, farmworkers are an essential workforce at particular risk of COVID-19 due to occupational exposure, their demographics, their lack of access to health services and their local home and community environments. We advocated for a specific strategy to reach the largely immigrant farmworker population which has diminished access to health resources, and a fear of accessing those services that are available.

County implementation plans differ widely, some without taking into account the heightened priority for the food and agricultural workers. No County plans appear to employ an equity metric that would target low-income, high risk agricultural communities. The mass vaccination approach in urban areas for medical workers and seniors, do not account for the smaller remote, rural communities with populations that are not adept at navigating the complex vaccination appointment systems.

As we advocated in our November policy brief, vaccine priorities should include the communities in which farmworkers live. The Healthy Places Index, upon which California relies for its Health Equity Metric, identifies the highest risk communities. Our colleagues have developed an even more robust data tool that identifies census tracts with high numbers of farmworkers from the American Community Survey data. They have already identified high-risk farmworker neighborhoods in Monterey County and Fresno County, and we are happy to share that tool with the Committee and any local health jurisdictions. This tool can help in determining how many doses are needed in each neighborhood or community, the FQHC's that serve the area and what partnerships with grassroots organizations might be needed to augment vaccination outreach.

For vaccine administration to be effective, outreach and education through trusted messengers (e.g. community health promoters, community based organizations and promotoras, community clinics, labor groups, faith-based communities) should begin now, as vaccines are rolled out. To overcome the fears of cost, health consequences, as well as the barriers of language, immigration status and public charge, distance and time, a targeted educational campaign is long overdue.

We appreciate the Committee's efforts and want to ensure that our agricultural workforce, their communities and families are protected from COVID-19. Our food supply depends on it.

Jacqueline Klippenstein Senior Vice President, Government, Industry and Community Relations, Dairy Farmers of America

Dairy Farmers of America (DFA) plays a critical role in feeding the country. The workforce, throughout our organization, including at our dairy manufacturing facilities, and our dairy farmer-owners, are the people that fulfill that role. As California begins to work through the process of administering the COVID-19 vaccination to its citizens and determining who should be included in each phase of the rollout, DFA urges the inclusion of frontline essential workers, like food and agriculture workers in the dairy sector, in Phase 1b as recommended by the Centers for Disease Control (CDC) Advisory Committee on Immunization Practices (ACIP). We write to better understand California's plan to distribute the COVID-19 vaccine to essential workers in critical industries like dairy production and processing, ask that you consider our vital workforce in your plans and urge consideration of DFA as a partner to local public health authorities to distribute vaccinations to employees at our facilities.

DFA, a farmer-owned dairy cooperative, is the nation's largest and most diverse manufacturer of dairy products. With more than 425 facilities around the country, which includes processing plants, laboratories, administrative offices, warehouses, transportation depots and others, including 15 locations in your state, and more than 13,000 family farmer-owners across the United States, including 218 in California, we take seriously our responsibility to provide safe, high-quality and nutritious milk and other dairy products to consumers. As evidenced during this unprecedented time, nutritious dairy is a staple in American's diets and has been relied upon as part of the U.S. Department of Agriculture's feeding and nutrition programs. Additionally, milk is one of the top products requested by food banks, which have been overwhelmed with increased demand as a result of the pandemic.

Our entire supply chain — from dairy producers and milk haulers, to processors and distributors — have been challenged and taxed the past nine months as we process this highly perishable product. Our employees have seen it as their duty to continue to show up each and every day to keep America's food supply chain intact during COVID- 19, in spite of the potential threat to their health and the health of their families.

Now that vaccines for COVID-19 are becoming available, including our essential workers in Phase 1b will ensure the continuity of the nation's dairy supply. We would like to have a dialogue with your office to understand when essential workers, like those employed at DFA, will be provided the vaccination, whether it will be provided through the cities, counties or the state, and when the vaccine will be provided to dairy farmers and their workforce as well.

We are committed to working with local and state governments to reinforce the importance and safety of vaccinations. We look forward to learning more about California's vaccine distribution plans for our more than 1400 employees working in DFA's 15 locations throughout the state, and to discuss DFA's potential role in the vaccine roll-out.

Carle Brinkman, Food & Farming Director, Ecology Center, Alliance Steering Committee Chair and David Runsten, Policy Director, CAFF

We appreciate the State's continued leadership and action in addressing the impacts of the coronavirus pandemic on Californians, and working to achieve an equitable and effective approach to vaccination rollout. We are writing to ask that you ensure the farmers' market industry, including farmers, farm workers, vendors, and farmers' market managers, are included in the Phase 1b vaccination plan, along with other essential workers.

The California Alliance of Farmers' Markets is a member-based coalition of Certified Farmers' Markets, farmers, and affiliate partners dedicated to promoting the direct farmer-to-consumer relationship, supporting California's independent farmers, and increasing access to fresh, healthy, locally-grown food. We represent Certified Farmers' Markets throughout the State of California and work to ensure local and state regulations strengthen the farmers' market industry.

The Community Alliance with Family Farmers (CAFF) is a membership organization of family farmers and supporters that focuses on sustainable agriculture and assisting small and mid-sized farmers with marketing. CAFF has been instrumental in creating and maintaining the direct marketing laws in California, including Certified Farmers Markets.

Farmers' markets, while a small share of the market, remain an important and safe location for Californians to access fresh, healthy fruits and vegetables, in an open air environment. Many low-income Californians, including those using CalFresh, Women Infants & Children (WIC) benefits, Senior Farmers Market Nutrition Program vouchers, and those utilizing the statewide nutrition incentive program Market Match, also rely on farmers' markets to meet their families' basic food needs. Additionally, farmers' markets are an essential marketing outlet for California's small and mid-sized farmers.

Farmers' Market operators care deeply about the communities they serve, and have worked tirelessly since the beginning of the pandemic to remain open, and take proactive steps to protect market customers, farmers, vendors, and market manager staff. In order to continue to keep the farmers' market essential workers, and those they serve, safe, we ask that you ensure that farmers' market managers, farmers, farm workers, and vendors selling at farmers' markets be included among the other essential workers in the food and agriculture sector, including grocery store workers, in line to get the coronavirus vaccine in phase 1b.

Certified Farmers' Markets play an essential role for California's farmers, economy, and communities across the State. We urge you to ensure that the farmers' market industry workers and small to mid-sized farms and farm workers they support, are protected as soon as possible from the coronavirus.

Sumio Maeda President and CEO, Ajinomoto Foods North America, Inc.

We are writing to request priority access to COVID-19 vaccines for Ajinomoto Foods North America, Inc. ("AFNA") employees after the needs of our local frontline healthcare workers are met.

AFNA manufactures nutritious, delicious, and low-cost frozen foods across the U.S.

AFNA is a leading frozen food company with a rich history of making America's favorite frozen meals. AFNA is a key member of the Food and Agriculture Critical Infrastructure Sector.

Because of AFNA's 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 AFNA at <https://www.ajinomotofoods.com/>.

While AFNA 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, AFNA 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 time off, face coverings, Plexiglass barriers, health screeners, thermal imaging equipment to check temperatures, technology to allow those who can work remotely to do so, and more. Yet, community transmission of the virus remains the largest threat 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 restaurants and grocery stores can continue to sell high-quality foods and other businesses can continue to supply critical products across the country and globe.

There is tremendous support from the general public for the essential nature of the work performed by

AFNA 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 (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/evidence-table-phase-1b-1c.html>) that non-healthcare frontline essential workers (such as our on-site team members) get vaccinated after frontline healthcare workers. Moreover, in a recent survey of 2,200 Americans, Morning Consult found that more than four in five adults believe grocery store workers (90%) and agriculture and food production workers (85%), among others, should be made a priority when it comes to being among the first to receive the coronavirus vaccine.

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 at <https://www.idfa.org/resources/idfa-vaccine-prioritization-and-distribution-poll-conducted-by-morning-consult/>.

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 https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf first.

Highest priority (Phase 1b)

After frontline healthcare workers receive vaccines (Phase 1a), the CDC recommends and the public supports (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/evidence-table-phase-1b-1c.html>) that frontline essential workers and persons aged 75 and older should be next (Phase 1b). This includes AFNA's team members who must work on-site to support our critical manufacturing. For example, individuals who mix ingredients to make delicious noodles, those who box product and move it from the warehouse for shipment, and those who provide oversight, engineering support, and safety throughout the process. Without these team members, our operations grind to a halt.

Medium Priority (Phase 1c)

Once AFNA's frontline essential workers who must perform their duties on-site have been offered vaccines, we request that vaccines be made available to AFNA's other essential workers per the CDC's recommendation (<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/evidence-table-phase-1b-1c.html>) This includes team members in transportation, logistics, mid information technology, who otherwise did not meet the criteria for Phase 1b.

Lower Priority (Phase 2)

After Phase 1 band 1c, AFNA recommends offering employees who do not meet these criteria but are still supportive of the critical work that AFNA does to get vaccinated. This includes team members who are able to work remotely 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.

Mike Guerra, President & CEO | California Life Sciences Association (CLSA)

I am writing to request that California consider certain biotechnology industry personnel who reside and/or work in the state to be considered as essential workers slated to receive a COVID-19 vaccine during the early phases of immunization. Specifically, these workers involved in

research, development and manufacturing of biopharmaceuticals and agricultural biotechnology products should be included in Phase 1B of the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) framework. This is critically important to help mitigate against any possible disruption to our nation's medicine and food supply during the pandemic.

We agree without question that front-line health care workers and residents of long-term care facilities take priority and should receive the very first doses of the vaccine. We also think our nation and state must ensure essential and lifesaving services continue to move forward as we attempt to beat back this pandemic, which is why we are urging that biotechnology industry workers be included as part of the Phase 1B essential workers to receive a COVID-19 vaccine.

Please see the attached letter from the Biotechnology Innovation Organization (BIO) that was recently sent to the National Governors Association (NGA), which lays out our position in more detail. I also want you to know that our industry fully recognizes the challenges that you and your administration face as you prioritize when citizens receive the vaccine. CLSA stands ready to help however we can and appreciates your leadership throughout these challenging times in our state's history.

Paul A. Kiecker Administrator, USDA

We have received several questions regarding where USDA's Food Safety and Inspection Service (FSIS) mission critical workforce should be included in State vaccination plans. As noted in the Secretary's letter to governors in December, FSIS personnel are essential to securing the safety of the nation's food supply.

On December 20, 2020, the Advisory Committee on Immunization Practices (ACIP) updated its interim COVID-19 vaccine allocation recommendations. These recommendations have been published by the Centers for Disease Control and Prevention¹, and state that in Phase 1b, the COVID-19 vaccine should be offered to persons aged ≥ 75 years and non-health care frontline essential workers.

The ACIP utilized guidance² from the Cybersecurity and Infrastructure Security Agency (CISA) of the U.S. Department of Homeland Security to define frontline essential workers likely at highest risk for work-related exposure to COVID-19, because their work-related duties must be performed on-site. The CISA guidance specifies regulatory and government workforce to be among the essential workers in the food and agriculture industries.

Employees across USDA are engaged in essential government services supporting the critical Federal infrastructure as defined by CISA. The following functions are the essential government service or activity which prioritizes USDA employees as members of Phase 1b for COVID-19 vaccination:

- ***Food Safety and Inspection Service (FSIS)***: Meat, poultry, swine and egg inspection, investigation, district office personnel, and related laboratory services.

- **Animal and Plant Health Inspection Service:** Inspection of live plants and animals; managing animal and plant disease programs; veterinary, aviation and laboratory services in support of these operations.
- **Agricultural Marketing Service:** Commodity grading, commodity procurement, market news, and protecting fair agriculture trade performed by employees in the Agriculture Marketing Service.

- **And other pertinent USDA agencies**

We appreciate your consideration of the USDA essential workers outlined above who are critical in agriculture, food safety, food production and supply and protecting the health, welfare and safety of the public. As you develop your individual State vaccination plans, please include the essential USDA employees in Phase 1b of individual State vaccination plans.

Additionally, some private corporations, such as meat and poultry processing plants, may undertake vaccination efforts for their own employees, but not for federal employees. USDA employees providing essential services at those locations would still need to be included and accounted for in State vaccination plans.

USDA is prepared to provide essential worker information to State and County health officials, including the number of employees, their names, residence, and duty locations, to assist in State efforts to vaccinate Phase 1b priority groups. FSIS essential employees can furnish their Federal Government identification and a copy of a letter documenting essential worker status.

While the vaccine is not mandatory, we trust that the States will ensure priority is given to our essential workers as appropriate.

1 https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e2.htm?s_cid=mm695152e2_w

2

https://www.cisa.gov/sites/default/files/publications/ECIW_4.0_Guidance_on_Essential_Critical_Infrastructure_Workers_Final3_508_0.pdf

Angela Stewart, Senior Director, Government Affairs and Public Policy, Cepheid, Washington, DC

I am following up to see if there was a final determination made regarding the prioritization of vaccines for Cepheid's manufacturing employees of SARS-CoV-2 tests? We would still like to be considered for the first or second round or next tier for priority. Our Chief Medical Officer Dr. Dave Persing requests an opportunity for a deeper discussion of sensitive information with members of the committee regarding why we believe our manufacturing employees should be considered tier 1 essential workers. Please see the attached letter. We have a significant number of facilities and patients that are relying on Cepheid's platform and require a continuous (and growing) supply of highly sensitive and accurate tests. To be more specific, we have over 200 customers using 1007 systems in CA alone. Since April 2020 when our standalone SARS-CoV-2 test launched, we have shipped 800,000 standalone Xpert SARS-CoV-2 tests to California, and since October 2020 we have shipped over 290,000 Xpert SARS-CoV-2/Flu/RSV.

Michelle McMurry-Heath, M.D., Ph.D, President & CEO, Biotechnology Innovation Organization

The Biotechnology Innovation Organization (BIO), like the rest of the nation, is eagerly awaiting the first wave of COVID-19 vaccine approvals from the Food and Drug Administration (FDA) and recommendations from the Centers for Disease Control and Prevention (CDC).

Both the CDC's Advisory Committee on Immunization Practices (ACIP) and the National Academies of Science, Engineering, and Medicine (NASEM) recommended specific groups of essential workers for early vaccination against COVID-19. Within the phased framework set forth by the ACIP, states will have the authority to determine which individuals will receive the first available doses of an approved vaccine. Without question, the first priority (Phase 1a) should be our front-line health care workers. We also support ACIP's Phase 1 prioritization of emergency first responders, food and agriculture industry workers, and individuals at high risk of serious illness and morbidity.

Critical industry workers, such as those in the biopharmaceutical and agricultural biotechnology sectors, must also be considered part of that early wave of vaccinations. As such, we urge you and your fellow governors to use the Department of Homeland Security (DHS) Essential Critical Infrastructure Workers definition for the "essential workers" category in ACIP's Phase 1b. Specifically, this guidance cited "workers, including laboratory personnel, that perform critical clinical, biomedical and other research, development, and testing needed for COVID-19 or other diseases" as well as biotechnology company manufacturing workers as critical healthcare infrastructure workers. Accordingly, we believe that certain biotechnology employees, including those in research and manufacturing, as well as workers contributing to the manufacturing of personal protective equipment (PPE) and sanitizers to enable safe healthcare and vaccination during the pandemic should be recognized as part of critical risk workers included in ACIP's Phase 1b.

The biotechnology industry is innovating within the human health, food and agriculture, and industrial and environmental sectors. Inclusion of such workers – who cannot work from home – will ensure that our industry can continue to research, develop, and manufacture vaccines and treatments for this novel coronavirus, as well as many other life threatening diseases and conditions. It will also help ensure our food supply can continue uninterrupted as the nation continues to cope with the pandemic. The biotechnology industry is critical to saving lives and getting America back to work and back to school.

Thank you for considering this request. BIO and the entire biotechnology industry will continue to work with our nation's Governors to protect our citizens by continuing to provide vaccines and therapies, as well as safe and healthy food supplies.

Brian Pierce, Associate General Counsel, Lassonde Pappas and Company, Inc.

My name is Brian Pierce and I am the Associate General Counsel for Lassonde Pappas and Company, Inc. Our company is a food and beverage manufacturer headquartered in Carneys Point, NJ with a manufacturing facility located in Ontario, CA. I am reaching out today to provide some information regarding our workforce that may be useful as you finalize vaccine allocation and distribution plans.

- Facility information: Lassonde Pappas and Company, Inc. – Ontario manufacturing plant
1755 East Acacia Street
Ontario, CA 91761
- Number of eligible employees: We have 52 employees at the above facility who are frontline essential workers eligible for Phase 1B, Tier One vaccinations.

Chris Greissing, Executive VP, Industrial Minerals Association

On behalf of the Industrial Minerals Association – North America¹, I am writing today to request that your state take into consideration the Department of Homeland Security’s Cybersecurity and Infrastructure Security Agency’s (CISA) Essential Critical Workforce Guidance for COVID-19 response when determining priority availability for vaccinations.²

We recognize the clear need to prioritize our nation’s health care workers and first responders in obtaining the vaccination against COVID-19, especially with the limited doses in this initial phase. As your state gains new access to doses of the vaccine, we encourage you to next recognize the vital role played by the workers supporting the critical manufacturing needs of our nation, and that they are given priority access to the vaccine.

Those industries listed by CISA provide the necessary support to ensure that our critical infrastructure and manufacturing needs are being met as we continue to struggle through this tragic pandemic. The industrial minerals industry, which is specifically mentioned in the CISA document under the Critical Manufacturing section, is an essential and critical component of the manufacturing industry. Virtually all of manufacturing relies upon the industrial minerals sector as the raw material feedstock to create their products. Our minerals are in medicine, water treatment, medical supplies, and in virtually every product you use everyday.

Federal and state governments have all recognized the unique role our sector plays in keeping America moving forward on a daily basis. As your state develops its vaccine plans, we respectfully request that you ensure that our industry, and the other critical manufacturing sector industries, are kept in mind with regards to prioritizing the vaccines availability. We must continue to have a strong, functional manufacturing sector as we move forward into 2021. In order to ensure this happens, we must prioritize this sector in the vaccination process.

The IMA-NA and our member companies stand ready to work with you and your teams on this important issue. Should you have any questions for me, please feel free to call me 571-259- 9551 or email me: chrisgreissing@ima-na.org.

Thank you in advance for your consideration of our request to prioritize the industrial minerals industry and critical manufacturing sector in accessing the vaccination once the health care workers and first responders in the state have been given access.

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- ¹ The IMA-NA represents the ball clay, barite, bentonite, borates, calcium carbonate, diatomite, feldspar, gilsonite, industrial sand, kaolin, mica, perlite, salt, soda ash, talc and wollastonite industries among others.
 - ² See https://www.cisa.gov/sites/default/files/publications/ECIW_4.0_Guidance_on_Essential_Critical_Infrastructure_Workers_Final3_508_1.pdf

Bonnie B. Holman, Director, Sustainable Agriculture, Leadership Team, Food & Agriculture Division, SCS Global Services

I understand that California's Phase 1-B tier 1 prioritization for COVID-19 vaccinations includes our states Food & Agriculture workers. I am writing to request the language of prioritization for this population include food and agriculture operation INSPECTORS (AUDITORS). These individuals serve a critical role in our food supply chain by physically inspecting a variety of types of operations to ensure legal compliance to federal and state regulations from food safety to occupational health and safety. They are at the front lines of providing market and consumer assurance that the food that arrives at our tables is safe to eat and has been produced in means that keep workers safe. During this time, our inspectors have had to keep inspections going so that food operations can provide required inspection reports and certifications to food brands, distributors, and all retailers

All Inspectors meet three of the four criteria for sub-prioritization under Phase 1B:

- They are risk of contracting the disease through travel to and physical inspection of multiple different companies where they are subject to exposure occurring at all the different companies visited.
- They are at risk of spreading the disease between sites whereby an inspector has contracted the disease at one company, exhibits no known symptoms, and inspects different companies.
- Inspectors are conducting visits to food and agriculture operations, which are staffed by disadvantaged migrant communities. The risk for them to spread disease to this population is of concern.

For these reasons, and representing a firm that employs and sends out food safety and food system auditors to keep our food supply chains up and running, I kindly request that your language for Phase 1B prioritization of Food & Agriculture workers is specific to include INSPECTORS.

I would also like to understand how our firm will know where / when to send inspectors to be vaccinated.

Same Letter

Olivier Marietta, Vice-President, Waterman Valve, McWane

Michael Lowe, General Manager, AB&I Foundry, McWane

As the California Department of Public Health develops plans for distribution of the COVID-19 vaccine, Waterman Valve, a division of McWane, Inc. located in Tulare County, asks that our workers be considered for priority in Phase 1b (or the State of California's equivalent) as defined by the recommendations issued on December 22, 2020 by the Advisory Committee on Immunization Practices of the Centers for Disease Control.¹ This phase includes "frontline essential workers", which is defined to include "manufacturing workers."

Waterman manufactures gate valves for water treatment, water delivery, and agricultural irrigation systems that are critical for essential infrastructure and public health and safety. Recognizing the importance of these products, and as indicated in the attached guidance from August 20, 2020, the Department of Homeland Security has designated as critical and essential: "[w]orkers engaged in the manufacture and maintenance of equipment and other infrastructure necessary for agricultural production and distribution"; and "(w)orkers necessary for the manufacturing of metals ... materials and products needed" or ... supply chains associated with ... the operation of ... water and wastewater treatment ... and workers needed to maintain the continuity of these manufacturing functions and associated supply chains." Similarly, the Administrator of the United States Environmental Protection Agency has stated that "water and wastewater workers, as well as the manufacturers and suppliers who provide vital services and materials to the water sector, are considered essential workers and businesses by state authorities when enacting restrictions to curb the spread of COVID-19."

Vaccinating frontline workers who manufacture products for these lifeline sectors is particularly important because they underpin all aspects of society, including hospitals and long-term care facilities. Our products are essential for keeping these facilities operating and for protecting public health. Waterman employs 120 team members in Tulare County in the manufacture of these critical lifeline products. Because of the nature of their work, they cannot work at home. Further, many of our workers are members of racial or ethnic minority groups and many live in economically disadvantaged areas, and we are concerned about their ability to get access to the vaccine on their own.

We have implemented extraordinary and robust guidelines and procedures to keep them safe while at work and working for the benefit of their families and their communities. However, the increasing rate of spread within the community has dramatically increased the risks that they could become infected at home and thus be unable to perform their vital functions at work.

Due to the specialized skills required to manufacture our lifeline products, and the corresponding challenges in finding replacements *for* workers who may become ill or exposed, it is important to mitigate their COVID-19 risks through all possible means, including vaccinations. Vaccinations would not only protect the health of our team members and enable them to continue to perform their critical and essential functions for society, they will also protect their families and communities from both infection and the loss of their livelihoods.

Thus, *we* believe Waterman's workers deserve to be considered for priority for the vaccine in Phase 1b, or California's equivalent allocation stage. To be clear, Waterman is reaching out not to skip its place in line or get preferential treatment, but to ensure that: the State recognizes that our employees are essential critical infrastructure workers and considers them for priority in vaccine distribution. Whatever priority our workers receive, we are prepared to assist in the vaccination of our workers by making the vaccines available at the plant. We would be happy to partner with the CDPH to make the vaccination program a success, and toward that end would like to learn more about the plans for distribution and how we can be of further assistance.

¹ Dooling K, Marin 'vi, Wallace M, et al. The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine - United States, December 2020. MMWR Morb Mortal Wkly Rep. ePub: 22 December 2020. DOI: <http://dx.doi.org/10.15585/mmwr.mm695152e2>external icon.

Andrew S.M. Tsui Of Counsel Greenberg Traurig, LLP 2101 L Street N.W., Washington, D.C.

We are working with AGCO Corporation, a global manufacturer of essential farm and agricultural equipment with operations in Visalia, CA. Under federal guidelines, AGCO employees qualify as Essential Critical Infrastructure workers as Food and Agriculture industry workers “engaged in the manufacture and maintenance of equipment and other infrastructure necessary to agricultural production and distribution” and Critical Manufacturing industry workers “necessary for the manufacturing of materials and products needed for . . . food and agriculture . . .” AGRO, as an essential agricultural and food industry manufacturer, is looking to assist its employees in coordinating COVID-19 vaccinations to those employees desiring to be vaccinated, and we are reaching out to you on its behalf to help it prepare for such vaccinations. Could you please answer the following questions: 1. Can you clarify that AGRO employees, as essential workers in the agricultural and food manufacturing process, will qualify in phase 1B Tier One of your vaccination program? 2. Is there an estimate yet as to when this group will be vaccinated? 3. Will CA require any particular documentation from employees to obtain the vaccine? 4. How will the vaccine be administered? That is, where will it be administered, and will it vary in each county or is the State making the determination? If so, who will make that determination? 5. If you know at this time, where should AGRO employees go to obtain the vaccine? That is, should the employee should go to a location where they live or near where they are employed? 6. Do you need an estimate of the number of employees likely to seek the vaccine? If so, to whom should this be provided? So that AGRO can begin to prepare for this important program, we would appreciate if you can respond as soon as possible.

Emily & Ben Navarro

I am a very concerned citizen who wants to plead to you that you include both agriculture workers and market employees who are also essential workers in the next round of people to get the vaccines. They are also front line workers who are putting their lives on the line for all of us daily! It isn't fair to ask them to continue to do so when they are seeing record number of

breakouts at warehouses and markets and other processing facilities that are only open to allow us all to have all of our basic needs and supplies met. We need to start protecting them as well!

Please make sure to include them, I beg of you.

Ashley Petefish, Litigation Counsel, Sprouts Farmers Markets, Phoenix, Arizona

I am writing you from Sprouts Farmers Market, a grocery store chain operating in California. Over the past year we have appreciated your department's leadership and guidance as we navigate the COVID-19 pandemic. We have done our absolute best to keep our employees, customers, and suppliers safe every day.

As you determine COVID-19 vaccine rollout plans for California, on behalf of Sprouts, I am writing to seek guidance on Sprouts' priority access to COVID-19 vaccines for our frontline essential employees in our grocery store after the needs of the state's healthcare workers and first responders are met. Specifically, I write today with questions regarding the vaccination process for our essential worker employees.

In California we have approximately 16,125 employees working on the front lines to provide food to California communities. Sprouts is a non-pharmacy operator and is unable to administer the vaccines through our own operations. As part of the state's process to distribute Sprouts' allocation of the vaccine to our essential workers, will our vaccine allocation be provided to specific pharmacy operators for our employees to schedule vaccination with, or should Sprouts partner with a third-party healthcare provider to ensure our allocation is distributed to our employees?

I look forward to your department's partnership as we navigate the vaccination process for Sprouts' essential worker employees. Thank you for your time, and I look forward to connecting with you soon.

Sandra Loving, MS, Extended Care Program Coordinator, BYA – Berkeley Youth Alternatives

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.

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.

Tracy Weatherby, VP, Strategy and Advocacy

Food Banks and their major partners are grocery stores for poor people; full stop. We assume, but want to confirm, that front-line food bank workers and their partners will be vaccinated in Tier 1b.

At Second Harvest of Silicon Valley, we are serving 500,000 people per month, double the number we were serving pre-Covid. We have transformed our operations to meet the need and keep our staff and clients safe – we box the food in our warehouses and distribute the food in over 130 drive-thrus.

Our ability to keep our front-line staff safe is crucial to ensuring that Californians receive the food they need to survive this pandemic and it's associated recession.

We are asking for frontline food bank & partner staff to be included in Phase 1b of the COVID-19 vaccine distribution timeline. 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.

Thank you for helping the essential workers that keep our community healthy and fed!

April Lassetter

Please put teachers as the first group in Phase 1B. They are essential workers who need to be back on the job in person without fearing for their lives.

My children are in one of the large districts, San Diego Unified, that has refused to reopen in person (other than a few kids here and there for appointments) due to teachers' concerns about COVID. Making vaccines immediately available to them in combination with masks, social distancing and asymptomatic testing protocols are all required, I believe, to support a return to in person schooling for the last 2-3 months of school. All experts agree that the failure to return to in person schooling has damaged our children substantially in multiple ways - academically, developmentally, emotionally, physically, etc. Teacher buy-in will be cemented by allowing them to be vaccinated immediately and your decision on vaccination priorities is key.

Universal buy in to stay-at-home orders are clearly not happening.

Jody Miller, M.Ed., BCBA, Head of Esther B. Clark Schools at Children's Health Council and Chris Harris, M.Ed., Chief Schools Officer at Children's Health Council

This public comment is being submitted to urge that teachers and staff in a non-public school be considered for receipt of the COVID-19 vaccine.

Esther B. Clark (EBC) Schools, a division of the Children's Health Council, is a California approved non-public school. Esther B. Clark School has two campuses (Palo Alto and San Jose), both of which are in Santa Clara County.

The EBC Schools serve public school children with Emotional Disturbance (ED), Other Health Impairment (OHI), Specific Learning Disability (SLD), or Autism (AUT). EBC School is a therapeutic/behavior-based program for emotionally- and behaviorally-dysregulated children that are not deriving educational benefit within their public-school district's special education program. These students are then referred to EBC by their public-school district (some 60+ districts) to receive specialized instruction, mental health services, and related services such as occupational therapy and speech therapy to support the acquisition of skills to better regulate and ultimately return to their community school. Currently, EBC Schools serve 130 students who are in grades 1-10.

While EBC Schools were able to reopen for a short time from September-November 2020, remaining open for in-person instruction has been a challenge. As the number of positive COVID cases has increased significantly in Santa Clara County, so has the anxiety of our students, families, and staff. These concerns were so significant that EBC Schools returned to distance learning following the Thanksgiving break, and we will remain in this model as our county continues to battle the pandemic. Safely returning to in-person instruction is our top priority, as our students' significant needs are not fully addressed through distance learning. Even with parent support, our students are largely unable to engage for extended periods of computer-based instruction. It is vitally important to our students' mental and physical health to receive in-person instruction, mental health services and related services. The return to campus is not only vitally important for the students, but also their parents. Many EBC School family members are essential workers in healthcare and agriculture. These families have been impacted as they try to balance supporting their children through distance learning and retaining employment. Many have had to quit their jobs or return to work, leaving the child home without support to navigate distance learning.

The COVID-19 vaccine will provide the additional medically-proven protection for our school community to feel safe returning to in-person instruction full-time, without the rollercoaster of repeated closures. When teachers and school staff are granted access to the vaccine and we can resume in-person instruction, students are served with an appropriate and meaningful education that allows them to better access educational services including critical mental health services, and parents can return to work. In line with Governor Newsom's desires to return the most

impacted students to the classroom, it is vital that the staff in nonpublic schools be vaccinated against COVID-19 as soon as possible so that our most impacted students can return to the classroom and access the instructional, behavioral and therapeutic services they so desperately need.

Victoria Brunn

Prioritization of school staffing which have been open to in-person learning within 1B is critical. While many remain 100% Distance learning, there are few who placed students first and returned with mitigation measures. They should be prioritized above all others in the educational sector.

Keryn Munson

I guess I needed to be clearer. I am a teacher in CA and would like to know if you have any idea when vaccines might be available for those working in education.

Christina R. Romero, M.A., Executive Director, Santa Ana College Advancement Office

I have contacted the governors office just now and spoke to representative regarding my question and need to express advocacy on behalf of community college employees related to the rollout and timeline of the Covid vaccine, particularly 1B.

As a community college employee and as an individual married to a community college faculty member I hope that the roll out of 1B will include community college faculty and staff so that as many community colleges in the State of California I can begin a process to serve our students in an in person learning environment as soon as possible.

I am sure that many higher education institutions, including community colleges are wondering about the inclusion of this particular part of the Covid vaccine timeline and constituent group.

Humberto Gurmilan

On behalf of our school district and community, I thank you for advocating and for ensuring that individuals 65+ are included in phase 1B of the next round of vaccine distribution. This was an important step towards ensuring the safety of the most vulnerable members of the community.

As a resident and member of one of the highest impacted communities in Southern California by COVID-19, I urge you to also include educators and those that work in education as a higher priority for immunization against this terrible virus. By doing so we will be expediting our ability to reopen our schools safely, increase protection in our communities, and speed up economic recovery.

Mark Ober

Teachers are said to be group 1B. Utah has made them 1A – FIRST. That is a great idea. They need protection and schools should not open with partially vaccinated educators

Keisha Nzewi, Director of Public Policy, California Child Care, Resource & Referral Network, San Francisco

On behalf of the California Child Care Resource & Referral Network, I urge you to prioritize child care providers in California's vaccine distribution. California's child care workforce has provided the child care families need throughout this pandemic, allowing essential workers to continue doing their jobs-especially frontline health care workers.

Child care providers are primarily women of color, who are also low-income. In fact, they very much reflect the demographics of the essential worker workforce, who have been disproportionately sickened by, or died from COVID-19. Child care providers have had to put themselves and their own families at risk for COVID-19 exposure in order to keep other Californians working. Sadly, many providers have suffered exposure and illness from the disease, requiring them to shutter their doors-sometimes temporarily, but for many, permanently.

We request that child care workers are prioritized in the next round of COVID-19 vaccine distribution. They need to be protected as they care for children of families who are required to put themselves at risk for exposure in order to earn income.

Kim McDougal, MPH, MS, Executive Director, YMCA Childcare Resource Service, San Diego

The childcare workforce must be included in Tier 1 of Phase 1B to allow front line workers to do their jobs, protect vulnerable children and their families, and protect the child care workforce who has continue to care for children in person through the entire pandemic.

Childcare programs stayed open or reopened quickly after the pandemic hit to provide essential child care services for the frontline workers in health and other essential industries. Not only is the early childhood workforce membership on the frontlines of our collective response to the pandemic, it is also composed primarily of individuals at risk - women, women of color, and older citizens.

Without childcare, families cannot work. Yet childcare is a highly specialized field in which it is particularly difficult to practice the protocols to keep the virus from spreading. Very young children cannot social distance, continuously hand wash, or control their environments. The childcare professionals who care for them, even with PPE, are hard pressed to fully protect

themselves while caring for children all day every day. Furthermore, many of the children being cared for live in families of essential frontline workers who are at greater risk each day.

Thank you for prioritizing those who have been on the frontline since day one.

Jalyn Feth (parent of two)

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.

Please keep child care providers in the top phase of essential workers to receive vaccines and in Phase 1B of the vaccine allocation plan.

Collin Brown, Executive Vice President, General Counsel & Corporate Secretary

Physical Rehabilitation Network (www.prnpt.com) is a leading physical therapy provider in the state of California. Our physical therapists and staff are essential members of your health care workforce. These providers deliver critical health care services across your community, including to seniors and other individuals who are vulnerable to contracting COVID-19.

It is vital that our physical therapists and staff receive prompt access to a COVID-19 vaccine to safely deliver health care services in your community.

We greatly appreciate your leadership and assistance during this difficult time. Working together, we will defeat COVID-19 and ensure that our community has safe access to health care services.

Deborah Son, MSW, Executive Director NASW-California Chapter

The National Association of Social Workers (NASW) is the nation's largest organization of professional social workers. We represent approximately 120,000 members across the country with a degree from an accredited school of social work, including 9,000 members in California. We write to request that social workers are explicitly mentioned as "essential workers" in part 1B and part 1C of the vaccination schedule. Particularly for any allocation recommendations published by the state, such as your [correspondence dated December 5, 2020](#), social workers need to be explicitly named as a prioritized workforce.

Social workers are frontline workers who provide critical services to support the well-being and mental health of individuals, families and communities in California. As you are well familiar, the behavioral health workforce in the state of California has struggled to meet the demands of adequately serving the needs of Californians before the pandemic, and now with the devastating detriments of widespread mental health crises taking place as a result of social isolation, economic and housing loss, and the public health crisis of racism, underresourcing the social

work workforce will have catastrophic impacts. Social workers are significant members of the behavioral health provider community, skillfully trained to meet the social, psychological, and cultural needs of our diverse state, and they ought to be resourced to succeed and sustain amid the COVID-19 emergency.

Social workers are essential workers. These professionals include emergency response social workers in Child Welfare Services (CWS) and Adult Protective Services (APS) who protect our vulnerable children, dependent adults, and seniors. There are also social workers employed with community-based agencies or with public systems who respond to emergency calls to provide behavioral health crisis response services. We believe these social workers should be mentioned under “emergency response” in vaccination schedule part 1B. In addition, in section 1B, school social workers fall under the “education” sector.

In vaccination schedule part 1C, social workers work in “sheltering facilities and services” and “congregate settings with outbreak risk: incarcerated and homeless.” We are grateful that the administration has recognized the danger that these facilities present to residents and staff and hope to see that social workers are recognized as a critical component of this workforce.

The last major area of social work that may not be covered are Licensed Clinical Social Workers (LCSWs) who provide psychotherapy to those facing mental health challenges which have only been exacerbated during the Covid crisis. Many LCSWs have been able to utilize telehealth, but this is not always feasible because of limited access to technology by low-income Californians. Hence, some social workers are still seeing their clients in person for essential therapy sessions.

We would be remiss if we did not recognize that many front line social workers who work in the healthcare sector have already been vaccinated. We are grateful their sacrifices and bravery working during this pandemic have been recognized.

In summary, social workers have been at the front line of this crisis and should be at or near the front of the line for vaccinations. Thank you for your attention to this matter and we look forward to hearing your response.

Edward Chi

Do those who voluntarily care for children in an informal home setting (e.g., relatives), qualify as childcare workers in Phase 1B Tier 1? If so, is any documentation needed for them to qualify for a COVID-19 vaccine?

John Pointer Senior Senator, California Senior Legislature, Chair, Joint Rules Committee

Since 1981, the non-partisan California Senior Legislature (CSL) has diligently worked to identify and develop legislative proposals and support legislation, which protects and enhances the quality of life for aging Californians.

During this unprecedented pandemic, the CSL continues to diligently advocate for older adults. This correspondence is intended to highlight the importance and urgency for elderly Californians as it pertains to the availability of the COVID-19 vaccine. Our primary concern is for increased prioritization of the elderly and high risk adults along with the persons that care for them.

We urge the Community Vaccine Advisory Committee to continue to prioritize and move aging Californians with heightened vulnerability to infection and death to the “front of the line”. Further, we urge that care staff working with vulnerable residents to also be prioritized to protect them and the residents who depend on them from exposure.

With age and comorbidities being critical factors for death of COVID-19, we urge you to continue to prioritize this vulnerable group and make vaccine distribution readily available in all communities throughout the State. This group often has limited accessibility to transportation and should avoid exposure on public transportation.

Anonymous

Why are Texas, Israel, the UK, and others prioritizing the elderly/older and those with multiple risk factors for the vaccine, while California is politicizing the issue and giving the vaccine to those at low risk before those at high risk?

Have you seen "Model-informed COVID-19 vaccine prioritization strategies by age and serostatus", specifically this: "mortality and years of life lost were minimized in most scenarios when the vaccine was prioritized to adults over 60 years old".

Do you disagree with their findings, or do you agree with them but your goal isn't to minimize deaths?

Do you disagree with the experts quoted in "Who should get the vaccine first? The debate over a CDC panel's guidelines, explained" such as Saad Omer of Yale. Why do you think your priorities - millions of young/healthy people before those at high risk - are better than the priorities he'd prefer?

Do you disagree with former FDA Commissioner Dr. Scott Gottlieb when he said "If your goal is to maximize the preservation of human life, then you would bias the vaccine toward older Americans...".

There are times when *not* playing politics is the political thing to do.

By playing politics with the vaccine, you'll greatly harm any politician who doesn't oppose the plan once California's death rates are compared to Texas', Israel's, the UK's, and others who have the correct priorities.

The politicians that refuse to reject your plans won't be able to dance around the fact that your policies resulted in thousands of unnecessary deaths.

Anonymous

PLEASE start vaccinating people over 65 as quickly as possible. This is an emergency situation.

The news story below was broadcast tonight just an hour ago by the White House Covid 19 Task Force.

I am 71 and I want to get the vaccine exactly as the White House Task Force recommends.

Please vaccinate all 5 million California Medicare patients as fast as possible. They have a Medicare card so there is no doubt of their right to be vaccinated. This will enormously speed up vaccine distribution.

Jan 05, 11:14 pm White House Task Force pushes for vaccinations for people over 65

The White House Coronavirus Task Force is calling on states to push ahead with vaccinations, particularly among senior citizens, according to a new report obtained by ABC News.

States should not "delay the rapid immunization of those over 65 and vulnerable to severe disease," the report said. It also recommended creating vaccination sites with EMTs on hand to deal with any allergic reactions and using nursing students to help with the rollout.

"No vaccines should be in freezers but should instead be put in arms now; active and aggressive immunization in the face of this surge would save lives," the memo said.

Operation Warp Speed officials announced on Tuesday that 19,141,175 vaccine doses have been delivered so far. The U.S. Centers for Disease Control and Prevention's data shows 17,020,575 doses have been distributed and 4,836,469 Americans have received a dose.

-ABC News' Josh Margolin

Amanda Schaumburg

I urge you to reconsider your choice for who is next in line to be vaccinated, and move individuals aged 65 and older and those with underlying health conditions into group 1b. Prioritizing younger frontline workers with no underlying health conditions is a mistake which data shows will result in a higher number of hospitalizations and preventable deaths.

A study published December 7th by the University of Colorado used mathematical modeling to compare five age-stratified vaccine prioritization strategies. They found that "a highly effective transmission-blocking vaccine prioritized to adults ages 20-49 years minimized cumulative incidence, but mortality and years of life lost were minimized in most scenarios when the vaccine was prioritized to adults over 60 years old."

(Reference: <https://www.medrxiv.org/content/10.1101/2020.09.08.20190629v2.full.pdf>)

Frontline essential workers such as teachers and grocery store workers are an integral and valuable part of our society, but they are not the group most likely to be *hospitalized and die* from this disease. The data clearly shows that rates of hospitalization and mortality for Covid-19 increase with age and number of underlying health conditions.

(References: <https://www.fda.gov/media/144330/download><https://www.cdc.gov/mmwr/volumes/69/wr/mm6915e3.htm>).

Please consider the following excerpt from an article explaining the UK's approach to vaccine prioritization:

Given the current epidemiological situation in the UK, all evidence indicates that the best option for preventing morbidity and mortality in the initial phase of the programme is to directly protect persons most at risk of morbidity and mortality," a report from the Department of Health and Social Care on vaccine prioritization concludes.

As a result, the sequence of the United Kingdom's vaccine rollout will go as follows:

- 1. Residents in a care home for older adults and their carers*
- 2. All those 80 years of age and over and front-line health and social care workers*
- 3. All those 75 years of age and over*
- 4. All those 70 years of age and over and clinically extremely vulnerable individuals*
- 5. All those 65 years of age and over*
- 6. All individuals ages 16 years to 64 years with underlying health conditions that put them at higher risk of serious disease and mortality*
- 7. All those 60 years of age and over*
- 8. All those 55 years of age and over*
- 9. All those 50 years of age and over*

"It is estimated that taken together, these groups represent around 99% of preventable mortality from COVID-19," the Joint Committee on Vaccination and Immunization report concludes.

This approach is broadly representative of the approach being taken in the rest of Europe, according to a report from the European Center for Disease Prevention and Control.

"Older age groups, healthcare workers and persons with underlying conditions are the most common target groups being considered by countries as priority groups for vaccination," the center reported, summarizing the results of a survey among 31 member countries."

(Reference: <https://www.vox.com/future-perfect/22193679/who-should-get-covid-19-vaccine-first-debate-explained>)

Please review the ACIP recommendations critically, and consider what is best for our most vulnerable citizens and our hospital systems. Please prioritize vaccination for the people who are most likely to get severely ill, collapse the hospital system, and die from this disease – the elderly and those with underlying health conditions. They need to have priority.

This change would still ensure that essential workers who are elderly and/or have underlying health conditions would have priority for vaccination. What is the reasoning for *all* frontline workers being prioritized over the more vulnerable? I ask you to provide clear reasoning backed up by scientific data.

Joan Zoloth

There is a group that is not getting the vaccine that should. As a 66 year old taking care of my mother age 100 who has congestive heart failure I am surprised we cannot get the vaccine .

The health care system has encouraged us to have our seniors age at home. I live with my mother and basically our home is a LONG TERM CARE facility. Over half of the baby boomers are currently talking care of their mothers or fathers.

We are being left behind in the tier system. We are behind many young people that science has proved they do not need to be vaccinated before many of us. They do not get as bad a case as the elderly?

I need help - we all need help now to get vaccinated and save great and grandparents who long to hold the next generations.

Steven Hamman MD

Am concerned with California's priorities for vaccine, in that the large group of essential workers, of all ages, "Scheduled" to go before the elderly who are most at risk for dying. As a retired Kaiser Internist, I see the importance of vaccine foremost is to save lives. As you can see from Ca Dashboard below, 73 % of deaths are in the ages over 65. I believe the older citizens deserve the vaccine right after medical workers (including ambulances) and Sheltered Living groups.

Younger essential workers are not at same risk of dying as the older citizens.

To me the most important thing in public health is to lessen the mortality. Also, the mental suffering among seniors is severe, aggravated by isolation from family and others.

Kathryn Fitzwilliam

I have analyzed Covid 19 statistics from San Diego and find that residents over 50 make up about 28-30% of the population but are 78%+ of hospitalizations and 95% of deaths. Our hospitals are in crisis managing Covid patients. Over 33% of hospital beds are Covid 19 patients and 62% of ICU beds are Covid 19 patients. To alleviate the pressure on hospitals does it not make sense to prioritize vaccinating those over 50 in decreasing age tiers first before we vaccinate 18 year old grocery clerks?

It is known that few people under the age of 50 end up in hospital and a very small percentage die. Once vaccinated the younger population will continue as many have up to now by going out and mixing with no regard to the safety measures in place. When I am out walking I see very few wearing masks and applaud those that do. About 40% + of this group do not have symptoms now but carry the disease and transmit it. Being vaccinated does not ensure they do not carry the disease and can continue to infect other vulnerable populations. If we want our economy back on track and our hospitals emptying we need to protect those at the highest risk. If front line workers are aged 50 and above or have health issues putting them at higher risk they can be given special priority but the rest should surely wait their turn.

Perhaps the thought process is that we can save money for our state and federal governments if we cull our older population. To an outsider this seems possible. I am an interested party as I fast approach 71 and have health conditions that put me at risk and I have an 81 year old husband who also has health issues but not issues caused by a poor lifestyle. I have only visited a grocery store 4 times since March and then only when the stores are empty. I have not visited a dentist, doctor, optician or hairdresser since then even though I need to and neither has my husband except for one scary incident when he had to be taken to the hospital for 3 days. I believe based on your current priority I may not receive a vaccine until September at the earliest although that clerk in the store I still cannot go into will have. At our current rate of distribution it will take the US 6 years to vaccinate just 50% of the population so in fact we are really wasting our time doing this anyway.

I ask you to seriously consider what problem you are trying to solve. The economy cannot be saved until we alleviate the pressure on our hospitals and then rapidly vaccinate those at greatest risk at a much faster pace than today. We cannot successfully open our hospitality sector until we can protect those most at risk. Those over 50 have greater spending power than most other groups. Protecting them and giving them confidence that they can again go out can unleash that economic potential. Without vaccination a lot of that group is just going to stay home.

I am sure you do not reply to any of these comments, but I do ask you seriously consider my points.

Kym Grosso

Every single day the San Diego Dept of Public Health posts information about who is actually dying of this disease. Every day, it is overwhelmingly older adults and people with underlying health conditions. How can you possibly distribute vaccines to younger healthier people not in this category before a population you know full well is dying? I can't even comprehend knowing someone is going to die because you decided to give it to someone who is not likely to die, withholding it from a senior? Is the goal of the vaccinations to prevent DEATHS, to reduce ICU bed utilizations? So then you can open up? If so, you must start prioritizing this vulnerable group now. Anything else is simply negligent.

Steve Guhin

As a California resident I highly urge you to include those citizens over 75 in the next round (1b tier1) for the Covid vaccine. These residents are particularly venerable to catching and dying from Covid 19 and deserve to be high on the priority of those receiving vaccines.

Robert Jackson, Santa Rosa

I am writing to implore you to consider DEATH as an equity outcome in your vaccination priority decisions. I can only assume that you are ignoring death thus far because the panel's initial vaccination guidelines ignore age, beyond the 1a priority group.

Still, I understand why the panel has thus far prioritized essential workers right behind group 1a. Essential workers tend to be people of color, and the data clearly show that race is a secondary predictor of Covid-19 death, right behind age. I have included a table, produced from publicly available CDPH data, that shows the impact of age and race on Covid-19 deaths per million people within each age and racial group. The impact of age is startling, but the impact of race within each age group is also clear.

That brings me to a recommendation that I urge you to consider. Prioritize all people over 75 first. Then, since directly prioritizing by race is fraught with legal implications, continue prioritizing essential workers (a proxy for race) higher than the general population, but prioritize older essential workers higher. Hence, the next group should include all people 65-74 year-olds plus essential workers over 50. The next group should include all 50-64 year-olds plus 35-49 year-old essential workers.

Regardless of your decision, it is a horrible mistake to prioritize a healthy, white 25-year-old retail worker, who is protected from a masked public by distance and a plexiglass screen, ahead of a 65-year-old Black or Latino who is over 300 times more likely to die. And if telling older people to stay home worked, tens of thousands of them would still be alive. Hopefully, data and science still matter.

Covid-19 deaths per million California resident in each group by race and age:

Age	White	Asian	Latino	Black	All races
18-34	12	12	60	70	38
35-49	47	67	306	193	170
50-64	240	263	1315	704	631
65-79	988	1044	4169	2574	1816
80+	5433	6698	11611	8958	7136

Covid-19 death rates in California by race and age:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx>

California population by race and age:

<https://data.census.gov/cedsci/table?q=california%20demographics%20age&tid=ACSSST1Y2019.S0101&hidePreview=false>

Regina Barnes

As members of the California Community Vaccine Committee I'm appealing to your good judgement, wisdom, and compassion. It's my understanding that the Committee is considering a recommendation from the CDC that would prioritize 10 million people in California who are being characterized a "essential workers" to get the Covid vaccine ahead of senior citizens who are 65 to 74 years old. In my humble opinion this is a mistake. Doing so would cause needless death because the probability of senior citizens dying from Covid is much greater that it is for young workers. More importantly this will cause moral injury to workers whose parents and/or grandparents have not been vaccinated, and die from Covid after the worker has been vaccinated. There are several States that have already deviated from the CDC guidelines by prioritizing senior citizens aged 65 to 74 to get the vaccine ahead of these "essential workers". I'm aware that there are issues regarding social equity, but knowingly implementing a draconian policy that causes more death and moral injury to workers in my mind is indefensible. I sincerely hope that you will consider my comments and adopt policy that is intended to save the most lives and avoids the moral injury.

Jeanne McGlynn Delgado, V.P. Government Affairs, American Seniors Housing Association, Washington, D.C.

I appreciate the demands on your and your boss's time addressing all COVID-19 related issues, especially your state vaccine distribution plans but hope you can give some attention to an important issue, that with your help can ensure that all seniors living in the full spectrum of long term care settings have access to the vaccine. We believe the federal guidance regarding the LTC Pharmacy Program in many states are bypassing seniors living in Independent Living settings (even as part of a multi-level care community) and we are concerned without intervention by the state, they may get pushed further down the priority list when they are at the highest risk of contracting this virus, especially as the country is seeing a new strain of virus that is proving to be far more contagious.

Our specific ask is to prioritize residents of Independent Living (who are on average 82 years old and many with underlying medical conditions) in your state plans as part of the full long term care settings and further, urge CDC to include them in their LTC Pharmacy Program. This is the most efficient method of getting the vaccine to the most vulnerable seniors.

Matan Zilver, Director, Resident and Social Services, Thomas Safran & Associates

Our development and property management company supports over 70 low income communities across Southern California. I wanted to see what steps we can take to advocate with the Dept. of

Public Health to consider Senior/Elderly HUD subsidized affordable housing projects as next in line after Long Term Care facilities?

In reviewing the current immunization hierarchy we see a missed opportunity to swiftly and efficiently immunize a large portion of the senior population that all reside in single HUD subsidized affordable projects.

Note, many of our HUD projects have many, many residents over 75. But the age profile per HUD program guidelines is 62+.

If these project were specified in the hierarchy, entire senior communities with high risk profiles could be addressed quickly.

Grammy Denise

Thanks for your response. Here is the chart originally set forth. Since then all of phase 2 has been put ahead of underlying conditions. Please look into this as underlying conditions are the ones to overwhelm hospitals and ICU's

Anonymous

I was hopeful California would follow the science and administrate the vaccine to the over 65 age group , which reduce hospitalization and death rate. Your groups like farmworkers, warehouse workers and even teachers under the age o...

Anonymous

It is distressing that so many special interest groups have overshadowed the over 65 and those who have existing medical issues. In addition, the question of will the non vaccinated in those groups continue to be mandated to wear masks to protect those over 65 as they certainly pose a threat to this group of seniors even while returning to their work and eliminating their social distancing precautions. Consider the threat to the lives of seniors despite the lack of effective representation in your group.

Nikki Diaz

I am writing to you about vaccine priorities concerns with vaccine priorities based on my personal experiences with California's problematic LTSS system. My name is Nikki Diaz. I am a 52-year-old widow born with spinal muscular atrophy type 2. I live my life in a powered wheelchair, I need 24-hour care 7 days a week and I live on my own. I was managing a care-team of 6 employees and 1 backup. I am completely independent, yet, because I live on my own, I'm very dependent on community caregivers. Acquiring community caregivers is a grueling

task. There are resources (lists of names) provided by the county program PASC upon requests but the majority of these caregivers are uninterested, live too far to commute or are too old in age to handle my quantity of care. So, obtaining a care team that is stable, of good quality and dependable is not common. When you find one, it's priceless.

The unraveling of my stability with caregivers began just about the beginning of March when two caregivers of my care team set vacation dates for the same week. Although there is no way they could have known what was coming or how it was going to affect travel, nor how it was going to bleed into a chaotic unstable situation for my care once the pandemic began.

On March 13, 2020 my weekday A.M. caregiver came in to work at 8A.M. and immediately told me she had a very sore throat and chills. It came on suddenly because she had just been with me the day before and appeared healthy with no symptoms. At this stage in the pandemic we were only suggested to wear masks "if" we felt symptomatic. The 'stay at home' order had not yet been implemented. I urged her to put on a face mask that I had a supply of. She went to retrieve the mask, placed it on her face and as she walked towards my bed where I lay, she tore it off and threw it aggressively in my bedroom trash can retorting, "I can't stand this on my face! I told you I don't have the virus!" Her response scared me, so I did not become demanding because I still needed to get out of bed for the day and I did not want to give her a reason to storm out. More often than not, as disabled people receiving care from providers, we are subject to surrendering when one decides to get upset, be irate or show behavior that resembles something negative because it imposes intimidation and we fear we may not get the care we need, or be abandoned. So, after I was up in my wheelchair and fed, I asked if we could talk. I tried to explain that I was not accusing her of having the virus but merely taking precautions because I'm in the 'at-risk' group for this virus and most likely would not survive it. She tried to convince me that the day before, she had to wade through a deep puddle of water to get to her house after parking her car and she caught a draft. I mentioned that I was worried that due to her recent trip to Mexico, that she took just 2 weeks before, that she could have contracted the virus and that was why I requested the mask. I knew that she was within the incubation period and her onset of symptoms hit heavy and sudden. She completed her shift which led us to the weekend, so over the weekend I had time to go over what had happened. This caregiver was to return to work on Monday morning. Sunday evening, I sent her a text and asked how she felt. She said her sore throat was worse, she felt body aches all over and the fever would not go away. I then asked her to please stay home to see if she gets any worse within the next three days, marking that six days total since her symptoms had begun. I figured if they weren't going to get better within 6 days from onset, she probably had something I didn't want to catch. I then asked her to get tested. On Tuesday night I messaged her and asked her how she was doing? She replied that she had decided to quit the job. She began to berate me that I had no right to ask her to get tested, that I had no right to keep her away from her job. She said that I'm not a physician and I had no right to question her opinion of her symptoms. I tried to reply that she also is not a physician. That she didn't know any more than I did whether or not she had contacted covid-19. So, why not play it safe? She began to say how dare I believe that she would bring a virus to her children knowing how much I knew she loved them. I could see at this point it wasn't going to get any easier to get through this and I had lost a great caregiver and a good friend. She had been with me for just about a year. So, as you can see, it's very common for our most personal values and decisions to affect both lives of care provider and client. And that will always intertwine with our care. A

simple misunderstanding can make a caretaking moment very uncomfortable, Most often leaving the client in complete desperation seeking urgently to find when the next meal is going to be or how they will get out of bed.

My next incident was in April 2020. If you recall above, I mentioned of two caregivers that had taken leave of absence to go on vacation into another country. Around the end of March, they were both due to return. One made it in a week just before the airports were shut down. The other could not make it back in time so she ended up staying in Mexico for an extra 6 weeks which I could not wait for. I ended up having to go through the process of having to hire a new person which I did not find until June 2020.

Regarding the caregiver that returned from Mexico, we were doing just fine, and she was following the process of practicing extreme hygiene instructions and social distancing. But no more than two days later, she came to work, and I notice she kept trying to clear her throat in the kitchen. I asked her if she was OK and she had said she had spent the entire night before unable to sleep, coughing and vomiting and her body was aching. As she said this, she began to feed me my dinner. I kindly asked her to step back and if she could put a mask on. She was reluctant, but as she went to get her mask she turned and coughed all over my dining room table and all over my dining room chairs, nearly heaving and almost vomiting. I became very frustrated and asked her to leave immediately. I did not even eat my dinner. I called in a friend and my mom and they both suggested that I step in my bedroom and wait for them. They showed up within 20 minutes and they rushed to my kitchen and got all the disinfectants and disinfected my entire dining room.

The biggest trauma of this pandemic time was having to find replacements for the three caregivers that I had just lost. I began this process in mid-February when I was told that my 2 girls were going to take a leave of absence to vacation. I knew that it would be a travelling activity, so I wanted to begin as soon as possible. At the time it was meant to be a search for backup caregiver, but the PASC had alerted me that because it was a planned event (meaning they were taking a planned vacation, even if it was not approved by me), they would not supply me with a backup caregiver so, I began the grueling process. It took 115 phone calls to 115 people from several lists that were provided by PASC, only to discover that there was no one willing (due to the pandemic), capable (due to their inability/unwillingness to handle such a severe disability and/or too far distance to come). So, I turned to the old-fashioned way, so I scraped up my pennies and paid for a Craigslist ad to offer the job. The one-week ad did not work, and I had run out of funds. So, friend of mine reached out and paid for another week to run the ad. That is how I found and hired a new care provider to take on the five days a week, 9 hours a day shift. He commenced on June 17th, 2020. It took from February 27th, 2020 to June 5th, 2020 which was the last date I received a list from PASC for that particular season of trying to locate a caregiver. To me, that is an undue hardship for someone that needs help eating, dressing, bathing, toileting ...living.

My most recent crisis thus far, which I am still in, is that one of my main caregivers did become exposed and infected with the coronavirus. She has been away since November 17th, 2020. We are still working towards it being a temporary situation because her and I still desire to work together. The biggest issue I had was being given permission to request a backup caregiver by

the backup registry through PASC. As I called twice to request for backup, I explained that my caregiving team and the caregiver exposed to the virus had come up with a plan and if they can help with backup care. Because I expressed the word plan, they said no. They said it was a planned event regardless of the virus, regardless of the girl being infected through proven tests, it did not matter, they would not provide me with someone. It took three weeks for me to get a backup caregiver to relieve the male caregiver that's been caring for me through this crisis. He worked 28 days with one day of relief. That should never have happened! Now, although the infected caregiver is still out, my male caregiver has come into a homeless situation where he is living in a hostel, there are 20 people that live there. Which means we are now open to more probabilities of becoming infected. So, this leads me to a very serious issue, more than the others above that I've mentioned. Caregivers and our community, the disabled community, we need vaccines! We need to be high on the list because it's an essential job and we are the most at risk. Yes, in living and nursing facilities they are at risk as well, but we are out here on the front lines of life. We are Living out our independence, being responsible, living our lives and committed to our employees, their jobs for their paychecks, as they are here committed to our lives in fulfilling a service for our own needs. These are the front lines out here. The neighborhoods, the streets, the errands that we have to run, the doctors' appointments we can't miss due to our chronic illnesses and disabled conditions, these are the front lines.

As you can read from my accounts and experiences above, we the disabled cannot control what our employees choose to do in their own lives. We are not here nor desire to control their lives. But we are not very capable of protecting our own lives without the help of the state. We are not surrendering our lives to your care; we are asking for your help in protection. Every day, my disabled community works tirelessly in keeping their independence so that our lives can count in this world. One of the hardest adversities we face is the narrative that the state disperses to these County departments, a narrative that oppresses our right to be presented in a way that we actually are, which is a community of people that may be physically incapable, in some ways more than others, but a community of people that also share a strength unlike other communities. A strength that in lieu of our challenges, we still go after our independence with a fervent pursuit. I can't tell you how many times I went to my representatives town Hall meeting during this pandemic, or a PASC town Hall meeting, and all I kept hearing was a narrative how care providers need to be cautious when working with us giving the impression that we already carry the virus and that they are the ones that need to be protected. Not once did I hear any of these professionals impress upon the care providers that they need to be the most strict about their own lives and how they handled they're socially during this pandemic. Not once, and I had been to quite a few town Hall meetings during this pandemic. Please stop taking our presence lightly, stop dismissing us. Our caregivers, our people need to be covered with the vaccine.

Debbie Utley

In light of the updated federal guidelines, our existing hospital crisis, and the arrival of the very infectious U.K. variant, can we please modify vaccination phase 1B to contain only people with the highest risk of hospitalization and death?

We urgently need to do everything we can to prepare for this new enhanced enemy before it arrives in full force. Vaccinating teachers now is living in the past -- as soon as the new variant takes over, our schools will be closed just as they are now in many E.U. countries dealing with the U.K. variant.

Vaccinating young and healthy essential workers who are being hospitalized at much lower rates than are those with the highest risk of severe covid looks like a purely political choice. Already this order is harming everyone who needs hospital care for any reason - covid, kidney transplants, cancer treatment, etc. With the new variant, failing to vaccinate the most at-risk first will cause even more death and an almost unimaginable state in our hospitals.

We really don't want to end up putting older people aside to die because we don't have hospital beds for everyone who is sick. We have just a few weeks to prepare, so let's immediately give everything we have to vaccinating the most vulnerable first.

David Epstein

As you know, the CDC recently announced that the states should expand Tier 1b COVID-19 vaccinations to all those who are most vulnerable.

While I applaud your advancing 65+ to Tier 1b, I strongly urge you to add certain populations to Tier 1b who, while under 65 years of age, are among those who bear the absolute highest risk of hospitalization and death from COVID-19.

I will use my own case as an example. I am 62 years old with stage 5 kidney disease (= "kidney failure") and am being evaluated for a kidney transplant. If I were to get COVID-19, I understand that I would be among the most likely to die, but currently I am in Tier 1c, behind an enormous number of essential workers, many of whom are young and healthy. These workers, taken as a group, are much less likely to have fatal complications from COVID and it has also not been proven that vaccinating them would reduce their ability to get and transmit the virus to others, which is an oft-cited rationale for prioritizing this group. Overall, prioritizing the very highly vulnerable people who happen to be under 65 years old below the essential workers is extremely unfair and not at all in keeping with the spirit of the CDC's recent announcement.

I urge you in the strongest terms to segment the 16-64 age group to identify those with the highest risk of hospitalization and death – which will be a small fraction of the 10-15 million total 16 - 64 populations with underlying conditions – and move us to Tier 1b as a matter of great urgency. It is a matter of life and death for folks like me.

Roham T. Zamanian, MD, FCCP, Associate Professor of Medicine, Director, Adult Pulmonary Hypertension Program, Vera Moulton Wall Center for Pulmonary Vascular Disease, Division of Pulmonary & Critical Care Medicine, Stanford University School of Medicine

First and foremost, thank you for all your hard work in developing and implementing vaccination plan for our state. As a healthcare provider, I was given the opportunity to receive the COVID-19 vaccine and have completed it. The medical community is grateful for your dedication.

As a pulmonary and critical care physician who directs a rare lung disease clinical program at Stanford University School of Medicine, I am surprised and concerned about the relatively low priority young patients with pulmonary hypertension have been given in your tiering scheme. Pulmonary arterial hypertension (PAH) is a rare but fatal cardiopulmonary disease that disproportionately affects women and causes heart failure. These patients are extremely susceptible to even the simplest forms of lung infections, let alone the ravaging consequences of COVID-19 disease. The median age of diagnosis in PAH is in the 3rd and 4th decades of life, and a prognosis which is as grim as some malignancies. Under the current California allocation scheme these patients would receive the vaccine in phase 1C, potentially even after healthy 50 year olds like my uncle who runs 10 miles a day. That simply doesn't make sense. My patients are more likely to be a burden to the healthcare community, more likely to require ICU admission and mechanical ventilation. Simply put, patients with significant cardiopulmonary diseases (such as, but not limited to PAH) have a risk profile that is not similar to a healthy 50 year old!

I would implore the advisory group to reconsider medical conditions, especially rare fatal diseases such as PAH, as a higher priority in the allocation scheme. Much is written about the allocation of vaccines in a fair and equitable manner. I would argue that the current scheme is unfair to my younger patients with devastating cardiopulmonary diseases. I would be glad to attend any meetings to provide further context to my request.

Eric Ratner

My wife is 63 years old. She has a serious autoimmune disease, has had a kidney transplant, and has serious lung damage as a result of a near fatal bout of pneumonia. She's at very high risk for serious illness or death if she contracts COVID-19. Indeed, her risk is greater than mine: I'm 70 years old, but have no comorbidities. And yet I'll be eligible to receive the vaccine long before she is, because I'm in category 1B, tier 1 (because of my age), while she's in category 1C, placing her behind half the adult population of California. Given that the ICU beds in much of the state are full, as a result of which it is essential to give vaccine priority to those most likely to need hospitalization, this policy is bizarre and incomprehensible.

I listened carefully to the video of your meeting yesterday. The consensus seemed to be that people with comorbidities should be deprioritized because of the logistical problems in figuring out who they are and in providing them with the vaccine. If that is such a great problem, why is it that many other states are able to cope with it, while California is not? The state of

Washington, for example, prioritizes those with comorbidities; if Washington can do it, why is California so inept?

I suspect that the real problem is that, instead of prioritizing people with comorbidities, California has elected to categorize an enormous number of workers as "essential" and to give them priority for vaccines. The percentage of California workers falling into this category is far greater than it is in the vast majority of states. It includes jobs such as florists. (See <https://www.kpbs.org/news/2020/dec/17/california-sets-teachers-first-responders-next-vac/>) With the greatest respect, nobody in their right mind would categorize people with serious comorbidities behind florists. I have no objection to categorizing people who are truly essential workers AND ALSO have comorbidities ahead of people like my wife. But please don't prioritize essential workers who are young and healthy over those with comorbidities, as the likelihood that they will wind up in the hospital if they contract COVID is very low, whereas the likelihood for people like my wife is high.

I have given a lot to the state: I worked for more than 3 decades as a judicial staff attorney at the California Supreme Court. It is very discouraging for me to observe the apparent ineptitude with which the vaccine rollout is being managed, and the failure to prioritize those at the greatest risk for vaccines. We rank 47th among the states in the rate per capita at which we have distributed the vaccine. If the people in charge don't know how to do it, maybe somebody else should be found.

Jillian Davidson

My name is Jillian Davidson and I am a 37-year-old female quadriplegic. I would like to get the vaccine, and I know that I am one of many, but I do believe that I am in a high-risk category and many of my fellow citizens.

I do have income home care, but my current caregivers are not wanting the vaccine as of yet. Although, even if they did get the vaccination it wouldn't completely protect me because as far as we all now it might still be transmittable even if the vaccination keeps them from getting sick.

I have emailed my doctor a couple of times checking in, in the resounding message I get is "I will let you know when it is open to the general public". I understand I am not more important than everyone else, I am just a person with a disability who is very concerned.

Gordon Cardona, Long Beach

My name is Gordon Cardona and my disability is Cerebral Palsy. I use a power chair for mobility. I have four IHSS providers since I need assistance with all personal care and household chores. Recently, a couple of my providers had COVID and were in isolation for almost a month. Fortunately, I was not exposed. However, this was a close call. With the recent surge, I have several friends who have the virus. Of course, I have been staying home since March 2020.

The CDC's new guidance released on January 12, 2021 directed that people with pre-existing conditions should be prioritized for vaccination. My disability makes my immune system very weak. When I get a simple cold it goes to my lungs and I have a hard time. I heard if I get COVID I will probably not survive. I am extremely worried that I will not survive this pandemic.

Please move people with disabilities up in the priority vaccination list. This is very important for our disabled community. Also, I help my mother who is elderly since all my siblings live out of the area.

Thank you for your understanding. I hope you will consider moving our disabled population up in the priority list for vaccine.

Tracy Mulholland

I missed the comment opportunity for the meeting yesterday. If you are not locked on the 1B and 1C tier phases and will still make adjustments ahead of your January 20th meeting, I would like to advocate for people under 50 with underlying health conditions to be included in phase 1B.

I am immunocompromised and work in on set film production and though production has resumed on a smaller scale, I have not been able to accept work as I have been advised by my doctors to engage in no risk outside my home for fear of complications and not to travel to see my family on the east coast. I have not worked or had physical contact with anyone in 10 months. I am very eager for my mental and financial health to do anything outside of my home and hope you will consider people under 50 with health conditions to be vaccinated as soon as possible.

Melissa DiLorenzo, Ph.D.

I recently heard the news that people 65+ are now being prioritized for the Covid 19 vaccine. I think that this is great news; however, I do not understand why people with high risk conditions were not also included. While I appreciate that these are difficult decisions, excluding them is troubling.

My husband has an underlying condition that not only puts him at higher risk, but also requires him to go to the hospital every 2 weeks. His hospital visits are necessary for life saving treatment. When he goes for treatment, this means that he is stuck in a large room, with other patients, separated only by curtains, for 6-8 hours. I am sure that you can imagine the added risk of contracting covid that this presents.

Aside from his necessary hospital visits, neither of us have left our house since March. And, when I say we have not left the house, I mean this in the most extreme way. We get everything

delivered, have not seen any friends or family in person, and have not even gone to the doctor, dentist, etc.

I do not understand why he, and others like him, are not being prioritized for the vaccine. As it stands now, there are millions of people, who are healthy and have the option to stay at home, who will receive the vaccine before him.

I implore you to add people, like my husband, who have underlying conditions to the list of those who can be vaccinated long with those 65+. Peoples' lives depend on this.

Why are federal recommendations being ignored in CA, by not prioritizing people with underlying conditions for the vaccine? The move to prioritize those 65+, without including those with underlying conditions is pushing them even farther in line than they already were.

I understand that these are challenging decisions to make, but I do not understand the rationale for leaving those with underlying conditions at the end of the line, only before the general public. People with underlying conditions are more at risk for two reasons:

1. If they contract COVID-19, their symptoms are likely to be more severe and require hospitalization (taxing an already overtaxed system)
2. They have no choice but to go to the hospital for necessary medical treatments, significantly increasing the possibility of exposure

My husband has a disorder called Beta Thalassemia Major that requires blood transfusions every two weeks. This is a necessity for him. And, because hospitals are overrun with COVID patients, he has to get his transfusions, which take 6-8 hours, in a large room with numerous other patients, separated only by curtains. For example, tomorrow he will get a transfusion in a room with 10 other patients; again, separated only by curtains!

Aside from his hospital visits, neither of us have left our house since March. We get everything delivered, have not had any human contact with anyone, and have cancelled unnecessary visits to the doctor and dentist. We don't even go for walks in our neighborhood because people do not wear masks. We have even stayed home despite experiencing several deaths in our families. We are doing ALL that we can do, in the most extreme way, to prevent exposure; however, my husband's hospital visits are not a choice.

To be clear, if he contracts the virus, it is from the hospital. He NEEDS this vaccine. The fact that so many others, at much lower risk with the option to stay home, are being prioritized before those with underlying conditions abhorrent. Why is CA treating him, and so many others with similar conditions, as expendable? They need vaccines now.

For what it is worth, I am an educator, which means that I am prioritized higher than him. While I understand the desire to get back in the classroom, this is not more important than human life. Also, many schools have already made the decision to stay remote. This means that there will be millions of people who will be working from home, yet they will be getting the vaccine ahead of the many people with underlying conditions.

Jim and Mary Adams

We would like to voice our opinion that people of all ages with compromised immune systems should get the COVID19 vaccine right after first responders and healthcare workers. A compromised immune system is high risk for COVID19 but we have not seen this group identified in any information being published about priority groups. They should be in one of the highest priority groups.

Lilibeth Navarro, Executive Director, CALIF

On behalf of our disability and senior community in Los Angeles County, I would like to make an urgent appeal to consider our rights to health care by way of the vaccines against COVID-19, specifically in the following areas:

- 1.) The prioritization of the senior and people with disabilities as the most vulnerable and therefore, needing the vaccines.
- 2.) This appeal is not a matter of who's more important because we members of the human family, are all deserving. This is a matter of common sense. Seniors and people with disabilities are very much part of the active community, living full lives and contributing significantly to human progress.
- 3.) They need support to keep their health and relevance and depriving them of the vaccine because of a very narrow-minded assessment of their usefulness is to cut off our lifeline to our grandparents, our friends and comrades.

I'm Lilibeth Navarro, Executive Director of CALIF, a non-profit organization providing independent living services to seniors and people with disabilities. I became disabled from polio which compromised my lungs and my breathing. COVID-19 could easily cause my death and I would need to be vaccinated to protect me from the virus. But so do thousands of my brothers and sisters with similar vulnerabilities.

As the pandemic rages on, 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. Because of our disabilities, in LA County, there are about 250,000 IHSS Recipients totally dependent upon IHSS, Waiver, SLS, or other program services providing funding for personal care attendants for their 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 these disabilities sustained by these IHSS Recipients have left them with severe pulmonary impairments and other high-risk diagnosis, leaving them 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 we are diligent about getting vaccinated against influenza and try our best to protect ourselves 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 past holiday season was 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.

Leah Jaffe-Greenwood, PhD

My 20 year old son, Josh Greenwood, suffered a significant lung injury in Sept 2019 that required 6 days of hospitalization at Stanford Hospital in Palo Alto and high dose steroid treatment for 6 weeks. His pulmonologist and internal medicine doctors at the time and post his recovery highlighted their concern for Josh's life long lung health as a result of this injury (a severe inflammatory pneumonitis).

More recently, in discussion with my son's doctor, their guidance is that Josh is viewed as at 'high risk' for a difficult illness should he become infected with the COVID-19 virus. Given this underlying pulmonary condition I am seeking information on how my son could be receive the COVID-19 vaccination as soon as it is possible.

It would be very helpful to hear guidance for how/when Josh could be immunized.

Elena Ackel, Senior Attorney, Legal Aid Foundation of Los Angeles

Re: Public Comment Recommendation for Equitable Vaccine Priority List

- (a) The vaccine access needs of IHSS recipients should be recognized and some of the groups within the IHSS population who are severely disabled should have priority access equivalent to that afforded to persons in long term care facilities.
- (b) If there is a reduction or delay in vaccination supplies to meet the needs of IHSS recipients in the B-1 recommended categories, priority should be given to IHSS recipients who do not have relative providers or other providers in their household bubble or who have providers from outside the household bubble.
- (c) Those IHSS recipients that are less disabled and not a part of a CFCO waiver, should be in the same priority category and tier as their IHSS providers.
- (d) Epidemiological geographical and other factors should be considered if delay and/or Via: COVID19VaccineOutreach@cdph.ca.gov

Introduction:

We are responding to the California Department Public Health's December 5, 2020, Phase Recommendations with respect to addressing the priority vaccination needs of recipients of In-home Supportive Services --a group that has not yet been but should be recognized in the Department of Public Health's December 5, 2020, phase priority recommendations. The In-Home Supportive Services/Medi-Cal personal care services – IHSS/Medi-Cal PCS program - is recognized by the State Department of Health Care Services – and CMS - as part of California's long-term care program. There is an overlap in terms of care needs and disabilities between those who receive IHSS services and those who reside in long term medical facilities, in congregate living facilities, or in group homes for persons with intellectual or developmental disabilities (IDD) as an alternative to placement in an IDD/ICF medical facility or placement in a group living arrangement under the IDD home and community-based services (HCBS) waivers. The IHSS program's beneficiaries are persons who would qualify for services in subacute or Level B (skilled) or Level A (intermediate care) nursing facility or in an IDD/ICF medical facility – medical long-term facilities covered under phase A-a - as well as congregate living facilities or group living arrangements such as Residential Care Facilities for the Elderly (RCFE) covered under phase B-1.

One of the reasons for the overlap between IHSS recipients and those in medical facilities is the Nurse Practice Act waiver incorporated into the IHSS program: Welf. & Inst. Code 12300.1, 14132.95(b), which authorizes the IHSS providers to perform tasks denominated as “paramedical services” that otherwise would be barred by the Nurse Practice Act. Those services include such tasks as suctioning and tracheostomy maintenance, breathing treatments, g-tube maintenance and feeding, injections, monitoring to determine when administration of PRN medications are appropriate. Therefore, recipients of IHSS/personal care services program need and should have vaccination access comparable to that of their peers in medical and congregate/group home facilities. Providing equal access is in fact mandated by title II of the Americans with Disabilities Act and by Section 504 of the Rehabilitation Act.

The IHSS recipients under the CFCO waiver need the same access to vaccination as their institutionalized peers.

Based on the 2019 chart re the IHSS program¹ there are 610,457 IHSS recipients and 522,551 providers. And of the total IHSS recipients, 268,738, or slightly less than half of the IHSS recipients, are in the CFCO (Community First Choice Option), a state plan HCBS waiver program. Eligibility under the CFCO waiver means those IHSS recipients have been determined to be at risk of placement in a medical facility. Those medical facilities include placement in a Medi-Cal funded subacute or Level B skilled nursing facility bed, in a Level A intermediate nursing facility bed, or in an IDD/ICF bed.

Factors to be considered when determining IHSS recipients' priority access to Covid-19. Since IHSS recipients who qualify under the CFCO state plan HCBS waiver, are all individuals who have been determined to be at risk of placement in a medical facility, priority access to vaccinations should be linked to the priority access recommended for residents of long-term medical facilities. The following CFCO IHSS recipients and recipients of IHSS under the residual (state funded) program should be given priority access equal to that given to residents of long-term medical facilities in the event of a shortage or delay of vaccine supplies: Recipients identified as severely impaired.

- 1) Recipients who are also receiving services under the Alternatives HCBS waiver including waiver personal care services.
- 2) Recipients authorized paramedical services.

All IHSS recipients including CFCO IHSS recipients and recipients of IHSS under other Medi-Cal funded and state funded residual program should be given access equal to that given to those in long term care facilities if they are severely disabled. If there is any shortage of vaccinations, the factors listed above and below should be used to identify those who go to the head of the line because of their increased risk.

- 3) Recipients who are not receiving services from a provider or providers living in the provider's household bubble.
- 4) Recipients are receiving services from a provider living in the recipient's household bubble but also from a provider or providers coming in from outside the IHSS recipient's household bubble.
- 5) Recipients whose household bubble includes persons who are essential workers or who are out in the community for other reasons.

Those IHSS recipients with significant disabilities and without a family care giver, as a sole provider, had great difficulty in getting appropriate care providers before the pandemic, a task which is now much more difficult. Non-relative providers comprise 29.1 % of all IHSS providers per November 2020 figures. The number of available non-relative providers has been reduced substantially because of the virus and the need for quarantine when exposed. The public authority in Los Angeles, routinely is not reliable source of providers for those at the severely disabled end of the spectrum. More IHSS beneficiaries who qualify as "severely impaired" but without solely family member providers end up stranded in their beds because now there is even less help available through IHSS and HCBS waivers providers. Both before the pandemic and

¹ IHSS CIMPS data, September 2019.

now when these people seek help because a provider has quit, does not show up or is quarantined or has the virus, there is now no reliable source of help through the public authority in Los Angeles or through their managed care plans whether through Medi-Cal or through a Medicare.

Although federal Medicaid law makes mandatory access to home health for persons who would qualify for Medicaid funded nursing facility care and Medicare covers home health care for anyone “homebound,” that coverage is illusory in part because of the lack of healthcare providers. Then and now IHSS recipients without providers are told to call 911 to get help but following such advice will not get them home health care through IHSS recipients’ managed care plan whether Medi-Cal and/or Medicare.

Although federal Medicaid law establishes a mandatory right to home health care for at minimum anyone who would qualify for Medicaid nursing facility services, the caregiver help they need or getting into a hospital is not available given the severe bed shortage in Los Angeles and other counties and the limited number of IHSS providers. These extremely at-risk IHSS recipients with severe disabilities should be given priority access to vaccination under category A-1 if there is any shortage of vaccines.

This is a crisis now. And because they are at risk of institutionalization, their needs should be accommodated to by putting them into the same priority group as nursing home residents for purposes of vaccine access. The same accommodation should be afforded those who are receiving services under the alternatives HCBS waiver. IHSS recipients discussed below need to be moved to at least higher priority tier that that of the IHSS provider category which is in the B category, listed second in tier two. Other subgroups of IHSS recipients will be discussed in the next section but it is important to understand how the groups discussed above and subsequently differ from the majority of the IHSS providers and recipients.

Most recipients only have one provider and most providers only care for one recipient as can be seen from the figures above. Fifty three percent of the recipient have live-in providers and 70.9% of the IHSS providers are relatives of the recipient. In terms of risk there is no basis to distinguish between providers and recipients in terms of risk for the typical IHSS recipient or provider. And the recipient who has only one provider has more of a chance of getting covid-19 from the provider than vice versa because the provider is likely to spend more time than the recipient outside the household bubble. So, for those IHSS recipients that are not in the CFCO waiver or severely disabled group or in the groups discussed below, those IHSS recipients should at least be have prioritized access along with the IHSS providers.

Severity and Other factors Relevant to Determination of priority access:

Severity of disability and disability needs: IHSS recipients in categories other than under the CFCO – for instance, those in the residual state funded IHSS program – who have been authorized paramedical hours or who have been determined to be severely impaired under IHSS standards also should be afforded priority access like that given to category A covering residents of medical long-term care.

Household bubble and multiple providers: Most recipients only have one provider and most providers only care for one recipient as can be seen from the 2019 chart referenced at

footnote 1 above. Fifty-three percent of the recipients have live-in providers and most of the live-in providers are relatives. 70.9% of the IHSS providers are relatives. In terms of risk from provider to recipient and vice versa, there is no basis for assuming providers are more at risk than their recipients in terms of what risk they pose to each other particularly for those recipients that are less severely disabled and have only one provider given that the provider is more likely to spend more time in the community. For IHSS recipients who would be covered by phase B-1, multiple providers and providers from outside the household are factors to be considered if there is a shortage of vaccine for IHSS recipients under phase B-1. Similarly, the geographical and other factors would be relevant also depending on where the IHSS recipients live.

The State priorities and categories and tiers do not take into account geographical characteristics or other factors identified by epidemiologists as related to risk.

The state Department of Public Health December 5, 2020, recommended priorities in category and tier are not necessarily related to relevant risk factors after Phase A-1. If there are not enough vaccine to cover a whole category, then the vaccine is distributed by tier and if there is not enough vaccine to cover the whole tier, then the vaccine is distributed to each sub-tier category depending on their group's placement order in the particular tier. The order of these groups in the categories and tiers determinations starting with B-1 for the most part are not necessarily epidemiologically sound. Groups that do not have a sufficient lobbying presence may be left out in terms of getting a slot in any tier. Even though there are more than 600 thousand IHSS recipients in California, they are not recognized as a part of any recommended category or tier listing while their IHSS providers, who are fewer in number than IHSS recipients, are but listed in recommendations from CDPH as the second listing in the second tier under 1-B. IHSS recipients are currently not listed anywhere at all in these recommendations from CDPH.

Further, the current recommendations by the CDPH regarding the category and tier system, does not require the vaccine, regardless of the tier category after the first category (A-1), go first to the most impacted counties in terms of infection rate, death rate and lack of hospital capacity as measured by available staffed beds to handle the surge upon a surge. Such epidemiological considerations must be taken into account in distributing the vaccine in the event of shortage or delays in receiving vaccines.

Los Angeles has been severely hit by the pandemic and cooler temperatures, holiday get-togethers and travel have dramatically accelerated the rate of infection. Articles, particularly the one below, explains why additional geographical and epidemiological considerations must be considered in determining who gets what in terms of the priorities finally decided on.

In Los Angeles, the current surge in covid-19 cases started in early November but got much worse after Thanksgiving. LA county now has 14,000 new covid-19 virus cases each day. Los Angeles has the highest level of housing overcrowding of any big city in America – higher than New York - and has a high “social vulnerability” rating as determined by the U.S. Center for Disease Control and Prevention which takes into account average income, education and overcrowding of county residents. These factors, particularly the overcrowding in LA housing, require that those in LA get a head start in getting vaccine allocations for each of the priority

category and tier groups because its situation is so much worse than the situation in other parts of the state. Other counties have severe problems which also deserve priority.

So regardless of which priority group the IHSS recipients are placed into, the vaccinations for a particular priority group should start in Los Angeles first because LA has the highest overcrowding ratio of any of the larger cities and it has the highest covid-19 infection rate. Further, the *LA Times* on Saturday, January 2, reported that 700 nurses from primary care clinics in LA have been diverted to hospitals and other critical care needs and the county has been forced to close 5 public primary care clinics across the county and limit hours in most of the other public primary care clinics. *LA Times*, January 2, 2020., “How did pandemic get so bad in L.A.?” p.1,7. The *LA Times* article was done after interviews with 31 epidemiologist and public officials and the conclusion was that L.A was far more vulnerable to an extreme crisis than nearly anywhere else in the nation. The information above and below is from the same article.

LA county has a high “social vulnerability” score as determined by the US Centers for Disease Control and Prevention. The social vulnerability score is a measure of how severely affected a region maybe by a natural disaster or disease outbreak. The “social vulnerability” score is based on the average income, education and housing status. The county’s “social vulnerability” score is worse than the Bay area or neighboring Ventura and Orange counties. *Id.* “Los Angeles county has a huge manufacturing sector and two of the biggest ports in the nation—industries staffed by people who work in the kind of close quarters that can facilitate spread of the virus... L.A.’s factories – where an individual outbreak infected more than 400 people - have been a major driver of cases throughout the pandemic.” L.A ‘s expensive housing has contributed to overcrowding.

The metric for crowding indicates how many people live in the home. Having more than one person per room, excluding the bathroom, is considered overcrowded. Among the 25 largest cities in the US, L.A. has the highest number of overcrowded homes according to information from data for 2019 from the Census Bureau. Eleven percent of L.A. homes are overcrowded compared to 6 % for the Bay Area and New York City. An analysis published in June in the *Journal of the AMERICAN MEDICAL ASSN* found that the chances of getting the virus was not significantly affected by the poverty rate or density of the neighborhood but clearly increased as overcrowding increased. And living in such a home makes it harder for family members to isolate to prevent others in the home from getting the virus. The hospitals in LA are full, the ICU beds are full, and ambulances are unable to routinely discharge patients to hospitals and there is no sign of a reprieve. So, it is essential that Los Angeles gets priority in getting the vaccine with respect to each of the priority groups because this county has a lot further to go before there is any hope of flattening the curve. The state needs to develop standards like those justifying the lock down to determine which counties need to get more than their numerical share of vaccines in each category and tier.

Adeline Wu

I am a 63 and have had a kidney transplant as a result of lupus. Studies show that my mortality from covid is 20-30%, while that of people 70+ is 8-15%. In your current proposal, since I am in

phase 1c, I won't be able to get the vaccine until summer or after if the US vaccinates at a rate of 1 million per day, which is what Biden has promised for his first 100 days (equivalent to 120,000 per day in California based on population).

Please put people like me in phase 1b, tier 2. I am not asking to be prioritized over the essential workers in phase 1b, tier 2, just placed alongside. Since people with comorbidities are extremely eager to get the vaccination, this will also accelerate California's roll-out and reduce the number of people who die.

Brian T. Harman, President & CEO, United Mitochondrial Disease Foundation

As the leading advocacy group representing patients with mitochondrial disease or metabolic disorders, we thank the California state health department for its ongoing efforts to distribute COVID-19 vaccinations equitably and effectively. We respectfully write to encourage you to include individuals living with mitochondrial disease or other metabolic disorders as a priority in the administration of any FDA-approved or authorized COVID-19 vaccine.

Mitochondrial disease is an inherited chronic illness that can be present at birth or develop later in life. Mitochondrial disease is progressive and can cause physical, developmental and cognitive disabilities. Symptoms include poor growth, loss of muscle coordination, muscle weakness and pain, seizures, vision and/or hearing loss, gastrointestinal issues, learning disabilities, and organ failure. One in 5,000 individuals has a genetic mitochondrial disease. There is no cure, but there are treatments that may help with the symptoms.

The United Mitochondrial Disease Foundation (UMDF) strongly believes that individuals living with a mitochondrial disease or metabolic disorders should be included in Phase I (high-risk populations) of the Alabama COVID-19 vaccination administration. Due to the complexity of such disorders, our patients are at increased risk for COVID-19. The effects of COVID-19 could be devastating for mitochondrial disease patients and patients with metabolic disorders, both children and adults, and are at a high risk for neurological and organ damage during times of extra stress on the body. This includes during and for the two weeks following an illness, such as COVID-19.

That is why we request that individuals living with a severe, multisystemic mitochondrial disease or metabolic disorders should be included in Phase I (high-risk populations) of the California COVID-19 vaccination administration due to the complexity of such disorders, and patients are at increased risk for COVID-19.

Cardiac, neurological, muscular, and sometimes immunological, and potential additional risk factors put individuals with these diseases at higher risk for severe COVID-19.

Lisa M. Irving, Western Michigan University, Vision Rehabilitation Therapy graduate student, National Federation of the Blind of California, San Francisco Chapter, Board Member

This letter concerns prioritization of Californians at greatest risk of acquiring complications associated with COVID-19 or worse, unnecessary death associated with COVID-19. We do not want to discount the needs of Californians needing the COVID-19 vaccination. This includes California's population over 65 years, and persons with disabilities who are at high risk of contracting complications or succumbing to COVID-19. We agree that healthcare and emergency responders are our highest priority. Agism and ableism place hundreds of thousands of Californians at risk of severe complications or death from COVID-19. This is unacceptable.

I am a 56 year-old resident of Marin County. I live with multiple disabilities. Some do not place me in the high risk category including blindness. On the other hand, I am also a congenital rubella syndrome survivor living with a heart condition and immune-related disorders. Those disorders do place me in a high-risk category and I have taken every reasonable precaution to ensure my well-being and that of my 62 year-old spouse. Neither one of us are able to drive. This places us at a number of disadvantages including lack of access to drive-up testing and vaccination clinics. This too is unacceptable. We are not disposable.

My life, like yours, has value. Later this month I will become a grandmother. Next week, I will start my third online semester of online part-time graduate studies. Yes, when society resumes a new normal, I will need to fly across the country to attend in-person classes and eventually do my internship. I cannot do any of the above without receiving the first and second COVID-19 vaccines. There are thousands of high-risk people living with multiple disabilities with similar life stories. Our lives matter and we are not disposable.

In closing, agism and ableism need not guide public policy when prioritizing when and who receives the COVID-19 vaccination. This includes Californians who are age 65 and older and individuals with disabilities who are at high risk of complications or death from COVID-19.

Laurie Chorna, IN SPIRIT, A Concerned Community Member

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 ensure 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 our clients' disabilities and that they are totally dependent upon IHSS, Waiver, SLS, or other program services providing funding for personal care attendants for 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 many severe pulmonary impairments and other high-

risk diagnosis, has left them vulnerable and at high risk of exposure and death from the virus. Even a common head cold is potentially life threatening.

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.

Carol Rosenblum

I am a 67 year old Diabetic with a Cardiac Condition. My HMO Cedars keeps telling me not expect a vaccine until April.

Please advise. Cedars has started their employee vaccine.

Daniel Peck

With several COVID-19 vaccine candidates in clinical trials, acclaimed California physician scientists will review vaccine process for safety before vaccine is distributed in California.

I just saw this the morning of Oct 20, 2020. I have COPD and it is very important for me according to my Pulmonologist to receive the vaccination as soon as possible to prevent COVID-19 as I am already on supplemental Oxygen. Do I understand this correctly that Governor Gavin Newsome is going to deprive me of what I thought was my right as an American to obtain my much needed medical attention in California. If that is the case I would like to know ASAP, I may have to make a decision to list my home for sale and purchase another residence in a different State in order for me to receive the medical attention I need.

Dolores Vasquez

My name is Dolores and I am a grocery worker and have a husband who is a dialysis patient at home. I have not heard of any mention of dialysis centers getting the vaccine. Is there any information on this specific group of people.

Chunyi McIver, Berkeley

Please ensure that patients in dialysis centers in California be vaccinated in the first tier (top priority group) as dialysis patients are as very vulnerable, perhaps even more high risk than the nursing home populations. Many dialysis patients do not live in nursing homes, and go to dialysis centers from their homes, and so that are being left out of the top tier vaccination process.

It is also illogical and pernicious that the dialysis workers have been vaccinated while patients have not. One of the main reasons for dialysis workers to be vaccinated is so that they do not endanger vulnerable dialysis patients, but the actual patients remain unvaccinated. This makes no sense. Under the current CA guidelines, the bus drivers who take patients to dialysis will be vaccinated before the actual patients who they are supposed to protect.

It is important that dialysis patients not be left out of consideration for receiving the Covid vaccinations. Below is a quick summary from National Kidney Foundation.

Accordingly, we urge the federal government to prioritize kidney patients and kidney care professionals, along with residents of long-term care facilities and health care workers, in receiving access to COVID-19 vaccines to reduce their increased risk of severe morbidity and mortality caused by the novel coronavirus.

According to National Kidney Foundation and the Nephrology (Kidney doctors) Community, they urge the government to prioritize the dialysis patients and the people living in the same household of these dialysis patients to be vaccinated early. The dialysis centers are already set-up with in-house nurses to help the patients and their families get vaccinated.

Please have a read below for more detail the urgent need of vaccine.

<https://www.kidney.org/news/statement-kidney-patient-prioritization-covid-19-vaccines-and-therapeutics>

<https://www.healio.com/news/nephrology/20201222/nkf-patients-with-kidney-disease-should-be-prioritized-for-covid19-vaccines>

<https://www.medpagetoday.com/infectiousdisease/covid19/90424>

There is a special need for those In-Center Hemodialysis patients who need to travel to the centers by different means of transportation every other day even during this past year's Shelter-In-Place order. Many are transported by ambulance, Paratransit, public transportation or private cars. Most of these dialysis patients are very ill, but they're constantly exposed to high-risk Covid activities such as being transported to a crowded in-door environment with other patients. Dialysis is a medical necessity.

According to DaVita Dialysis, missing even one dialysis treatment of a 4-hour dialysis session will lead to doubling the chance of dying for 30 days afterward and for many patients there is an increase of chance of death occurring within 1 week without dialysis.

Please consider the need for dialysis patients to be vaccinated as early as possible.

Helen Smolinski

I am a mother to an extremely disabled 10-year old girl. She has chronic lung disease, is fed by a tube, and wheelchair bound - to name just a few of her conditions. She is medically fragile and I worry her catching Covid would be lethal.

Please prioritize vaccinating people with high-risk disabilities.

Shriya Shah, Alameda County

I am a mother of a 18 year old medically fragile son who is at a very high risk of complications if affected by covid. He is attending college from home at present. But we were shocked to see that he is in the 1C category way after 50 year olds with no underlying condition. Being his mom, and an IHSS worker, I am under 1A category but have no clue where to get the vaccine.

I kindly urge you to look into this and see if the disabled medically fragile individuals get a higher priority.

Janice Arkatov and Barry McGrath

Our 28-year-old son, Daniel, lives with my husband and me in Los Angeles, and is a client of the community-based Creative Steps day program, which serves adults with developmental disabilities. A handful of the program's clients live in group-home settings, and were therefore

able to be in the first tier of individuals receiving the COVID vaccine. However, young adults like Daniel--many with underlying medical conditions--have not received similar priority "ranking" and are at high risk of contracting the virus during their everyday interactions in the community.

We hope you will consider upgrading this vulnerable population to 1B status.

Robin Mathes, Aurelia Foundation board member

I am a parent of a special needs son residing in Los Angeles. I am also a board member of the Aurelia Foundation/Creative Steps, a program servicing 80 moderate to severe young adults based in the greater Los Angeles area. I am reaching out to you because, at this point, our population which is greatly impacted by lack of language, behavior issues and medically fragile, is in line to receive the vaccination BEHIND healthy 65 yr olds and older, and the homeless population. The parents who have chosen to put their young adults into a community setting have been fortunate enough to be able to start receiving the vaccine. Unfortunately, the parents who have chosen to keep their young adults supported in their family homes have been excluded by the current projected protocols. MANY of our young adults have behavioral issues which would make medical management extremely challenging. With all the discussion of "rationing" available medical services, it would put our population at a distinct disadvantage. UCLA has already expanded to "tent" triaging due to the current explosion of cases.

Please consider moving our population to a 1-B status ASAP so that the parents can continue keeping their disabled loved ones safe!

SAME LETTER

Suzanne Edgar Randolph

Louise Fard

Karen Arnold, Mother & Conservator of son, Brent Arnold

Allegra Monina & Jason Peretz

Lisa Szilagyi, Founder/Director of Programming, Aurelia Foundation

I am a parent of a young adult with autism, residing in the Los Angeles area. My son, Charlie, is a client of the Aurelia Foundation/Creative Steps, a program servicing 80 adults with moderate to severe intellectual and developmental disabilities, based in the greater Los Angeles area. I am reaching out to you because, at this point, our population is greatly impacted by several factors that increase the risk of having more severe symptoms of COVID-19, including compromised immune systems and other underlying medical conditions. In addition, Charlie, as well as many in the program, do not understand the concept of "social distancing," and therefore would pose a danger to members of the community should he contract COVID-19.

Currently, individuals with ID/DD are in line to receive the vaccination BEHIND other individuals, including otherwise healthy people 65 year old and older, and the homeless population. While some adults with ID/DD who live in group settings have been fortunate

enough to be able to start receiving the vaccine, adults with ID/DD who live at home with their families have been excluded by the current projected protocols and tiers. In addition to being at greater risk for more severe COVID-19 symptoms, many adults with ID/DD also have challenges which would make medical management extremely difficult. Charlie is extremely non-compliant and would attempt to elope from any medical facility. With hospitals at capacity and beyond, and the discussion of "rationing" available medical services, it would put our population at a distinct disadvantage.

Please consider moving our population to a 1-B status so that we can continue keeping our loved ones with disabilities safe.

Carrie MacDonald

I was under the impression that individuals with Intellectual and Developmental Disabilities (IDDs) were going to be grouped with those individuals that are 75 and over due to their increased mortality rates. What happened? Was it only a consideration? If so, please reconsider immediately. A large portion of this population has basically been confined to their home from day one. Not only are they more likely to die from Covid 19 but many are more likely to contract the virus outside the home environment due to lack of understanding risk and ability to follow protection protocol. There was a great deal of concern about the profound effect of extreme loneliness of Seniors that were confined to their residence. The IDDs population is no different. The seclusion and lack of contact with their family and peers as well as interaction in their programs that have shut down has caused many to suffer both physical and mental consequences. The list of infirmities is way too long to mention. They are as minor as pulling one's hair out to critical forms of regression. Imagine your loved one suffering a traumatic event and suddenly becoming catatonic and no longer able to speak or complete basic toileting or selfcare skills. The longer these individuals are exposed to this form of lock down living the less likely they are to recover. Individuals confined to care facilities are receiving their vaccines in group 1A. Penalizing those that have managed to stay out of such facilities with the help of family and friends are now being penalized for the same. It is very difficult to swallow that those choosing to break the law causing incarceration, and those with comorbid circumstances brought on by their own actions such as smoking and obesity will be rewarded with a vaccination before IDDs.

Carly Fulgham , Chair, Autism Society of America Panel of Autism Spectrum Advisors, Camarillo

As residents of California and advocates for our most vulnerable community members, we ask that you explicitly align individuals with developmental and intellectual disabilities to receive the vaccine as part of Tier 2.

Please review this statement by the Autism Society, with signatories from 17 disability organizations requesting that DD/ID individuals be placed in a high risk category. Our

community is three times more likely to die from COVID-19, so it is critical that they're protected.

Please don't hesitate to contact us if you have any questions.

Eileen Dervisevic, Mother and Special Needs Advocate

As a mother of a severely developmentally delayed young adult, I was SHOCKED to hear that her extremely high-risk population NOT been included in the phase 1-B of vaccinations!

By doing what the state recommends, which is keeping my daughter out of a facility and within the community, she has now been placed in a much lower priority than if she were placed in a community living home! By following the state guidelines of housing for those who are developmentally disabled, we have now placed them at greater risk for becoming infected and dying from Covid. Our population is three times more likely to die from an infection of Covid than other groups!

I have a 90-year-old that can follow directions in wearing a face mask, washing her hands and socially distancing. My 21-year-old daughter cannot follow those safety guidelines. Who do you think is more at risk?!

I am shocked and appalled that my daughter will be vaccinated after those that are imprisoned for committing crimes! Those that are imprisoned and have a healthier chance of surviving the Covid infection than my daughter does!

I'm going to be reaching out to the press shortly here if the priority for the most vulnerable population that we have in this state is not addressed in the first phase of vaccination. I find it shocking and heartless that those with developmental delays and co-morbidity issues, who are at equal or greater risk than many over 65 years, are being left out of vaccine priority. Advocated from the Dept of Developmental Disabilities and Disability Rights Advocates have clearly laid out the high degree of risk of my daughter's population, and your committee has chosen to ignore that.

Here's hoping there's a much-needed change of heart in priorities for this incredibly vulnerable population.

Denise Gill

First let me thank you for your countless hours of hard work during this covid-19 pandemic. Your efforts on behalf of millions of Californians are appreciated.

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 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.

Rebecca Shen

As a 44-year-old woman living with metastatic breast cancer, I urge you to include people with metastatic cancer aka Stage VI cancer, of all ages, in Phase 1b. Metastatic cancer patients belong to one of the most vulnerable population. By prioritizing these patients, you can ease the strain on overwhelmed hospitals in California. The Committee should limit Phase 1b vaccines to essential workers at high risk of Covid exposure and cannot work remotely, therefore prioritizing the vulnerable population such as metastatic cancer patients.

First, metastatic cancer is incurable. The cancer has already spread to distant organs such as lung. Metastatic cancer patients are under active cancer treatment for the rest of their lives. Cancer patients, who are undergoing active treatment such as CDK4/6, chemotherapy and immunotherapy, suffer from compromised immune system as a side effect from cancer treatment. We are at high risk of severe illness from Covid-19, as evidenced by CDC and multiple studies. Specifically, CDC lists cancer as one of the underlying conditions at increased risks of severe illness of Covid.

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html#cancer

A peer-reviewed study published by The Journal of the American Medical Association (JAMA) concludes “Patients with cancer and COVID-19 had significantly worse outcomes (hospitalization, 47.46%; death, 14.93%) than patients with COVID-19 without cancer (hospitalization, 24.26%; death, 5.26%) (P < .001) and patients with cancer without COVID-19 (hospitalization, 12.39%; death, 4.03%) (P < .001).”

<https://jamanetwork.com/journals/jamaoncology/fullarticle/2773500>

Second, metastatic cancer patients face increased risk of Covid exposure due to frequent visits to hospitals and clinics for treatment, appointments, lab and scans. Our treatment and appointments cannot be done via telemedicine as we often receive infusion, injection and radiation. Some

patients require weekly visits to cancer clinics based on their treatment regime. Additionally, some patients require surgery. Our compromised immune system also puts us at risk for other infections and virus that could land us into the ER in strained hospitals.

Third, cancer clinics and centers can easily identify metastatic cancer patients through their own EMR systems while cancer clinic pharmacists and nurses can handle the vaccination.

Forth, the vaccine prioritization puts vulnerable people like us behind the 15 million seniors and workers in essential sectors. However, many of these workers in these essential sectors work remotely, therefore at lower risk of exposure to Covid compare to metastatic cancer patients who make frequent visits to hospitals. With this in mind, I urge the committee to restrict vaccine to essential workers who cannot work remotely. By looking through the Essential workforce on <https://covid19.ca.gov/essential-workforce/> , I can identify numerous groups that can work remotely. For example, residential and commercial real estate agents have relied on alternative methods such as video showing through the pandemic. Professional services workers such as legal and accounting services typically work remotely with some rare exceptions.

Finally, while I believe it is important to get children back to schools, the state should only prioritize teachers in districts ready to open schools following the vaccination. The SF Chronicle article titled “Moving California teachers to the front of the vaccine line might not be enough to reopen schools” highlighted that many schools will likely remain virtual until Fall despite vaccination of teachers. If a school district does not plan to reopen schools until Fall, the committee should postpone vaccinating teachers in that district until Summer.

Moving California teachers to the front of the vaccine line might not be enough to reopen schools

Patrick O'Brien, (Team God)

I would like to thank you for managing this pandemic in our state.

Recently, I have learned that the State of California is now giving vaccinations throughout the state. Many of the news reports indicate that health professionals, Seniors and first responders are the first to receive the vaccinations. While it does make sense to inoculate those folks first, I think it is just as important to Immediately vaccinate people in the Latino and African American communities post haste.

As you know, many of those people are primarily affected by this virus as opposed to other ethnic groups. As an example, there are discussions about vaccinating Teachers. Considering the fact that Teachers are not the most susceptible group infected, it is imperative that these Teachers are moved down the list and that Latinos and African Americans are moved up to the top of the list. This approach will quell new virus infections in those communities while also alleviating the infection rate in general.

Nick Lampros

Having an adult son in this category and having worked with Special Olympics athletes for over 20 years, I implore you to prioritize the disabled for the Covid 19 vaccine. The disabled are often in living situations that do not allow for adequate social distancing and often do not understand the necessity of social distancing, mask wearing, hand washing, etc. Also, many of disabled children and adults have underlying conditions to might lead to a disastrous outcome in the event they are infected with the Covid 19 virus.

Peggy Simons

Our Regional Center thinks that its funded clients will be eligible for vaccines in Tier 1b, however no one knows where or how or when these vaccines will be given and what arrangements will be made for individuals with medical issues who need to be vaccinated in a hospital or medical office, not by a pharmacy tech.

Vaccines are critical for DD individuals living in congregate housing, just like elderly in nursing homes.

Catherine Campisi, Ph.D., Disability Advocate and Director of CA Department of Rehabilitation (Retired)

As you make critical decisions regarding priorities for vaccination to protect from COVID 19, I am writing to call your attention to a segment of the community that is at great risk and needs to be placed at a high priority for early vaccination. The group I am referring to is people with disabilities/medical conditions, regardless of age, which place them at greater risk of getting COVID and of having a negative outcome, including treatment complications, if they do get the virus.

In addition, a high priority for vaccination needs to be given to caregivers of people with disabilities/medical conditions regardless of age, source of payment, or status as a family member where caregiving involves hands-on, direct personal assistance for activities of daily living including getting into and out of bed, showering, toileting, and getting dressed. Since such activities cannot be done at a distance, these caregivers could easily transmit COVID to the people they assist. In addition, if a caregiver for someone who cannot perform essential personal daily activities gets COVID, the person with a disability is at great risk of illness or placement in a nursing facility where COVID is rampant. Caregivers performing hands-on care, regardless of payment or family status, should be considered essential health care personnel and vaccinated with others in this category or with teachers and other essential workers. Verification of caregiver status could be made by an individual with a disability's physician or other health care provider.

We are currently facing the rationing of critical health care. Persons with significant disabilities are likely to be at far greater risk of a negative health outcome from COVID and would take

more treatment time and resources when care was provided. Thus, we are likely to be placed at a lower priority rating for critical health care. Our lives are truly at risk, along with others from various minority communities. The main action of equity to address this condition is for persons with significant disabilities/medical conditions to be given a high priority for early vaccination along with their direct, face to face caregivers.

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).

Andrew Donohoe, Berkeley

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.

Because of my disability I am totally dependent upon IHSS/Waiver 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 at high risk of exposure and death from the virus.

I have muscular dystrophy which causes severe pulmonary conditions. I 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.

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.

Renee Pollard

Don't forget the disabled in the Tier 3.

Lisa Murdock, Vice President, State Government Affairs, American Diabetes Association

I write to bring to your immediate attention important new clinical evidence that makes it clear that many individuals with type 1 diabetes mellitus (T1D) are at equal risk to those with type 2 diabetes mellitus (T2D) for greater morbidity and mortality from COVID-19. The Centers for Disease Control and Prevention (CDC) currently categorizes people with T2D as being at increased risk while indicating people with T1D “may be” at increased risk. States are utilizing the CDC risk classification when designing their vaccine distribution plans. This raises an obvious concern as it could result in the approximately 1.6 million with T1D receiving the vaccination later than others with the same risk.

Although early data did not provide as much clarity about the extent to which those with T1D are at high risk, newer data has emerged that convincingly demonstrates that COVID-19 severity is more than tripled in individuals with T1D^[1]. Those with T1D have a 3.3 fold greater risk of severe illness, are 3.9 times more likely to be hospitalized with COVID-19 and a three-fold increase in mortality compared to those without T1D.^[2] These risks are comparable to the increased risk established for those with T2D^[3].

The new science leaves little doubt that there should be no distinction between individuals with Type 1 and Type 2 diabetes mellitus, given the common, heightened risk both groups face for the most severe health outcomes of COVID-19. Considering this information, the American Diabetes Association has recently urged the CDC to take immediate steps to update CDC's guidance, reflecting this equal risk.

We urge the California Vaccine Advisory Committee to NOT differentiate between Type 1 and Type 2 DM in their prioritization of access for vaccines. Should you have any questions about this urgent request, we would welcome the opportunity to discuss the matter with you (Lisa Murdock would be happy to coordinate a discussion; she is reachable at lmurdock@diabetes.org). We hope we can continue to be a resource to your vital efforts to best protect our community and others from the dangerous effects of the novel coronavirus. Please let us know if we can provide additional information or help in coordinating a virtual meeting.

^[1] Gregory JM, Slaughter JC, Duffus SH, *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. *Diabetes Care* 2020.

² Barron E, Bakhai C, Kar P, *et al.* Associations of type 1 and type 2 diabetes with COVID-19 related mortality in England: a whole-population study. *Lancet Diabetes Endocrinol* 2020; **8**: 813–22.

³ McGurnaghan SJ, Weir A, Bishop J, *et al.* Risks of and risk factors for COVID-19 disease in people with diabetes: a cohort study of the total population of Scotland. *Lancet Diabetes Endocrinol* 2020. DOI:10.1016/s2213-8587(20)30405

Rachel Howard

I just spoke with the governor's office, and was directed your way. I wanted to ask - given that Type 2 diabetics are being included in Phase 1B, Tier 2, why aren't Type 1 diabetics being included in this priority tier as well?

In December of 2020, the American Diabetes Association published a study showing that outcomes for patients with Type 1 diabetes are just as bad as for those with Type 2 diabetes. I'm Type 1 diabetic myself, and can speak personally to how harmful illnesses are to diabetes management, how much more serious illnesses present themselves in my body, and how much longer it takes me to heal.

We may be smaller in number, but we are just as at risk as the Type 2 diabetes population - and I hope we won't be left behind.

Lyora Zadik

I am a 44 mother of a 10 month old, I've had type 1 diabetes since age 12 and have already suffered multiple complications. My baby and I can hardly leave the house because of the pandemic, and my compromised immune system due to being a type 1 diabetic. I am writing to strongly request that type 1 diabetes be included in the priority group 1C to receive the covid vaccine. Here is why:

ScienceDaily cites that researchers urge priority vaccination for individuals with diabetes, including type 1. Vanderbilt University Medical Center researchers have discovered individuals with type 1 and type 2 diabetes infected with COVID-19 are three times more likely to have a severe illness or require hospitalization compared with people without diabetes. The risk for increased COVID-19 severity in people with type 1 diabetes appears similar to that of type 2 diabetes, contrary to some official advice from the Centers for Disease Control and Prevention (CDC). The new finding indicates that people with both types should be priority for receiving a vaccine, investigators say. Here is a link for more information:<https://www.sciencedaily.com/releases/2020/12/201204131321.htm>

Lisa McIntire, San Francisco

I'm writing to strongly urge you to classify Type 1 diabetes patients as an "at risk" group when prioritizing vaccinations in California. This study shows that people who get COVID-19 and have diabetes, whether Type 1D or Type 2, have three to four times higher risk of severe illness and hospitalization.

Roseanne Fairty

As a 65 year old diabetic, I am concerned you are focusing on age (75+) instead of those with underlying health conditions.

Connie Boyar Frenzel, PHN MS

New information on the increased mortality or serious illness of those with diabetes Type I and II who get covid has recently been published

- A study published in December 2020 shows that people who get COVID-19 and have diabetes, whether type 1 or type 2, have three to four times higher risk of severe illness and hospitalization, compared to people without diabetes.
 - This new study is consistent with earlier data, and unequivocally demonstrates that people with diabetes are at a significantly heightened risk of severe illness and mortality due to COVID-19.
 - Based on this evidence, California's vaccine distribution plans should make people with T1D or T2D – as well as their caregivers – a high priority for receiving COVID-19 vaccines.
 - Other risk factors include glycemic and vascular health, ethnicity and socio economic status
- Another study published in the Lancet also demonstrated findings of higher risk of serious illness
- Risks of and risk factors for COVID-19 disease in people with diabetes: a cohort study of the total population of Scotland - The Lancet Diabetes & Endocrinology

People with Type I and 2 have worse outcomes if they contact Covid 19 and therefore I am strongly urging you to have this population receive priority access to the vaccines and advise medical clinics and other vaccination centers of this priority. ..

Pamela Ormsby

My 42 year old son, Moss Ormsby, is a client of the Regional Center of the East Bay and Clausen House Supported Employment Services. He has a rare birth defect syndrome which includes health/medical issues which make him vulnerable for serious outcome if he contracts COVID-19.

He has worked for Safeway/Andronicos for over 10 years. This has given him the social contacts and pride that come with his customer service role. In addition, it provided him with a basic income which allowed him to not need SSI and which provided him with employer paid healthcare.

His PCP-MD determined that his front of store employment was not a safe occupation for him during the COVID-19 pandemic. He has been allowed by the Safeway/Albertson's company to stay sheltered-at-home during the pandemic. He has an extended leave until March 15th, as to keeping his job.

His lack of exercise has affected his blood pressure, physical abilities and social abilities. He received EDD monies for a couple of months but has not received any EDD funds since Oct. despite numerous letters to EDD from which we have had no response.

His extended health benefits through Safeway will be up at the end of January 10 months maximum, for health disability (SDI).

As of February, he will have no health care other than Medicare-Part B.(office visits) which we pay for. He can pay COBRA which will be \$880. a month. At the time when his health is deteriorating, he will not have access to health care if there is an emergency need.

If Moss could get the vaccinations sooner, he would be able to return to work and his physical and social needs would be met.

I support early vaccinations for those with disability (age is not the issue) that would be seriously affected by COVID-19 illness.

I believe that this vulnerable community has been overlooked and hope that the State of California and the City of Berkeley Health Depts. Will daylight this omission and include those in the disabled community with added vulnerability to COVID-19 consequences.

L R Roberts, disabled senior caring for her more disabled senior husband, Sacramento

Those who rely on care givers for doing their activities of daily living should have priority for vaccines. Having a care giver is NOT optional.

Bob

I believe that caregivers are part of the front line work force and as such, should be given vaccines now so that they are protected from getting and from giving anyone COVID-19. It just makes sense.

We have lost far too many medical workers and others on the front lines treating those who had COVID-19.

Field workers (farm fields, etc.), supermarket workers, pharmacy workers, etc., should all be priority as well.

Hopefully, with a president who is sane and stable and more willing to act like a president and do what is necessary regarding public health & safety, things will improve, though I do believe it will take about a month to move things forward where they need to be, due to Trump's administration's abuse and destruction of a formerly useful and reliable system.

We will get there when we get there.

SAME LETTER

Carol Wolfington

Judith Smith, Oakland

Maureen Donohoe

Attached is a sample letter describing the urgency within the disability community for vaccination. This letter is one person's life experience but reflects the varied conditions which warrant attention to prompt vaccination. Thank you for your consideration.

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, Covid-19 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.

Ana B. Gutierrez

I am a disabled person/senior living in Bay Area, California, and a member of many community organizations. I urge you to apply disability justice principles in determining who gets priority for COVID-19 vaccines. Please keep in mind that NOT EVERY ONE AGE THE SAME. especially Latinos and other cultures age much faster. 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 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.

Fred Fisher, President & CEO, Golden West Chapter; Steve Becvar, Executive Director, Greater San Diego Chapter; Amy Sugimoto, Executive Director, Greater Sacramento Chapter; and Natalie Villegas, Executive Director, Orange County Chapter, ALS Association

On behalf of California's ALS community, we respectfully ask you to ensure that California residents living with ALS, who have inherently high-risk medical conditions and risk factors

for severe COVID disease, receive the vaccine at the earliest possible time. Unfortunately, because the CDC website does not specifically name ALS in its guidance to states on high-risk medical conditions, people living with ALS and their families fear they will not be able to access the vaccine.

As you are aware, ALS takes away the ability to walk, speak, swallow and eventually, to breathe. ALS symptoms can start in any part of the body, but the disease has a devastating impact on the muscles required for breathing. Most people with ALS need respiratory support equipment, including ventilators, and die due to respiratory failure.

In addition to ensuring that people with ALS are vaccinated as soon as possible, we urge you to ensure that caregivers are also vaccinated and that vaccinations be given at home for people with ALS who are homebound. People in mid-to-late stages of ALS require considerable support from caregivers and family members, including around-the-clock care for people on ventilator support. We stand ready to assist you in the effort to vaccinate people living with ALS.

As a result of significant philanthropic funding, and essential support of our Wraparound program from the state of California, we provide a full range of services to people living with ALS and families, including expert assistance on how to secure healthcare and social services, liaison with multi-disciplinary ALS Clinics, critically important support groups and much more.

Simon Gordon

You seem to have now updated this again and now moved people over 50 out into group 2? This is obscene and disgusting. The data clearly shows a rapidly increasing risk of death for people 50 to 64 and you want them just lumped in group 2 which is everybody?

As someone 56 and so of higher risk than many I'm confused by a very illogical system.

Phase 1b and 1c overlap seriously, putting all people over 18 with any high risk medical conditions ahead of people 50+ is stupid. The agreed data says being 50+ puts you at 30x higher risk than being younger and so clearly on a par with most of the 1b group.

To make things worse you have so many occupations in 1b that it's become uncontrollable what does finance IT and media mean? That's just stupid NOBODY in those groups should be ahead of people 50+

Andrew "Drew" McPherson

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.

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Jack Hakin

My wife and I fall in this category, I seen the Governor just started letting us setup for our county as you see below myself I am 51 with underlying health conditions and I am a first responder and

my wife has underlying health conditions so we qualify for the vaccine according to what was on the governors page

- Have higher risk for severe disease or death (due to age or other factors)
- Are unable to work at home
- Live or work in geographic areas that have been highly impacted
- Are most likely to spread disease to other workers or to the public

Kirsten Bruner

With the amplified voices heard from the anti-vax group, I would like to offer another perspective as a mother looking to protect my two young children and my unborn baby. When Covid hit last spring, we pulled our two sons from preschool. When I became pregnant with increased exposure from the preschool environment we decided not to enroll our sons again in the fall.

The lack of access to the vaccine, not only impacts my sons' early education but also the safety of me and my baby. I am pregnant and due in April. I am in a high risk group being pregnant, more likely to be admitted into an ICU, more likely to need a ventilator and more likely to die. The risks are also greater for the baby once born. Although slightly older children are considered low risk for severe Covid, infants are in the high risk category. Both me and the baby will be in the hospital environment during birth and after putting us at exposure risk. The benefits of me getting vaccinated while pregnant could potentially give shared immunity to the unborn baby as antibodies are often passed to the fetus, protecting the baby in the first 6 months. Also please consider the situation a mother is in who has the responsibility of childcare during the day. Who would care for my children if I become sick with Covid? I am essential to my family. My health is essential to my unborn baby as well.

If I contracted Covid, it would be especially difficult during the third trimester and I am more likely to have a difficult recovery. I sincerely hope you consider my voice as I represent a group of women who are often overlooked in many aspects. Please consider putting pregnant women and women who are essential to the family's childcare higher on the priority list.

The American College of Obstetricians and Gynecologists provides guidance on vaccine administration regarding pregnant and lactating patients. This is important information for all Advisory Committee members to read and consider when developing the vaccine rollout. Please note, the ACOG recommends that COVID-19 vaccines should not be withheld from pregnant and lactating individuals who meet criteria for vaccination based on ACIP-recommended priority groups. Given the growing evidence, CDC has included pregnancy as a factor that leads to increased risk for severe COVID-19 illness ([CDC](#)).

Please see below with [link](#) provided for more information:

Summary of Key Information and Recommendations by the American College of Obstetricians and Gynecologist

COVID-19 vaccine development and regulatory approval are rapidly progressing. Thus, information and recommendations will evolve as more data are collected about these vaccines and their use in specific populations. This Practice Advisory is intended to be an overview of currently available COVID-19 vaccines and guidance for their use in pregnant and lactating patients.

- The U.S. Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for the following vaccines:
 - o Pfizer-BioNTech mRNA vaccine (BNT162b2): for use in individuals age 16 years and older as a 2-dose regimen given 3 weeks (21 days) apart.
 - o Moderna mRNA-1273 vaccine: for use in individuals age 18 and older as a 2-dose regimen given 1 month (28 days) apart.
- After an explicit, evidence-based review of all available data, the Advisory Committee on Immunization Practices (ACIP) issued interim recommendations for use of the Pfizer-BioNTech COVID-19 vaccine in persons aged ≥ 16 years for the prevention of COVID-19 (CDC 2020) and the use of the Moderna-1273 COVID-19 vaccine in persons aged ≥ 18 years (CDC 2020).
- ACOG recommends that COVID-19 vaccines should not be withheld from pregnant individuals who meet criteria for vaccination based on ACIP-recommended priority groups.
- COVID-19 vaccines should be offered to lactating individuals similar to non-lactating individuals when they meet criteria for receipt of the vaccine based on prioritization groups outlined by the ACIP.
- Individuals considering a COVID-19 vaccine should have access to available information about the safety and efficacy of the vaccine, including information about data that are not available. A conversation between the patient and their clinical team may assist with decisions regarding the use of vaccines approved under EUA for the prevention of COVID-19 by pregnant patients. Important considerations include:
 - o - the level of activity of the virus in the community
 - o - the potential efficacy of the vaccine
 - o - the risk and potential severity of maternal disease, including the effects of disease on the fetus and newborn
 - o - the safety of the vaccine for the pregnant patient and the fetus.
- While a conversation with a clinician may be helpful, it should not be required prior to vaccination, as this may cause unnecessary barriers to access.
- Vaccines currently available under EUA have not been tested in pregnant women. Therefore, there are no safety data specific to use in pregnancy.
- Pregnancy testing should not be a requirement prior to receiving any EUA-approved COVID-19 vaccine.
- Pregnant patients who decline vaccination should be supported in their decision. Regardless of their decision to receive or not receive the vaccine, these conversations provide an opportunity to remind patients about the importance of other prevention measures such as hand washing, physical distancing, and wearing a mask.
- Expected side effects should be explained as part of counseling patients, including that they are a normal part of the body's reaction to the vaccine and developing antibodies to protect against COVID-19 illness.

- The mRNA vaccines are not live virus vaccines, nor do they use an adjuvant to enhance vaccine efficacy. These vaccines do not enter the nucleus and do not alter human DNA in vaccine recipients. As a result, mRNA vaccines cannot cause any genetic changes.

COVID-19 Infection Risk in Pregnancy

Available data suggest that symptomatic pregnant patients with COVID-19 are at increased risk of more severe illness compared with nonpregnant peers (Ellington MMWR 2020, Collin 2020, Delahoy MMWR 2020, Panagiotakopoulos MMWR 2020, Zambrano MMWR 2020). Although the absolute risk for severe COVID-19 is low, these data indicate an increased risk of ICU admission, need for mechanical ventilation and ventilatory support (ECMO), and death reported in pregnant women with symptomatic COVID-19 infection, when compared with symptomatic non-pregnant women (Zambrano MMWR 2020).

Pregnant patients with comorbidities such as obesity and diabetes may be at an even higher risk of severe illness consistent with the general population with similar comorbidities (Ellington MMWR 2020, Panagiotakopoulos MMWR 2020, Knight 2020, Zambrano MMWR 2020). Given the growing evidence, CDC has included pregnancy as a factor that leads to increased risk for severe COVID-19 illness (CDC).

For more

details:<https://www.acog.org/en/Clinical/Clinical%20Guidance/Practice%20Advisory/Articles/2020/12/Vaccinating%20Pregnant%20and%20Lactating%20Patients%20Against%20COVID%2019>

Sarah Smith

Please review the updated guidance developed by the American College of Obstetricians and Gynecologists:

Last updated December 21, 2020

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- o - the potential efficacy of the vaccine
- o - the risk and potential severity of maternal disease, including the effects of disease on the fetus and newborn
- o - the safety of the vaccine for the pregnant patient and the fetus.
- While a conversation with a clinician may be helpful, it should not be required prior to vaccination, as this may cause unnecessary barriers to access.
- Vaccines currently available under EUA have not been tested in pregnant women. Therefore, there are no safety data specific to use in pregnancy. See details about the Food and Drug Administration's (FDA) EUA process below.
- Pregnancy testing should not be a requirement prior to receiving any EUA-approved COVID-19 vaccine.
- Pregnant patients who decline vaccination should be supported in their decision. Regardless of their decision to receive or not receive the vaccine, these conversations provide an opportunity to remind patients about the importance of other prevention measures such as hand washing, physical distancing, and wearing a mask.
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Deanna Keegan, Sacramento

Has the committee considered healthcare professional and first responder households for earlier vaccine inoculation? I currently live with an ER nurse (who has been fully vaccinated), and one EMT. I am at high risk of contracting COVID-19 through them and their exposure to patients.

Same Letter

Mary Kate Bacalao, Co-Chair, and Joe Wilson, CoChair, HESPA

Tramecia Garner, Co-Chair, and Doug Gary, Co-Chair, Supportive Housing Providers Network

Ilsa Lund, Chief of Strategy, Larkin Street Youth Services, San Francisco

We are writing on behalf of the Homeless Emergency Service Providers Association of San Francisco (HESPA) to urge that Californians experiencing homelessness, and the homeless response system workers who serve them, be prioritized in the California Department of Public Health Allocation Guidelines. Founded in 2012, HESPA is a coalition of 30 community-based organizations with deep roots in the communities most affected by San Francisco's continuing homelessness crisis. HESPA members put the collective interest and the wellbeing of unhoused people at the heart of our work to improve systems, increase resources, and uplift racial and economic justice in our community and beyond.

We must prioritize Californians experiencing homelessness (including all forms of sheltered homelessness, such as couch-surfing and doubling up), and formerly homeless Californians living in residential facilities, for vaccines. The COVID-19 pandemic has exposed the depths of the existing pandemics of poverty and racism, and people experiencing homelessness—who are disproportionately people of color—have been and continue to be most at risk of infection, complications, and death. They are more likely to have underlying medical conditions, more likely to live in substandard housing (if they have housing at all), and more likely to be low-wage workers in close contact with the public, without the luxury of working remotely. Among the unhoused community in San Francisco, deaths are up 123% since 2020, not only because of the pandemic, but also because of corresponding disruptions to healthcare and supportive services and the social isolation of sheltering in place (overdose deaths are up 70%). Nationally, a study at the University of Pennsylvania found that when people experiencing homelessness are infected by COVID-19, they are twice as likely to be hospitalized, two to four times as likely to require intensive care, and two to three times as likely to die than the general population. It is particularly important to note that congregate settings where unhoused people receive care are nothing less than death traps in this pandemic: we must prioritize people living (and working) in these congregate spaces to contain community spread and prevent death on a massive scale.

We must also prioritize homeless response system workers for COVID-19 vaccines in the full spectrum of service settings, from outreach workers, to drop-in and childcare workers, to shelter and transitional housing workers, to supportive housing workers, to rapid re-housing workers supporting people and families living in subsidized rental units, and frontline workers in legal services settings providing in-person pandemic-related eviction prevention services, and more.

These workers perform essential onsite work in close contact with unhoused and marginally housed communities. They are systematically undercompensated—many are themselves marginally housed due to the high cost of living in urban and suburban centers—and they are, like the unhoused people they serve, disproportionately people of color. Importantly, the line between healthcare and homeless services is not so clear cut. Homeless services frequently involve health and mental health care, and preventative care. Moreover, many outbreaks in facilities where unhoused people receive care have been traced to frontline staff, who are contracting the virus as a result of their living situations, commutes, and other essential activities within the community. We must prioritize these care workers in the statewide push to get essential workers vaccinated.

We urge you to prioritize Californians experiencing homelessness and the homeless response system workers who serve them for COVID-19 vaccines, either in Phase 1A or Phase 1B, Tier 1, of the California Department of Public Health Allocation Guidelines.

Amy Fairweather, JD, Director of Policy, Swords to Plowshares, San Francisco

I write on behalf of Swords to Plowshares and our partners in community-based veteran services for veterans experiencing homelessness and those living within permanent supportive housing. We provide transitional, permanent, and emergency housing to over 550 veterans in San Francisco, Alameda, and Contra Costa counties.

Veterans, residents, and staff must be prioritized for COVID-19 vaccinations. Veterans who are experiencing homelessness or have lived with chronic homelessness are extremely vulnerable. Our clients and residents present with multiple co-morbidities and compromised health, many of whom are Black and other people of color, as well as older adults. People who experience homelessness have high rates of underlying conditions, are at increased risk for—and more than twice as likely to die from—COVID-19. Veterans who are homeless are more likely than non-veteran homeless individuals to have a disability that makes them even more susceptible to COVID-19. While we work in partnership with the VA for their care, many of our clients are not eligible for VA health care, and we are the staff who interact with them each and every day.

Throughout the pandemic, our housing and outreach staff have gone above and beyond to maintain the safety and health of our veteran residents. Despite the risk, staff are present on-site in our supportive housing facilities 24/7.

It is imperative that all members of California's response to homelessness receive the vaccine. Priority must not be made based on job category, be they health care providers, mental health workers, front desk staff or janitors: all are exposed while performing their duties. We must also provide protections to veterans and veteran-specific providers. We cannot rely on VA resources, which will leave out 60 percent of California veterans who are not enrolled in VA care, to protect all California veterans who are at increased risk to exposure.

Rebecca Tang, Public Policy & Community Engagement Coordinator, Tenderloin Housing Clinic, San Francisco

My name is Rebecca Tang and I represent Tenderloin Housing Clinic (THC). THC is a non-profit supportive housing provider in San Francisco. We employ 341 staff that support over 2,000 formerly homeless people that live in the 23 single room occupancy (SRO) hotels we operate. Our buildings are located in the Mission, SOMA, and Tenderloin neighborhoods. These neighborhoods are known for the highest COVID-19 positivity rates in San Francisco. Our employees and tenants are at high risk of contracting COVID-19 due to the nature of our work and the congregate living environment. We provide front desk, janitorial, maintenance, and case management within each of our 23 buildings. THC staff has exceeded all expectations in preserving a safe and healthy environment for those we serve. SRO hotels were supposed to be ground zero for COVID-19 transmission. Our staff's dedication and diligence to following local health mandates showed otherwise. None of our 23 hotels have had the type of outbreak that most predicted would occur at congregate living sites. We urge the California Department of Public Health to acknowledge non-profit supportive housing provider employees and clients as essential workers and vulnerable people. We need to be prioritized in obtaining the COVID-19 vaccine to continue our work safely, provide a safer living environment, and stave-off the potential health crisis's within our 341 employees' homes and 23 congregate living sites.

Matthew Steen, Policy and Planning, Conard House, Inc., San Francisco

Conard House, Inc employs 140 staff to operate 27 supportive housing sites located throughout San Francisco for formerly homeless residents as a part of the City's Housing First program. The City's portfolio encompasses more than 8,000 permanent supportive housing units that employs thousands of desk clerks, case managers, property management and administrative staff.

We work in close proximity with formerly chronic homeless residents on a daily 24/7 basis, at great risk to ourselves and our family members. All employees are required to undergo COVID-19 testing on a bi-weekly schedule. Our organization is in ongoing compliance with health department emergency protocols re social distancing, PPE, workplace safety, isolation and quarantine since the declaration of a public health emergency in early March 2020. A number of our employees have been forced into COVID-19 leave and we have instituted hazard pay to remedy work absences. Our housing sites work closely with health department staff to mitigate and contain COVID-19 outbreaks and incidents in our high-density SRO buildings. The San Francisco Department of Public Health has classified our entire workforce as "essential healthcare workers".

Conard House strongly urges the California Vaccine Advisory Committee to place our category of healthcare workers in homeless supportive housing in Phase IB, Tier 1, reserved for "those at risk of exposure at work in the following sectors: education, childcare, emergency services, and food and agriculture." In the alternative, we urge this Committee to specify and place non-profit supportive housing healthcare providers in Phase IB, Tier 2.

We are at a defining moment in California with a clear path forward combatting this pandemic. The decisions made by this Committee today and in the coming weeks will determine how rapidly this can be done, prioritizing at-risk and vulnerable populations with equitable access as an underlying principle. We wish you the best during this difficult time of decision-making.

Miriam Lauff, San Diego

Please fight to bring age group 55-64 up in the phases. They are much more at risk and currently in the VERY LAST phase..

Why would a healthy 25 year old get the vaccine before a healthy 60 year old?

I understand occupation and/or underlying conditions take precedence but otherwise it makes no sense.

I am 63 and in the *very, very last* tier- behind those 16 to 30 years old..... yet if I were a year and a half older, I would be in 1C (or maybe 1B now).

The vaccine doesn't guarantee lack of asymptomatic cases or transmission (per Fauci, Adams, Mark Seigal etc) and young adults are already more likely to continue questionable practices which would continue spread.

Tamara J Shipman

High risk individuals between 50-64 are not being represented in the current vaccination schedule. As it sits, those individuals fall under tier 1C, which is the same tier as everyone else in that age group. Therefore, a 63 y/o man with cancer, heart disease, and vascular disease is in the same category as a healthy 50 year old with no risk factors, or as a 20 year old with one risk factor. That does not seem fair. It also isn't fair that a 63 year old with those conditions who has been locked inside their house for almost a year, not going anywhere save cancer treatments, will get vaccinated AFTER the 20 year old grocery store worker who has been going out and living life as normal without a mask. Or that the 63 year old who has worked his entire life, paid taxes and contributed to his community will be AFTER the incarcerated and homeless.

While I certainly understand the need to vaccinate those in the food industry and in institutions or other high transmission areas, such as homeless, they certainly should not be before the high risk 63 year old with multiple risk factors. I have friends whose parents are in their early 70s, with diabetes, heart issues, and previous cancer battles. They too are in phase 1C. How is it possible that your committee is allowing high risk citizens between 16-49 to move up in groups, you have given NO such consideration to those between 50-64?? This needs to be adjusted.

Please modify the guidelines to move high risk individuals between 50-64 up to Phase 1B; preferably Tier 1, but even Tier 2 would be better than leaving them in Phase 1C. Other States have recognized the need for extra protection for these individuals, many of whom would like to

work, but are unable to because of the high risk. Many of whom are on unemployment or disability because of their inability to work due to Covid risk. Added bonus- it would save the State money on those individuals. To not make any concessions for this group of individuals, of which my own husband is a member, is a slap in their face and an insult to them. They are the ones that have helped build this State, and they deserve better. They have already sacrificed and suffered more than most. Do not turn their insult into injury by risking them more. Please consider taking care of our vulnerable older adults.

Kristina M. Carpenter

The Centers for Disease Control and Prevention (CDC), the National Academy of Medicine and state health authorities have worked hard to develop prioritization strategies for SARS-CoV-2 vaccine administration based on exposure and risk. All plans for vaccine distribution have included individuals with medical conditions that increase the risk of severe disease due to COVID-19 within the groups that will be offered the vaccine soon after FDA approval.

There are numerous rare diseases that were not specifically included in these priority lists. After communication with the CDC, it was suggested that individuals with rare conditions that likely put them at increased risk should be considered within those high-risk groups, even though those conditions are not specifically mentioned by name in the prioritization.

One of the major risk factors for severe disease due to COVID-19 is the presence of chronic lung disease. Osteogenesis imperfecta (OI), while primarily known as a bone disease leading to frequent fractures, is at its core a genetic defect in collagen manufacture, assembly, and/or quantity. While collagen is important in the normal growth and mineralization of bone, collagen also makes up a large portion of the connective tissue of the lungs. Individuals with OI have underlying lung disease due to these collagen defects and, in fact, respiratory failure is the major cause of death in individuals with OI. Therefore, it is highly likely that individuals with OI who develop COVID-19 will get more severe disease than the general population and should therefore be included in the vaccine prioritization group that includes those with chronic lung disease such as COPD. Please consider my OI patient for early administration of SARS-CoV-2 vaccine.

Brenda Capitano, Carson

Can you please inform me as WHY the most vulnerable people affected by COVID are listed at the bottom of your selection? After I might add Incarcerated people and Homeless? Teachers really???? There isn't any schools open. It's such a shame your priorities are backwards.

My husband has major health issues age 71 and is also on the last so called tiers, and no matter what your stupid organization says we are essential and we matter!!!!

It saddens me I was born and raised in this cesspool called California.

Ismail Ayar

I am emailing you today to express my concern, disappointment, and anger with the new Vaccine Rollout Phase that the state has implemented at your direction. Something I believe that was done with a bit of pressure from donors and lobbyist.

I received this chart below from my county supervisors office which was done at the direction of the state. As you may already be aware, the vaccine rollout phase in most of CA is in phase 1A. In my county, we will be moving to phase 1B next week, an issue that i have great concerns with.

As you know, and as I have followed CDC and NIH guidelines along with articles from John Hopkins university, people with pre existing conditions which places them at a higher risk of death should be a priority. In Phase 1B, which is next, we see people over 75, Essential workers in Tier 1 phase 1b.

In Tier 2, this is where I feel we need to make some changes. You have those over 65. I would urge you to reconsider adding people under 65 with pre-existing conditions to this category as well since we are just as vulnerable, if not more vulnerable than some over 65. I could refer you to the CDC and NIH website for what constitutes high risk. Some of that is a BMI over 25 (was 30% but recently reduced), moderate to severe asthma, and so on. All facts that judges in the federal courts have also agreed would constitute for a compassionate release for prisoners.

Now under Tier 2 we have essential workers. Transport, industrial, Manufacturing industries as seen as a priority over those with pre-existing conditions under 65! Let me first explain why this is a flaw. because just as we saw in the Stanford hospital issue, executives who were not front line workers were getting vaccinated, you will also have rich people, people in power, use this as a loophole to get vaccinated when they are not working on the front lines.

Now my main issue with this and please sir i hope you made it this far because this is my BIGGEST concern. Under Tier 2 of Phase 1B, at the bottom you will see the state has snuck in to vaccinate those who are incarcerated. This is my biggest issue.

Prisons are a controlled environment. When this Covid occurred last March, the BOP system as a whole failed. They failed to institute Covid Safety Protocols early on. They failed to provide additional cleaning supplies, enforce mask, test inmates and guards, and much more. These are all facts that I can get you case laws on in the Federal Court System which shows this and why they are allowing Compassionate Releases to reduce the prison population to allow for more social distancing.

Next, prisons have failed completely in upholding the safety of the inmates and guards. Why should we reward a business or entity that purposefully fails? I do agree we should help them, but when they are not taking the necessary steps to keep people within the walls. The government continues to fight against these compassionate releases because they themselves are saying it is safe (again I can get you case laws for this), but judges are seeing that is an outbreak.

Now Dr, I am would like you to think for a moment, does a prisoner in a controlled environment deserve a priority against those with pre existing conditions according to NIH and CDC guidelines, especially when the prisons themselves failed and continue to fail?

NO they do not. I want to bring up a very popular film as an example. In the film Joker, Dark Knight. There is a scene at the end when the Joker has a bomb on 2 boats. One carrying civilians to safety. The other carrying inmates and guards. The joker tells the two boats that they have to choose to blow the other up. If they don't, they will both be blown.

Taking that analogy into consideration, The government (the Joker), has not even given us the choice, instead they are CHOOSING the prisoners over the general public and those with pre existing conditions such as myself.

I am hurt, disappointed, and extremely upset that it has come to this. Nevertheless this concern has been relayed to Supervisor Valle in Alameda County, Gov Newsom, it will also be going to Senator Padilla Feinstein and Congressman Swalwell.

I do not believe the state is working in the best interest of all in this state. I believe donors and lobbyist within the BOP system played a huge roll. And as I continue to listen to our nations highest leading infectious disease expert, I know I am a higher risk than most of the healthy inmates within the prison wall who if they contract it, will survive with more ease than myself

I hope with this email you will reconsider the rollout phase. I will also come to the capitol next week with a sign (hopefully its not dangerous, crazy extremist are threatening us during this time), but I must and will protest this in our states capitol knowing damn well how the BOP has failed, and that our state guidelines do not fall into the normal recommendations that the CDC and NIH have put out, as well as recommended by the John Hopkins University.

I look forward to your reply for a justifiable explanation or a change of the rollout phases. Prisons, Money, Donors should not influence our health system and I fear that is happening right now.

Please refer to the BOP COVID Outbreak link below for more information. I can also provide you case laws in our federal courts for further clarification on how judges deem the threat. I also can provide you a link as to what the CDC, NIH, and JHU deem to be a priority and high risk for mortality population.

EXECUTION OF VACCINATION ROLL OUT

Karen Tierney

I am writing you today a to ask for your help in a concerning mater regarding the COVID-19 vaccine administration roll out to long-term care facilities for seniors in Alameda County.

In late November, the Governor announced that Skilled Nursing Facilities and Assisted Living communities were going to be prioritized for the vaccine roll out. By prioritizing at risk populations, and vaccinating our seniors we could limit the spread, keep our most vulnerable populations safe, and free up critical healthcare resources.

As you know, seniors are the highest risk of contracting the virus and are susceptible to having most severe health outcomes associated with COVID-19. Since March 2020, the seniors in Assisted Living Communities have been sheltering in place at the communities and many have not seen their families in person since the outbreak of the pandemic. With the recent surge in COVID-19 cases, the risk of exposure and spread is getting dangerously high.

Elders Inn in Alameda has been working with CVS and the Department of Social Services since early December to be ready for their onsite clinics. They have informed us that they are ready, but CVS continues delaying an onsite vaccination clinic for the residents. The management at Elders Inn has informed us that CVS has stated that they are unable to fulfill their obligations of vaccinating seniors in long-term care facilities, and to expect delays for the vaccine to at least March.

This delay is unacceptable. As I understand it, CVS and Walgreens were awarded contracts to administer vaccines with the understanding that vaccines would be provided in the order designated by CDC - health care workers, then nursing/assisted living.

I understand that there could be some delays due to the logistic difficulties of the massive vaccine roll out, but this seems to be a decision to skip high risk locations (maybe because of the cost or logistics of getting someone to each site to administer vaccines?). Failure to vaccinate high risk populations puts all of us at greater risk!

CVS has not provided any further details on why they are delaying vaccinating seniors and frontline workers in long-term care facilities. I believe that our elected officials need to investigate and review CVS' vaccine roll out plans and capabilities.

Jonathan Ferris, Concord

I would like to comment on the current COVID-19 vaccine distribution system.

Firstly, I would like to say that the rollout of vaccine distribution is inadequate. Today, my mother who is over 75 and lives in New Jersey signed up on a list to receive the vaccine in their second group. New Jersey has set up 6 locations in the state for mass vaccination of the population along with using companies like CVS or Walgreens.

California however says contact your health provider if you want a vaccine for people over 75 and other tiers and provides no other information.

That is completely unsatisfactory. I realize that California may not have been provided budget to do this but other states are doing a far better job at this. Telling people to call your doctor is not efficient and many people will be left not knowing what to do.

My mother actually received an email with instructions from her Senator (Menendez).

Secondly, the list of professions/essential workers that will receive the vaccine in each tier is not detailed and confusing. All workers that were considered "essential" back in March should be in the next tier to receive the vaccine. This would include veterinarians who have been working very long and hard hours since the beginning as more and more people now have pets due to the pandemic. My wife is one of these professionals. These professionals work very close together similarly to human medicine hospitals with regular interaction with their patient's owners. This group should be included (if not already) in Tier 1B.

Kyle Petzinger

Looking over the public comments presented the last time, virtually all were related to "I think this group should get the vaccine because". The discussion after the presentation of these public comments was then largely focused on discussing the same issue.

I want to suggest that the priorities are completely backward and politically driven, rather than public-health driven. I also suspect the current approach is actively working against the end goal: vaccinating enough Californians to stop this thing.

First, to support my hypothesis, I want to ask the central question: why is such a low percentage of the vaccine in the state actually in people's arms? According to [this page](#) (pulled at 10 AM on 1/12), California has 2,919,925 vaccine doses (including 2nd doses), yet only 783,746 have been administered. Even being charitable and considering that we're still saving 2nd doses in a freezer (so 2.9M / 2) rather than putting them in arms (something the [CDC has now recommended](#) every state do), we've still only administered 54% of the doses on hand. Being less charitable, 26.8% of doses in arms are near the worst in the country. How are [other states](#) 2X-4X our vaccination rate? What is the reason for this?

Here are some issues with the current process:

1. By prioritizing by anything other than age, you are *actually* prioritizing based on "who can produce the paperwork that will prove they're in this phase". Every bit of extra "verification" is friction in the system, which is the *exact opposite* incentive we need.
2. Having a lively debate over equality vs. equity is fine and good, but it is missing the core point: we need as many people as possible as fast as possible to be vaccinated. I heard practically nothing about how you all plan to speed up the rate of vaccination.
3. Apparently, we don't want to work 24/7 as a society to vanquish this. There was no talk about mobilizing more people, creating vaccination centers, or anything similar that would be instrumental in getting shots in a vast number of arms.
4. The demonization and fear-mongering of those who are vaccinated "out of priority". Simply put, *every single person* who receives a vaccination is a net-positive for public health. Someone

in the 'prioritized' group getting it first is certainly preferable, but stashing a vial in a freezer another day longer than necessary makes me question why I pay taxes.

The order of priorities for vaccination; not who should be vaccinated, but what should be the primary goals:

1. Speed. Every day a vial of vaccine sits in a freezer instead of in someone's arm in gross negligence, and you all, being in charge, should be directly responsible. Why we are not mobilized vaccinating people 24/7 is also extremely upsetting.
2. Coverage. Choosing to not give a vaccine to someone because they're not in the right "group" is actively working against enough people being vaccinated.
3. Simplicity. Every extra piece of "qualification" you add to who gets the vaccine is more friction to a system that should be as frictionless as humanly possible.
4. Priority. I agree, people who "deserve" it should go first. I have some nits to pick with your prioritization, but you all are acting like this is the most important step. It simply is not.

Here's some ideas:

1. Have vaccination centers (much like the one set up at Petco Park in San Diego), allowing anyone to go get vaccinated. Those in priority groups get front-of-the-line passes.
2. Be transparent about where the vaccines are. Say "we are vaccinating 2,000 people today here" and allow anyone to line up. 1,000 is reserved for those in the "priority" groups, the rest for everyone else. If the priority group line is empty, open it up to everyone.
3. Simply prioritize by age. This requires a photo ID and nothing else. Every other type of group requires some extensive documentation. This is also probably the soundest scientific approach aimed at saving lives.
4. Act like the freezers burnt out like they did in the hospital in Northern California: After a freezer filled with Covid-19 vaccines broke, a California hospital scrambled to administer more than 800 doses in about 2 hours - CNN Literally, just do this, all the time.

So again, I appreciate California's overall nod to considering equity and marginalized people, but having this be the *focus* of your efforts is completely misguided and politically driven.

We need shots, in people's arms, as fast as possible. No other priority matters more than this. Get it done.

Frances and Mike Myatt

I am very frustrated that as a teacher working in person with students that I am not able to get a vaccine yet, but I have a friend that works for a major medical group (not with patients--she works from home and is an accountant) and yet she was just offered a vaccine--as was everyone else working in her non-essential work group. A different friend has a brother who works for a health organization—not with patients who also is about to get a vaccine. Why are we vaccinating accountants before teachers?

Is this really how we should be prioritizing the vaccinations? I know many teachers that are on the front lines with students that need the vaccine. Why aren't we being prioritized and why are

the medical groups able to give out the vaccine to anyone in their organization? This is ridiculous. They should be required by law to give the vaccines in the correct order.

I understand that vaccine might be expiring--how do teachers sign up to get on the list to get expiring vaccines?

I called the CA vaccine hotline and the person there has no information. I am really frustrated right now with how California is handling the vaccinations. I would think with all the resources this state has that we could do a much better job with the process. Giving out blocks to the health organizations--but not requiring them to follow any protocols seems very unfair--so people with connections get vaccinated and people who don't will not. California must and should do better than this.

Mabry Tyson

I feel that groups of California residents may be disadvantaged in their ability to participate in a land rush for vaccine appointments.

My brother-in-law is in his mid-60s & lives in a trailer in a semi-rural area. No one in the household is currently employed. With COVID restrictions, they have little interaction with the general public. Only recently did they get a cell phone that works at their house and provides their connection for remote learning by the grandkids. There are no local TV stations.

I informed them of the recent changes (good job!!) regarding vaccine phases (they are in 1B Tier Two). They asked how they'd know when vaccination appointments become available for them. Good question.

As we've seen in other parts of the country, when vaccination appointments become available, they are snapped up quickly. The Oklahoma Land Rush pales in comparison. A months worth of appointments are snapped up in a few hours. In other states (TX, FL) I see stories of "All appointments for January were filled by noon."

This means that those who are well connected (and often have high speed internet access) are likely to (1) know or find out first when appointments become available and (2) have the resources to get into the web sites or call the phone numbers quickly.

I am fortunate enough to have all the advantages, and I admit to thinking of how I will use them to maximize my own access to an early appointment. I also have calculated that only a portion of California Phase 1B Tier Two eligible people can get vaccinations in the first 100M courses expected by the US in the first quarter (by end of Feb?). The remainder will have to wait for the second 100M courses contracted to be delivered by end of June and into July. An early appointment may allow a two month advantage for vaccination.

Perhaps your committee could level the playing field some. Here are some suggestions:

- 1) When appointments become available, providers should only accept appointments for (say) one week at a time. For instance, if XYZ Health opens appointments on Monday morning Jan. 11, it should only allow appointments for the week of Jan. 18. Eight days later, on Tuesday afternoon Jan. 19, it would allow appointments for the week of Jan. 25. This reduces the advantage of those that know when the appointments are going to open up the first time. Otherwise, a large portion of the vaccine will go to those pre-informed of the first time appointments are available, before the word has spread.
- 2) Encourage the commitment to some percent of the appointments to be accepted only by telephone. Not everyone has constant access to the web.
- 3) Encourage windows for appointment making at different times of the day or days of the week. If someone has to be at work at 8AM Monday, they probably can't ever call in at 9AM on Mondays to make an appointment.
- 4) Encourage providers to allow appointments from anyone, not just people whose PCP is in their organization. Otherwise, there will be a crush on public facilities relative to private facilities.
- 5) Encourage providers to take contact information & eligibility info from those who can't get appointments in a timely fashion so they can be put on a list to notify about unscheduled vaccination possibilities. If there are additional doses that need to be used (missed appointments, extra doses in vials). For instance, a provider may wind up with 20 extra doses on Friday afternoon that will have to be discarded before the next appointments on Monday. Names from this list should be taken randomly from within the earliest eligibility, not in the order of being added to this list. (to avoid the access issue).
- 6) The counties should work with organizations that work with seniors, non-English speakers, indigent, and remote individuals who may have less access to the information and equipment to make appointments. Possibly, all providers could be required to commit, say, 2% of each week's vaccine appointments to be assigned by the county to people from those groups.

James Ensten

Am I the only one that is concerned with the pace of vaccinations? I am sure your epidemiologists are telling you this, but, to me, it seems like we need to 6X the injection rate. We need to be vaccinating 200,000 people per day, every day, including weekends and holidays.

With 100% compliance we would vaccinate everyone (well, 30,000,000 if you exclude the under 16s and anti-vaxxers) by July 4th. We know we do not need to reach 100% (nor will we ever), so let's shoot for 70%. That pulls in the target date to Memorial Day. But this is at 200,000 people (400,000 doses) per day. And yesterday we did 33,000...

If we can procure the doses and materials, have we considered creating 'assembly lines' at 'sites'? I figure we'd need 600 'assembly lines' statewide based on 50 injections per hour per line, with a staff of 8 per line (checking and recording IDs and doses, administering, monitoring...). Some sites could have 1 line and only be open during the day. Others could have 30 lines and be open 24 hours per day.

It seems like it would be so much faster, and easier, to do this than trying to spin up several thousand drug stores and veterinary clinics and dental offices and... Sure, we'd need 30,000 workers to staff the lines (National Guard, healthcare workers, other military?), and maybe some sort of incentive to increase population compliance, but this is a race. And we are way behind.

I would also get rid of the Phases. Yes, it is noble and humane to want to protect the vulnerable, but curbing community transmission should be the immediate goal as it will provide the greatest benefit (lower severe infections requiring hospitalizations, plus potentially lower transmission reduces the risk of a bad mutation...).

I am seriously concerned that we will not reach an acceptable vaccination level before next Fall (October) which will likely mean we will be right back in it again (5th wave?).

How can I help get us out of this?

Lillian

In theory your plan was well thought out. It's execution is not ideal. You have given the vaccine to hospitals to give to phase 1 folks. However when I see the NBA doctor or folks who are telecommuting in administration at these hospitals getting the vaccine. I am really annoyed. Upset that a marketing gal received the shot over someone else in the high risk groups.

I surely hope the next round goes to the Health Departments and they distribute via health vans. Not provide to hospitals to pick and choose their cronies.

Create an online sign up so you will know who wants it and where and they can then get an appointment so they know when. If we can do this for dmV appointments we can do it for vaccines.

You should also be considering high risk zip codes for priority in each County.

Judith Dickman

I am a citizen of California and I urge you to rethink your rollout plan.

Please see Willie Brown's opinion piece in today's SF Chronicle for a simple, clear plan to administer the vaccine. And please see other articles in today's paper which make it clear that even if teachers, who are now prioritized, receive the vaccine, schools will still not be able to

reopen. In fact, you may be creating an even greater public health catastrophe by prioritizing teachers when we do not know whether the vaccine immunizes the receiver from spreading the vaccine. It is very possible that sending teachers back into classrooms after receiving the vaccine will in fact create super spreader environments--teachers may spread the virus to children who will in turn spread it to their families.

After health care workers, age should be the primary criterion for vaccine administration (with inclusion of individuals with documented underlying medical conditions). Create vaccination centers at each elementary school and distribute the vaccine by age. This is easy to verify and easy to administer. Scientifically and medically, this is the logical way to reduce overtaxed ICUs and hospitals while providing a clear roadmap to Californians.

The current plan will only result in chaos as soon as Phase 1a is over. You are about to move the state into poorly defined categories without even a state-wide registry. Please reconsider.

Robert Ortego

A public health physician at Stanford has suggested: Give the first dose of the vaccine without reserving a 2nd dose. This should provide good protection until a 2nd dose is available. It is only causing red tape, as many eligible people in phase 1a are refusing the vaccine.

I am an 82 y/o retired physician and concerned that if we keep reserving 2nd doses, it will slow the vaccine program down even more.

TOO MUCH RED TAPE.

John H. Stewart IV, Santa Barbara

I am 78 years of age, the average age of the highest number of daily Covid deaths nationwide; not reflected in your priority groupings for vaccine administration, nor at the state level. After three calls to your office for clarification on the matter, a call to the referenced state office, I was read the same procedure, suggesting I am in a second group, non-responsive to COVID morbidity rates by age, but by occupation (first responders, people my age in long-term care facilities), which group "may possibly" receive vaccinations by Spring or Summer. I understand there were many discussions within your collective offices on this subject, with presumably nobody of my age group present to say what I am saying. I do not mean to be petty, but after the four above calls, after asking to be directed to you and being told by your assistant you "were in meetings all day every day", after having been read the same memo as noted above, I am understandably irritated. All of your staff referenced they had living elderly parents my age but none seemed to register whether my thought was worth much consideration: the rules had been set and unnamed expert(s) at the state had spoken. Under those rules of priority, it appears that if I were living in a long-term care facility at the same age with the exact same health conditions, I would be elevated to the priority group. This, for me, is not reality. I say this for all of those in my category- it is illogical.

Recently, Supervisor Gregg Hart stated that COVID issues "should be treated like a dimmer switch that will be carefully adjusted as we account for new data and new conditions". We now have new data and new conditions. Let's reflect that.

Recently, you were quoted as suggesting your office should "have clear communication with the public". I happen to be an older adult with an underlying medical condition (diabetes, which I noted to your staff). The response was, again, perfunctory over clear.

Jadie Cook

I am a home healthcare worker and I live in Lassen County. Since the Pfizer vaccine was received here in December there has been no transparency about who has received the vaccine, how many doses were received or any plan shown to the community. As an IHSS worker I am in the second tier for the vaccine. I have reached out to our health department and have gotten no information. How can we find out how our vaccines are being distributed and how will I know when I can get it. It's very worrisome to have no information especially as we see on the news everyday cases of the vaccine being given to people outside the guidelines. Please help!

Rod Borba

My real question is?

Can we vaccinate the 70% of California population by end of July following approved protocols of double vaccination? I have determined that effort will require 310,000 injection per day and require huge effort in people (handling, processing, injecting, evaluation and data control). What is the plan to have 4000 people injecting, 8 hrs a day for 180 days straight.

Shawna Manning, Office Manager, California Labor Federation, on behalf of The California Labor Federation, SEUI California, UFCW Western States Council, United Steelworkers District 12, CSEA-AFL-CIO, UDW-AFSCME Local 3930, Engineers and Scientists of California—IFPTE Local 20, AFSCME, California Nurses Association

On behalf of the signed Labor organizations representing members from almost every industry in California, we appreciate the opportunity to participate in the state's Vaccine Community Advisory Committee. We have all stood on the shoulders of essential workers during this pandemic, and as we get closer to a vaccine, we must not take for granted the sacrifices by essential workers. For the vaccine to be effective, we must ensure it is safe, we have transparency, and the distribution of the vaccine is done equitably. Given the continued federal political interference, increased transparency into the vaccine's safety and distribution process will be vital to reducing vaccine hesitancy. The following recommendations are aimed at facilitating the smooth vaccine rollout to essential workers and the general population.

As stated in the Pfizer-BioNTech COVID-19 Vaccine Emergency Use Authorization (EUA) Fact Sheet for Patients, it is the individual's "choice to receive the Pfizer-BioNTech COVID-19 Vaccine." In other words, receipt of any COVID-19 vaccine that has been granted an EUA should neither be mandatory nor a condition of employment.

We also urge the Governor and the Legislature to take immediate action to extend COVID-19 supplemental sick leave for workers that were covered under AB 1867. Although safe and effective, Pfizer's data to the FDA shows that the vaccine causes fatigue in almost 50% of cases and chills in 22% of cases. Once immunized, many workers will need time to recover, and for those workers who have to wait to get the vaccine, the threat of getting COVID-19 before being inoculated, but without supplemental sick leave, continues to be high.

Clinical trials have not yet proven that either the Pfizer or Moderna vaccine prevents asymptomatic transmission of COVID-19. The risk of transmission underscores the need to maintain optimal PPE and other worker protections that were put in place to both protect the worker and their family and limit the community spread of COVID-19. This applies in particular to the new COVID-19 ETS, which must be protected as vaccinations begin.

The signed Labor organizations have significant concerns about the amount of local discretion given to both local public health departments and local providers over who receives the vaccine, without appropriate consultation with health care and essential workers. While we can approve guidance at the state level, there is so far limited control to direct counties and providers to follow that guidance. Our concerns come from some of the actions that have been taken by providers to discriminate against certain types of workers with PPE shortages and in South Los Angeles, with the decision to exclude certain providers from being "pre-approved." The amount of local discretion underscores the need for workers to be at the table with their employer discussing the rollout of the vaccine to their place of employment. In addition, to curtailing local discretion, we ask that the state reaffirm that employers should meet with worker organizations over their plan to distribute the vaccine.

During all phases of distribution, we must protect workers administering the vaccine, both from the virus and from actions taken by individuals unable to receive the vaccine. These workers must be adequately trained and given proper PPE, without exception, if vaccine rollout is to prevent—rather than spread—the virus. Further, those who seek vaccination but are not on a list of targeted workers, if that approach is used in phase 1a, may become angry and take action that could jeopardize the safety of the individuals providing the vaccine. Also, those who for some reason clearly should not yet be receiving a vaccine may also become upset when turned away—a plan must be developed for protecting workers in these cases, as well.

As the vaccine goes to essential workers, we are concerned that local governments may be considering certification from an employer to receive the vaccine. Employer certification requirements may pose an issue for essential workers like food delivery drivers, farmworkers, IHSS, and Child Care Providers who do not have a traditional employer. Currently, the state is attempting to address this through the guidance to health plans on essential worker testing by allowing the individual to self-declare that they are an essential worker. This issue warrants more discussion. We strongly believe that the State needs to work with Labor and local jurisdictions to

figure out a way that recognizes the priority list without putting a significant burden on workers to attain proof.

We fully support the state's principles of Safety, Transparency, and Equity.

As part of the effort to create transparency, how will the state and local public health departments share the vaccine distribution plans and vaccine dose allocations for each provider as indicated on slide 9 of the November 30th Community Advisory Presentation? We request that Labor representatives have access to actual distribution amounts to providers and that the state creates a public dashboard that includes demographic and occupational data on who receives the vaccine. Additionally, it would be helpful to have the county's plans that were submitted on December 1st to CDPH — knowing the county plans and which providers are getting what vaccines will help to address issues of transparency and concerns of equity at the county and provider level.

We also remained deeply concerned about violations of worker privacy throughout the process. Media reports indicate that employers are already surveying health care workers about their living situations, health status, and other personal details, when existing law clearly protects workers from having to offer such information to their employer. It is also unclear whether or not this information is being transferred to third parties, and what recourse a worker may have should that personally identifiable data be sold, compromised, or stolen. Workers and their unions should have access to any such surveys prior to distribution, as well as the right to refuse them without discrimination or retaliation of any kind.

Can CDPH share the results from the survey of hospitals on their readiness to administer the COVID-19 vaccine as required under AFL 20-81? Given that each hospital may have a slightly different plan, it will be helpful to see which employers need additional conversations to ensure that the rollout goes smoothly to their workforce.

Can CDPH share more information on the Federal Pharmacy Partnership for Long Term Care program, such as when the state is planning on activating the program with the CDC, and a list of all LTC providers enrolled in the program? Our understanding is that the pharmacy partnership will be responsible for the on-site vaccination of both LTC staff and residents for facilities enrolled in the program.

Lastly, can CDPH release the testing plans for all hospitals required to submit their plan under AFL 20-88? This will help to highlight those hospitals that may not make appropriate accommodations for all health care staff and will help Labor representatives of hospital workers to hold hospitals accountable to the testing commitments that they have made to CDPH.

Jennifer Machlin

I'm 77 with a primary immunodeficiency disorder. Since the onset of the pandemic, I've come to respect and admire you more than any other front-line medical authority. After the first joyful news of Pfizer/Moderna vaccines, now I'm terrified -- losing sleep -- at prospect of getting 1st

dose, and then being told, when the specified date for my 2d dose arrives, that it's not yet available!

Regardless of what Biden admin. does, I VERY much hope that CA handles distribution/administration logistics to ensure that 2d doses for everyone who gets a 2-dose vaccine will DEFINITELY be available at the scheduled time.

Steve Falk, CEO, The Press Democrat

The need for accurate and credible public health information has never been more acute in our state. Yet, the men and women in the news industry who gather and report this vital community information are being overlooked when it comes to Covid-19 priority vaccine distribution.

At a time when knowing what to do and when to do it could be the difference between life and death, the people who report and produce the news need protection and should be included in the State's Phase 1B, Tier One vaccination protocol. These tireless workers – recognized as essential by the U.S Department of Homeland Security and our own California State Public Health Officer – are every bit as vital to public health as other prioritized essential workers.

To get the news Californians desperately need, journalists routinely put themselves in harm's way. Every day they visit hospitals, nursing homes, public health facilities, and other Covid hot spots to report on cases, ICU capacity and deaths. Essential workers also show up at our production sites to print the papers that contain lifelines of news that are delivered to households in every corner of the State.

We pleaded with the Vaccine Committee and the Governor's office to give our workers high vaccination priority to no avail. They are on the frontlines, first responders in every sense of the words. You have the authority to order that news producing organizations be elevated to Phase 1B, Tier One.

So we are pleading once again. Please acknowledge the vital role journalists play and adjust the order to accord them a higher priority on the vaccination list. The lives of California residents may be on the line if our news gathering members cannot do the important work of keeping the public informed during this unprecedented health emergency.

Bill Nagel, Publisher & CEO, San Francisco Chronicle

Thank you for your efforts in directing California and your tireless work on behalf of its citizen. You have a challenge of a lifetime and your efforts are deeply appreciated in the Bay Area.

The need for accurate and credible public health information is more important than ever in our state. At a time when knowing what to do and when to do it could be the difference between life and death, the people who report the news need protection and should be included in the State's Phase 1B, Tier One vaccination protocol. These colleagues – recognized as essential by the U.S

Department of Homeland Security and our own California State Public Health Officer – are vital to keep our residents informed as they make decisions about their safety.

To get the news Californians desperately need, journalists routinely put themselves in harm's way to keep us all safe. Every day they visit hospitals, nursing homes, public health facilities, and other COVID hot spots to report on cases, ICU capacity and deaths. As Governor, you have the authority to order that news reporters and photographers be elevated to Phase 1B, Tier One.

Please acknowledge the vital role journalists play and adjust the order to accord them a higher priority on the vaccination list.

Jeff Glasser General Counsel, Los Angeles Times

Frontline visual journalists such as Francine Orr, Irfan Khan and Jay Clendenin and reporters such as Maria La Ganga, Reuben Vives and Brittny Mejia are risking their lives every day to document the COVID-19 crisis.¹ They are reporting from intensive care units filled with COVID-19 patients and other high-risk environments such as nursing homes that make them more vulnerable to catching the virus. These journalists are performing a critically important service to the public by publishing articles on the pandemic and the toll it is taking on those afflicted. Because of the risks that these frontline journalists face and their important mission of informing the public on newsworthy events, they should be eligible to receive vaccinations at a higher priority than currently contemplated by the State of California.

The state's current vaccine distribution plan classifies communications – which presumably includes media – as the lowest priority in the first phase (Phase 1C). Our journalists who are reporting from environments like COVID-19 hospital wards should be eligible to receive vaccinations at the same time as workers in education, manufacturing, child care, corrections, food and agriculture (Phase 1B), if not sooner. Under California's proposed rollout of the vaccinations, all the workers at hospitals and nursing homes will have had the chance to receive vaccinations except for the frontline journalists who are out there disseminating important information to the public about the dire situations faced by hospitals and critical care facilities. The state should address this gap in its vaccine distribution plan and add those journalists who are regularly visiting hospitals and similar critical care facilities to the list of workers eligible for vaccinations in Phase 1B, Tier 1 or earlier.

The Los Angeles Times and other newspapers around the state also have operated printing plants throughout the COVID-19 crisis, including during the various stay-at-home and curfew orders issued by the State of California and local jurisdictions. The printing and dissemination of the newspapers plays a critical role in keeping the public informed about the pandemic, including rural and elderly populations that continue to rely on newspapers for information about events of public concern. Accordingly, we would also ask that the State of California recognize that the workers who keep the printing plants running are "critical manufacturing" workers eligible for vaccinations in Phase 1B – providing these workers the same eligibility for vaccinations given to transportation and logistics workers, which logically would include individuals delivering newspapers.²

¹ See, e.g., <https://www.latimes.com/california/story/2020-12-12/covid-19-deaths-increased-danger-coroner-office>; <https://www.latimes.com/california/story/2020-12-25/theres-only-one-way-to-join-this-exclusive-covid-19-club>; <https://www.latimes.com/california/story/2021-01-04/san-bernardino-county-hospital-slammed-covid-19-cases>; <https://www.latimes.com/california/story/2020-12-27/not-many-miracles-but-plenty-of-pain-in-an-orange-county-icu>.

Charles F. Champion II President & CEO, California News Publishers Association

The need for accurate and credible public health information has never been more acute in our state. Yet, the men and women in the news industry who gather and report this vital community information are being overlooked when it comes to Covid-19 vaccine distribution.

At a time when knowing what to do and when to do it could be the difference between life and death, the people who report and produce the news need protection and should be included in the State's Phase 1B, Tier One vaccination protocol. These tireless workers - recognized as essential by the U.S Department of Homeland Security and our own California State Public Health Officer - are every bit as vital to public health as other prioritized essential workers.

To get the news Californians desperately need, journalists routinely put themselves in harm's way. Every day they visit hospitals, nursing homes, public health facilities, and other Covid hot spots to report on cases, ICU capacity and deaths. Essential workers also show up at our members' manufacturing sites to print the papers that contain lifelines of news that are delivered to households in every corner of the State.

We pleaded with your Committee and the Governor to give our workers high vaccination priority, but to no avail. They are on the frontlines, first responders in every sense of the words. You have the authority to order that news producing organizations be elevated to Phase 1B, Tier One.

So we are pleading once again. Please acknowledge the vital role journalists play and accord them a higher priority on the vaccination list. The lives of California residents may be on the line if our news gathering members cannot do the important work of keeping the public informed during this unprecedented health emergency.

Matt Pearce, President, Media Guild of the West, NewsGuild-CWA Local 39213

We have a small number of journalists represented by our local, Media Guild of the West, TNG-CWA Local 39213, who have been reporting and photographing inside of hospitals to cover the COVID-19 pandemic for news outlets including the Los Angeles Times.

This is extremely high-risk work, similar to the risk faced by many healthcare workers in the 1A vaccine tier, but I've learned that California has designated all journalists in the 1C tier under "Communications and IT." This means dozens of journalists may be the only professionals

working inside COVID wards/hospitals who will not be vaccinated in the near future. We believe some journalists at other news outlets in California may be similarly situated.

We would obviously prefer that all journalists and press plant workers be included in the 1B tier given our profession's overall higher-risk work (like covering anti-mask rallies and other matters of public interest, and production of our physical newspaper). But we especially need immediate help for this smaller group of journalists who have been granted permission to cover COVID treatment in healthcare settings.

Their work is helping millions of Californians understand the severity of the pandemic and the importance of following public-health guidelines, which no doubt is a service of some value to public health officials as well as the public. It's also a pretty small group, so we believe earlier vaccine access would not be disruptive for other deserving critical workers who aren't working inside healthcare settings.

Jhonny Pineda, MBA., Legislative and Regulatory Advocate

The United Cannabis Business Association (UCBA) represents cannabis workers throughout the entire supply chain, cultivation, manufacturing, distribution, testing, and retail. Please see attached letter in which UCBA respectfully requests that the cannabis industry be included as part of the Phase 1B Tier 1 group of the vaccine distribution plan.

Caity Maple, Vice-President , Governmental Affairs and Compliance, Perfect Union

Below are the sections listed under the Governor's "Essential Workforce" that include cannabis workers. It is really unclear what phase of the vaccine distribution plan these workers are included in, however. Any guidance you can provide would be very helpful!

Workers in other medical and life science facilities (including Ambulatory Health and Surgical, Blood Banks, Clinics, Community Mental Health, Comprehensive Outpatient rehabilitation, End Stage Renal Disease, Health Departments, Home Health care, Hospices, Hospitals, Long Term Care, Organ Pharmacies, Procurement Organizations, Psychiatric, Residential, Rural Health Clinics and Federally Qualified Health Centers, and retail facilities specializing in medical goods and supplies, including cannabis.

Workers for health manufacturing (including life science companies, and companies that have shifted production to medical supplies), materials and parts suppliers, technicians, logistics and warehouse operators, printers, packagers, and distributors of medical equipment (including those who test and repair), personal protective equipment (PPE), isolation barriers, medical gases, pharmaceuticals (including materials used in radioactive drugs, and cannabis products), dietary supplements, blood and blood products, vaccines, testing materials, laboratory supplies, cleaning, sanitizing, disinfecting or sterilization supplies, personal hygiene products, and tissue and paper towel products.

Farmers, farm and ranch workers, support service workers and their supplier employees producing food supply domestically and for export to include those engaged in raising, cultivating, harvesting, packing, storing, or delivering to storage or to market or to a carrier for transportation to market any agricultural or horticultural commodity for human consumption; those engaged in producing and harvesting field crops; cannabis growers; agricultural and commodity inspection; fuel ethanol facilities; storage facilities; biodiesel and renewable diesel facilities; and other agricultural inputs.

Employees of companies engaged in the production, storage, transport, and distribution of chemicals; medicines, including cannabis; vaccines; and other substances used by the food and agriculture industry, including seeds, pesticides, herbicides, fertilizers, minerals, enrichments, and other agricultural production aids.

Jake Reed, Alameda County Water District

Water is needed by all. There's a real threat to treatment plants going unstaffed when an outbreak occurs. If there is an outbreak at a treatment plant water may not be available to groups in all planned phases and tiers. How do you prioritize who gets vaccinated? Why are water utility employees not considered as important as anyone else in phase 1b?

Mark Dettle, Public Works Director; Rosemary Menard, Water Department Director; and Anne Hogan, PE, Wastewater System Manager, City of Santa Cruz

As the California Department of Public Health develops plans for distribution of the COVID-19 vaccine, the City of Santa Cruz, California, 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.

The City of Santa Cruz provides water and wastewater services to residents of in the City of Santa Cruz and the County of Santa Cruz. In addition, we provide services for hospitals, skilled nursing facilities, Cabrillo College and the University of California at Santa Cruz. Our services are essential for keeping these facilities operating and for protecting public health. We estimate that 100 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 us at atmdettle@cityofsantacruz.com or rmenard@cityofsantacruz.com if you have any questions or would like to discuss vaccine prioritization for our workers.

Phil Hawkins, President, Board Of Directors, Yorba Linda Water District

As the County of Orange develops plans for distribution of the COVID-19 vaccine, the Yorba Linda Water District (YLWD) requests 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. As you are aware, the Department of Homeland Security, in its advisory memorandum dated March 21, 2020, identified essential critical infrastructure workers to include, *inter alia*, Health Care/Public Health workers, workers in Law Enforcement/Public Safety/First Responders, and Water and Wastewater personnel.

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.

YLWD provides water and wastewater (sewer) services to residents and businesses in the Cities of Yorba Linda, Brea, Anaheim, and Placentia along with several unincorporated communities of the County of Orange. In addition, we provide services for several critical health providers, Placentia-Linda Hospital, four (4) law enforcement agencies, three (3) Orange County Fire Authority stations, the County's only permanent Heli-Hydrant facility to protect against wildland fires, and the Robert B. Diemer Water Treatment Plant which is a regional water facility serving nearly all of Orange County.

Our services are essential for keeping these facilities operating and for protecting public health. As such, we estimate that 77 essential staff members should be given priority for the vaccine in Phase 1-8.

Jack Monger, CEO, Industrial Environmental Association

The Industrial Environmental Association represents approximately 50 manufacturing companies in the San Diego region that together account for more than 55,000 employees. A significant portion of those workers seem to fall within the essential services area as they work in either the life sciences sector (vaccine development, treatment protocols, or the production of medical devices and materials for testing) or on critical defense related programs. These two categories – life sciences and defense – stand out as essential workforce that should be included in Phase "1c" for California's vaccine allocation. If the Advisory Committee agrees with this interpretation of

essential workforce, we would ask that you clarify that these vital workers should be included in Phase “1c.”

Mike Munoz, Carson

We are a power plant located in Carson, LA County, CA. We operate to supply power to the electrical grid in the LA Basin. We are regulated by the Federal Energy Regulatory Commission’s “Mandatory Reliability Standards for Critical Infrastructure Protection”. Currently, we have two operators at a time locked into the plant for a 3 weeks (24/7) shift in order to ensure that we can supply electricity.

I am enquiring as to when my staff of 12 people would be able to be inoculated. We can be inoculated as a group, we can be standing by, we can be available for a no show.

Justin Cochran, Ph.D., Emergency Coordinator & Nuclear Advisor to Chair David Hochschild, California Energy Commission

It is our hope that the information shared in this email will help the vaccine working groups and task force. We understand that you are likely receiving many similar request and inquires. If you have questions or wish to discuss in further detail please let me know and we can schedule a call.

The Federal Energy Regulatory Commission (FERC) sent a letter urging the CDC's Advisory Committee on Immunization Practices (ACIP) to include a subset of the energy workforce into Phase 1B for vaccine allocation—specifically, highly trained electrical field workers, power plant operators, transmission and distribution grid operators, and personnel who procure the energy needed to balance the grid on a moment-to-moment basis. Those workers’ duties can only be performed on-site, usually in close quarters, where full adherence to social distancing guidelines is impossible. And while these utility employees can be counted as among the most critical among the American workforce, they represent a relatively small population.

In line with the request by FERC, the California Independent System Operator (CAISO) has requested that we reach out to the Vaccine task force. CAISO is requesting that some of their essential workforce be shifted to Phase 1B. Furthermore, CAISO is also seeking clarity regarding the vaccination process that is encapsulated in their questions. Both the prioritization of essential staff and the clarification on the vaccination process/procedures is likely shared by the broader energy sector.

Why the CAISO seeks priority allocation of vaccines:

- The CAISO is an essential service and operates the grid for 80% of California. Please see attached letter.
- The CAISO has an operations crew and essential staff of **350** that would need vaccines on a priority basis (Phase 1b). The remaining **150** staff can continue to work from home and can get vaccinated as the next priority (Phase 1c).

Questions from the CAISO:

- Are second doses guaranteed or would CAISO need to make a second request?
- Once vaccines are allocated, will CAISO staff need to report to a specific facility for vaccinations? Or are vaccinations expected to be provided by CAISO to staff (*i.e.*, by CAISO contracting with medical experts to administer the vaccine?)?
- Are there any concerns about the doses of vaccines expiring? If so, would the CAISO be able to get allocated vaccines that might expire rather than letting it go to waste?
- If the CAISO is expected to administer or find a way to administer the vaccine, are there minimum requirements stipulated by the Task Force or additional reporting the Task Force is seeking?
 - The CAISO is willing to administer on-site at our facilities if that helps.
- How is insurance (and different insurance coverage among CAISO staff) getting addressed?
- The CAISO facilities are located in Sacramento and Placer counties. Must staff also get vaccinated within Sacramento County or is it facility/provider dependent?

Karen Rutledge, HR Leader ESA

EnerSys is the global leader in stored energy solutions for industrial applications. We manufacture and distribute reserve power and motive power batteries, battery chargers, power equipment, battery accessories and outdoor equipment enclosure solutions to customers worldwide. EnerSys and its subsidiaries (collectively, “EnerSys”) are a manufacturer and service provider to numerous critical and life essential businesses, including various U.S. states and the federal government. Our manufacture, sale, and service of batteries, power systems and related technology is essential to warehouses, distributors, medical facilities, broadband and telecommunications providers, national defense, and many other life-essential or critical business operations.

EnerSys is an essential frontline manufacturer in Phase 1B by the Advisory Committee on Immunization Practices (ACIP) of the CDC for the phased rollout of COVID-19 vaccinations. The ACIP classified the following non-health care essential frontline workers in Phase 1B: “first responders (e.g., firefighters and police officers), corrections officers, food and agricultural workers, U.S. Postal Service workers, manufacturing workers, grocery store workers, public transit workers, and those who work in the education sector (teachers and support staff members) as well as child care workers.” [ACIP Interim Recommendation-December 2020](#) and [CDC Guidance: Who Should Get Vaccinated First](#)

We write now to ensure that our personnel are included in the Phase 1B classification and that we receive prompt notice of their eligibility and accessibility to the Phase 1B COVID-19 vaccination. We also want to ensure that we are included in any communications from State and/or Local Health Departments concerning our employees’ eligibility for Phase 1B COVID-19 vaccinations and that we receive instructions regarding availability and distribution.

Below is a listing by County and City of our operations in California, including the approximate number of employees at each location with specific contact information both nationally and

locally regarding any communications that are issued by the State of California or Local Health Departments concerning the Phase 1B COVID-19 vaccinations. By copy of this letter, we are advising the appropriate local/county health officials of this information.

Please advise if there is some other mechanism we are to use to ensure we receive prompt notification concerning our workforce's eligibility and access to the COVID-19 vaccine.

Locations and Contact Information:

Alpha Technologies Services Inc.
3767 Alpha Way, Bellingham, WA 98226 (Head Office)
Karen Rutledge, HR Leader ESA: karen.rutledge@alpha.com; 360-548-9756
Approximate number of employees in California state: 21

Let us know if you require any other additional information to ensure our workers' priority for and accessibility to the **Phase 1B** COVID-19 vaccination. We would be happy to partner with state and local health authorities to facilitate an efficient vaccination of our essential workforce.

Thank you for all your efforts to protect public health and to ensure that the frontline essential workforce receives the vaccination promptly.

Hilda L. Solis, Chair, Board of Supervisors, Los Angeles County Board of Supervisors

As Supervisor to the First District and Chair of the Los Angeles County Board of Supervisors, I write regarding an important inequity pertaining to COVID-19 vaccine distribution. As you are aware, United States Postal Service (USPS) workers are rightfully part of the 1B group of vaccine administration. However, other similarly situated workers, such as UPS and FedEx workers, are not part of this group. Instead, it seems they will not receive their vaccine until the subsequent group, Phase 1C. I ask you to re-examine this assignment as the roles of UPS, FedEx, and other mail carriers are incredibly similar to, and equally as essential, as those of USPS.

In Los Angeles County, our first round of vaccine deliveries came aboard a FedEx plane. Our PPE and other essential supplies are delivered not only by USPS, but also by other carrier companies. We are dependent on these companies not only in Los Angeles County, but also across this great country, for essential supplies in hospitals, homes, pharmacies and the like. The delineation between USPS as more essential than other mail carrier companies simply does not hold true in today's landscape.

Libby Smith, Circuit Executive for the Ninth Circuit

I am following up on the letter that Ninth Circuit Chief Circuit Judge Sidney R. Thomas sent to Governor Gavin Newsom regarding early stage COVID-19 vaccine priority for judges and staff of the federal judiciary in California. [Letter printed for January 6, 2021 meeting.]

Tani G. Cantil-Sakauye, Chief Justice of California

I write to provide you with important information and to make a request for consideration. Before doing so, I want to thank you and acknowledge the remarkable work and leadership you are providing in managing an unprecedented degree of multiple crises simultaneously. In my public service career, I have never seen anything like it.

As California anticipates the availability of COVID-19 vaccines and begins to plan for their acquisition and distribution, I request on behalf of the California Judicial Branch that court employees and judicial officers be included as a priority in the plan, given the early limited supply of vaccines. I make this request in light of the California court system's close proximity to our residents/users/partners, and the significant degree of foot traffic cycling through our courthouses.

We fully understand that there are others who should have first priority, but employees and members of the judiciary should not be far behind as they are designated as "essential workers" by the Administration, and current guidance issued by the Centers for Disease Control and Prevention includes several classes of essential workers given their criticality to the functioning of society. Further, the Department of Homeland Security has designated courts as essential critical infrastructure workers¹. Accordingly, state court employees and judicial officers should be included in any early planning given the essential role state courts play in our society and economy. Following are considerations that support this request.

- Courts have continued to function during the crisis using technology to conduct many types of proceedings remotely; however, not all essential business can be conducted by remote means and the other cases that have been held in abeyance will soon resume.
- Courthouses continue to be among the busiest government offices; yet, they are also among facilities most difficult to enforce social distancing.
- COVID-19 outbreaks among judicial officers or court employees could easily disable our state court system, significantly impacting public safety, our state, and its economy.
- Unlike schools and some other government facilities, those entering and leaving court facilities are not always the same set of people every day, or even every week. People entering courthouses often do not have the option of missing court; in most, if not all cases, they are mandated to be there to handle essential business. These factors mean that courthouses remain one of the single greatest opportunities for COVID-19 spread.
- Thousands of court cases have been delayed or postponed, creating a growing backlog of cases. Constitutional rights and statutory requirements for conducting court proceedings force some courts to conduct those proceedings in person. For example, in the coming months, the trial courts will face a deluge of cases with various moratoria expiring, including the current moratorium on evictions.

Below are examples of types of matters courts must hear to protect the public and vulnerable populations.

- Criminal
 - Bail hearings to consider detention or release for those accused of crimes.
 - Criminal sentencing.
 - Probation services to ensure probationers are following court mandates, including: supervision/case management, drug testing, community safety activities, and treatment needs.
- Children, Family, and Elders
 - Child abuse and neglect cases to protect children from unsafe conditions.
 - Guardianship and conservatorship cases to protect the elderly and incapacitated from exploitation, neglect, and fraud.
 - Protection orders to keep people safe from violence.
- Civil
 - Unlawful detainer/eviction hearings.

Based on these factors, it is important that courts be considered in the early planning to protect the judicial officers and employees who are essential or working directly next to others who are also designated essential. In addition, exposures are expected to exacerbate as California trial courts will soon be facing an inundation of litigation and increasing demands for in-person proceedings, as noted above.

For planning purposes, California’s court system employs approximately 2,400 judicial officers and 21,000 employees.

In partnership, please advise if we can evaluate any courthouse locations to determine viability as state/coordinated testing or vaccination sites.

¹ See *Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response, Version 4.0*, August 18, 2020 (available at: [www.cisa.gov/sites/default/files/publications/Version 4.0 CISA Guidance on Essential Critical Infrastructure Workers FINAL%20AUG%202018v3.pdf](http://www.cisa.gov/sites/default/files/publications/Version%204.0%20CISA%20Guidance%20on%20Essential%20Critical%20Infrastructure%20Workers%20FINAL%20AUG%202018v3.pdf)).

Joyce D. Hinrichs, Chair Trial Court Presiding Judges Advisory Committee, and Presiding Judge, Superior Court of Humboldt County; Thomas A. Delaney, President California Judges Association, and Judge of the Superior Court of Orange County; and Nancy Eberhardt, Chair, Court Executives Advisory Committee, and Court Executive Officer, Superior Court of San Bernardino County

On December 11, 2020, California Chief Justice Tani G. Cantil-Sakauye wrote to Governor Newsom requesting that court personnel—court employees and judicial officers—be included as a priority in the state’s vaccination distribution plan (see attachment). While making clear that there are others who should have first priority, the Chief Justice asked that as designated essential workers, court employees and judges should not be far behind. It is our understanding that those working in the government operations sector have since been prioritized in Phase 1C for the current vaccination rollout, which would include courts. We write to respectively ask for

your consideration to reclassify a segment of the state's court personnel and judges to Phase 1B Tier Two, recognizing courthouses as congregate settings with outbreak risk.

We make this request based on our state court system's daily, close proximity to residents, court users, and justice partners throughout the state, and the significant degree of foot traffic moving through our courthouses.

Beyond the challenges with respect to the handling of in person mandatory calendars, such as criminal arraignments and preliminary hearings, the pandemic has created an even greater need for many immediate services courts offer, including, but not limited to, domestic violence and other criminal and civil restraining orders. Although we have been able to service some of these critical needs, the level of service is not the same, nor is it consistent in counties throughout the State, based on local COVID-19 infection rates. In addition, despite the ongoing, substantial efforts of the judicial branch of government, significant delays of criminal and civil cases continue to grow with the current limitations on access and services. The sooner we can protect frontline court employees and judges, the sooner we can begin to open for more services, address urgent needs, reduce delays, and avoid further limitations on the ability to provide timely and equal access to justice for the people of California.

The refined designation would also provide clarity to local county health departments when working with their local courts.

Since the declaration of the pandemic-related state of emergency by the Governor in March of 2020, courts in all 58 counties have worked quickly and with success to expand access to remote court services, as permitted. Every day, however, hundreds of thousands of Californians seeking protections or adjudication and resolution of legal disputes affecting their lives must still come in person to courthouses for assistance or to plead their case before a judge in a courtroom. Many of these individuals are without representation or access to remote technology. They are relying on the presence of judges and other court personnel to afford them the procedural fairness that is their constitutional right.

As the Chief stated in her letter, "COVID-19 outbreaks among judicial officers or court employees could easily disable our state court system, significantly impacting public safety, our state, and its economy." As vaccinations of healthcare workers and long-term care residents continue under Phase I, we urge re-designation of court personnel (operations staff and judicial officers) from Phase IC to Phase 1B Tier Two as congregate settings with outbreak risk. This earlier timeframe will enable courts to maintain critical services for the public in the near-term. It will also help us be better prepared to deal with the expected surge in legal proceedings as businesses reopen and public life resumes in the months ahead.

We recognize the extraordinary challenge of delivering the COVID-19 vaccination in a manner that, first and foremost, meets the health and safety needs of California's most vulnerable residents. Many of society's most urgent and difficult problems end up in our courts. The inability to address these problems in a lawful, timely manner threatens the stability of society. As public servants—judges and court employees—we are committed to doing everything possible to keep our courthouses open and accessible to serve the people of California.

We are happy to discuss any aspects of this request and provide further information. Thank you for your consideration, and for the vital task you have undertaken to benefit California's almost 40 million residents, and indeed our country.

Yolanda Jackson, Executive Director, The Bar Association of San Francisco

The Bar Association of San Francisco (BASF), an organization of nearly 8000 members of the legal community contracts with the San Francisco Superior Court to provide the court with a panel of highly qualified attorneys for appointment in adult criminal and juvenile delinquency proceedings. These attorneys are appointed upon a finding of indigency and whenever the Public Defender declares a conflict of interest. This occurs in approximately 30% of all adult criminal proceedings and 40% of delinquency proceedings. Approximately 75 attorneys serve on these combined panels.

As with the Public Defenders who have been deemed and considered "essential workers," the services of appointed attorneys are mandated by the State and Federal Constitution, as well as by California statute; appointed counsel provide the very same essential services, critical to the functioning of the criminal justice system. During the pandemic, our conflicts panel lawyers have continued to supply high level representation to indigent, underserved clients, many of whom are in the county jail and prisons throughout the state, as well as juvenile and immigration detention facilities while their cases are pending trial. These lawyers make regular appearances in court, meet with clients in and out of custody, interview witnesses, meet with family members and visit crime scenes to prepare these criminal cases for trial.

As decisions are being made regarding equitable and pragmatic vaccine distribution, we want to make sure that our conflicts panel attorneys are given the same consideration as Public Defenders and be included for priority vaccinations as essential workers. This will enable appointed counsel to satisfy their constitutionally mandated role in representing their clients and meeting constitutionally mandated requirements and deadlines.

Thank you for the daunting public health work that you have assumed during these many months. We know you are concerned for all vulnerable populations, not the least of which are those detained in jails and prisons.

Appointed counsel, corrections staff, courtroom staff and public defenders and prosecutors are all inextricably intertwined with those who are incarcerated and facing prosecution as they perform the services essential to criminal/delinquency hearings and trials. Vaccination of appointed counsel will greatly assist our conflicts panel attorneys to effectively meet their constitutional obligations in criminal/delinquency proceedings.

Judyanne D. Vallado, Vice President, San Joaquin County Attorney Association

I am writing on behalf of the San Joaquin County Attorney's Association (SJCAA). The SJCAA is the union that represents the attorneys employed at the San Joaquin County District Attorney's Office, the San Joaquin County Public Defender's Office, and the San Joaquin County Department of Child Support Services.

We understand that you will soon be deciding how to prioritize access to the limited number of COVID-19 vaccines that will become available in this state. We recognize that health care workers must be given access to vaccines as soon as the vaccines have been determined to be safe and use is approved.

Once health care workers are vaccinated, vulnerable populations living in close quarters should be given priority. This includes incarcerated and homeless individuals. We write to request that you include the members of the SJCAA, as well as similarly situated attorneys across the state, in this group of those who may be the most vulnerable. For instance, in order to effectively execute their duties as deputy district attorneys, they must constantly work with victims, police officers and civilian witnesses – all of whom have the potential to expose them to COVID-19. The deputy public defenders must consistently communicate with their clients in order to competently represent them. A large majority of our clients are incarcerated or homeless. We are required to sit next to our incarcerated clients in court, and to visit them at the county jail. Considering the numerous outbreaks at our local jail and prisons (one of which saw two COVID related deaths just this weekend), as well as the high positivity rates of San Joaquin County, simply showing up to work and doing our essential jobs significantly increases the exposure to COVID-19 for our deputy public defenders. Additionally, the deputy district attorneys and the deputy public defender must come in contact with each other in order to facilitate the direction and resolution of a case. Similarly, the attorneys at the Department of Child Support Services are constantly required to meet with new clientele in small quarters, also increasing their possible exposure to COVID-19.

Throughout the pandemic, the courts have been deemed essential and have not ceased operating. No one in the court system has more close contact with the public and with vulnerable populations than the members of the SJCAA. Members of the SJCAA have been deemed and considered "essential workers" throughout the pandemic. The services provided by many of our members are mandated by the state and federal constitutions, as well as by California statute. Throughout the pandemic, the work of our members has not stopped, and in many cases has actually increased. Our members are required to personally communicate with judges, court staff, interpreters, and bailiffs, who are also in close proximity to the public and those who are incarcerated. More than any other attorneys, members of the SJCAA place their lives at risk by simply doing their job. Numerous members of our union, and of the staffs of the agencies in which they are employed, have been exposed to, tested positive for, and developed symptoms from the virus. Those individuals bring the virus home to their families and their communities. And unlike some other essential workers who have already been marked for early vaccination, SJCAA members do not have a means of separating themselves with barriers to protect themselves from the virus.

The SJCAA strenuously believes that vaccinating deputy district attorneys, deputy public defenders, and attorneys employed at child support services in San Joaquin County, as well as every other county in the state, will go a long way towards reducing the exposure to court personnel and other members of the community who are uniquely at risk of contracting the virus. Prioritizing our members and those similarly situated across the state for early access to the COVID-19 vaccines will not only protect our members, but the entire community. Thank you for your consideration and concerns.

Miriam Lyell, Public Defender, San Joaquin County Public Defenders Office

I have the following two requests:

1. DIRECT OR AUTHORIZE DR. PARK TO CATEGORIZE PUBLIC DEFENDER STAFF AS FRONTLINE ESSENTIAL WORKERS (PHASE 1b-TIER 1)

I have tried on several occasions to convince my Public Health Director/Doctor, Dr. Maggie Park to add Public Defender staff to the Frontline Essential Workers category as other Public Health Directors in nine other counties (Mendocino, Napa, Butte, Alameda, Ventura, Marin, Sacramento, Sonoma and Santa Barbara) have done. They understand the need for our staff to have daily and physical contact with incarcerated individuals as well as understanding that the staff are conduits to spread the virus to the general population. When I initially sent my request, Dr. Park stated that she needed more guidance from the State regarding who is categorized as Frontline Essential Workers. From my perspective, as it appears that Public Health Departments have great latitude in determining which Phase and Tier to classify people, I ask that you direct or authorize Dr. Parks to categorize my staff as Frontline Essential Workers.

2. REQUEST TO SEND MORE VACCINES TO SAN JOAQUIN COUNTY

When I made the above-request, Dr. Park asked if I had any connections to get more vaccines sent. She said that Public Health received a small number of doses this week and will receive in her words “a tiny shipment” next week. As of yesterday, San Joaquin Valley has the least ICU available space of any region in California. San Joaquin County is pulling the San Joaquin County Valley region down as our county’s ICU capacity fallen far below the need and our county is experiencing a severe outbreak of new cases. The situation is so dire that the Department of Defense has sent medics to our county to provide assistance. According to the California Department of Public Health website, as of two days ago, 2.9 million vaccine doses have been shipped but only 32.96% have been administered. What can I do to assist Dr. Park in receiving more vaccines from your agency?

Veronica Tse

I’m writing to urge you to include domestic workers in the current administration of the Covid-19 vaccine across the State of California by adjusting vaccination guidelines to include domestic workers that clean the homes of frontline healthcare workers (doctors, nurses, medical staff, etc.) and those of any other essential workers.

Domestic workers are currently not included in the rollout of the Covid-19 vaccine in California, yet they are one of the most vulnerable and essential groups of workers. And at the peak of a pandemic that is especially devastating domestic workers—most of whom are Black, Hispanic, or Asian—they’ve been excluded from the present vaccine administration program.

As stated by the UCLA Labor Center, "domestic workers provide childcare, homecare, and house cleaning services to support families, individuals, older adults, and people with illnesses or disabilities. Essential to the functioning of our economy and a more caring and sustainable future, domestic workers ensure our children, aging grandparents, and loved ones who are managing chronic illnesses or disabilities receive the assistance they need to live healthy and dignified lives. However, this work remains largely excluded from basic employment protections and benefits that can ensure the health and safety of domestic workers."

Domestic workers often clean the homes of employers who do not believe in masking or who refuse to provide adequate safety protocols and PPE. They clean the homes of more affluent employers who are more prone to travel or have guests visiting from other parts of the country, often from high-spread urban areas looking for an escape. Meanwhile, domestic workers often live in multi-generational family homes and assist other family members with childcare, and many live in condensed housing where spatial limitations make quarantine impossible. This is all especially true for Latino immigrant communities in California. And, in part, is likely why Latinos are 39% of California’s population of 39.5 million residents, but account for 48% of COVID-19-confirmed deaths through December 2020.

Without going further into the milieu of stories and empirically proven dangers that these women are facing, we are pleading that elected officials, local health officials, hospital administrators, and all others engaged in deciding whom to administer the vaccine to promptly address this oversight and include domestic workers in current vaccination efforts. Given the present surge in cases among working-class Latinos in California, the situation is dire.

Please view the ongoing petition for this effort [here](#).

Susan Morton, Sr. Director, Global Crisis Management, The Clorox Company

We understand that Clorox Company front-line employees are considered “essential workers,” and they may qualify for early access to the COVID-19 vaccine as part of the government’s prioritization protocol (as Phase 1B). The purpose of this email is to understand how California will be managing this process and how we may best work with you.

We currently have approximately 137 workers at our manufacturing facility in Fairfield, California where we make essential consumer products that support public health, including Clorox bleach, other disinfecting products and household cleaners. Generally, this plant is running 24 hours a day, 7 days a week to meet continuing unprecedented demand from consumers, healthcare facilities, businesses and communities.

In addition, we have approximately 279 Oakland- and Pleasanton-based employees who are conducting essential on-site work to support the production and delivery of these and our entire

family of products. This includes critical IT support, building services, and packaging development (including labels) for all products before labels are released and sent to production facilities. In addition, essential on-site Research & Development work is ongoing and focused on two main areas: 1) developing new disinfecting products efficacious against a broad range of microbes, including SARSCoV-2; and 2) managing supply-chain variations as we work aggressively to qualify new raw material suppliers necessary to increase production to meet the heightened demand for our products. The latter includes all laboratory and pilot plant work in support of these efforts.

We understand that details of the state vaccination program are still being developed. With the health and safety of our “essential workers” as a priority, we wanted to reach out to you now to understand the steps you are taking to implement the vaccination program and if there is any information you need from us at this point.

In addition to confirming that our on-site workers can be included in Phase 1B, we are hoping to learn more about the following:

- How and when California will be rolling out the vaccine to Phase 1B workers, including potential costs
- What type of communications and documentation we should provide our employees to help them receive a vaccination
- If we should be prepared to use the Vaccine Administration Management System (VAMS) to participate in the state’s programs.

Matt Pawluk, Sr. Director of Operations, Evolve Manufacturing

My name is Matt Pawluk, I’m the Sr. Director of Operations at Evolve Manufacturing, a Medical Device contract manufacturer in Fremont, CA.

We’ve been essential manufacturers since the very beginning of the stay-at-home orders in Q1 2020. Since that time we’ve scaled-up our operations to build COVID-19 antibody testers, ventilators, and millions of COVID-19 testing kits, along with the critical medical devices that we normally manufacture. During this time we’ve closely monitored COVID-19 trends through the CDC website and have exercised our business continuity plan to protect our employees. This included partitioning our building into “zones” to limit human interactions as well as frequent COVID-19 testing for all employees. Since we are a manufacturer, most of our employees aren’t able to work from home, and as we ramp up production and hire more people to work on COVID-19 related medical devices we’re increasing the risk of shutting down due to a COVID-19 outbreak here at Evolve.

Now that the vaccine has become available, we’re watching closely to see when it will be available for us. It’s clear that we’re in the Phase 1b group, but I’m asking for your help to advocate on behalf of Critical Manufacturing to receive vaccines in Phase 1b Tier 1. Receiving the vaccine would not only greatly mitigate the risk of factory closure, which would adversely impact the supply of COVID-19 medical devices and supplies along with other critical medical

devices, but would also free up COVID-19 testing kits as we would be able to greatly reduce the frequency of employee testing.

We strongly feel that we make a significant impact with the devices that we manufacture, and we know other critical manufacturers share the same feeling. We all take pride in being on the front lines fighting against COVID-19 and receiving the vaccine will allow us all to continue to do what we do best: save lives.

Saul R. Smith, CEO Mesh Logistics, Inc., Rancho Dominguez

We are writing to request priority access to the COVID-19 vaccines for the essential workers at Mesh Logistics, Inc. ("Mesh"). Mesh is a provider of critical logistic operations and employ s 194 essential critical infrastructure workers in Los Angeles County. The Company is taking steps to prepare its essential workers for the vaccination process. Mesh stands ready to assist the Los Angeles County Department of Health in distribution of these important vaccines to the Company' s frontline essential workers.

Mesh provides logistics services for a variety of commercial customers. These logistics operations assist in the distribution of products that are critical to the Nation ' s frontline workers, includin g health care workers and first respond ers throughout California and the United States. Our employees are at the front end of the distribution process and assist in port pickups and deliveries of these products.

As a part of the retail chain, we believe that Mesh meets the criteria to be considered part of the U.S. Commercial Facilities Sector. Employees working in the U.S. Commercial Facilities Sector are considered "Essential" and part of the " Essential Critical Infrastructure" as recognized by the Department of Homeland Security ("DHS") and the Centers for Disease Control (" CDC"). The DHS and CDC define critical infrastructure as any "" systems and assets, whether physical or virtual, so vital to the United States that the incapacity or destruction of such systems and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters."

Recognizing these essential functions, the California Department of Public Health ("CDPH") prioritized those at risk in the commercial, logistics and labor management sectors in Phase 1B Tier Two of the phased allocation plan of the COVID-19 vaccines. Although Los Angeles County prioritizes employees within these industries by age, we write in strong support for the inclusion of all Mesh employees in Phase 1B Tier Two. Nearly ninety-eight percent (98%) of Mesh' s employees are Latino, while over fifty percent (50%) are over the age of forty (40) and provide the primary income for their households .

Mesh employees face a high risk of exposure to COVID-19 and must work on-site to support Mesh's critical operations. For example, Mesh employees include routing administrators, fill bin coordinators and workers, staging workers, and shipping and receiving workers. These employees are responsible for coordinating the separation of products, handling and loading products, replenishing of product flow racks, sorting and counting products to be picked up and

delivered, off-loading orders from conveyor belts onto pallets, and other manual logistics operations. While the company has adopted stringent protocols for masking and social distancing, these employees are often working in groups or have unavoidable interactions with each other.

Mesh employees also meet the criteria identified by the ethical principles of the CDC's phased allocation of the COVID-19 vaccines for essential workers are to:

(1) Maximize benefits and minimize harms. The CDC recognizes that essential workers are at high risk of exposure and that prevention of COVID-19 will reduce its transmission. Further, vaccinating essential workers preserves services essential to the COVID-19 response and overall functioning of society. Additionally, the CDC points out that half of essential workers are older than forty (40) years of age, which is demonstrated amongst the demographics of Mesh's employees.

(2) Promote justice. The CDC recognizes that persons have a greater risk of exposure if they:

(a) are living in multi-generational households; (b) are unable to work from home; (c) have a high level of interaction with public or others in the workplace; (d) may be unable to control social distancing; and (e) frequently interact with others in the workplace. Many of Mesh's frontline employees cannot perform the essential functions of their jobs remotely or virtually and have a greater risk of exposure despite the Company's stringent protocols for masking and social distancing. Further, over half of Mesh's employees are living in multi-generational households and provide the primary source of income.

(3) Mitigate health inequities. The CDC recognizes that racial and ethnic minority groups are under-represented and experience disproportionate COVID-19 related hospitalization and death rates. In fact, the CDPH launched a Health Equity Dashboard as part of its commitment to reduce these health inequities. The Health Equity Dashboard tracks California's health equity measure and data by race and ethnicity, sexual orientation, and gender identity. As of the date of this letter, the Latino population leads all cases and deaths associated with COVID-19 in California among ages 0-80 years old. Nearly ninety-eight percent (98%) of Mesh's employees are Latino.

Through their positions as essential workers, Mesh's employees are at a higher risk of contracting and transmitting the virus and widening the health inequities that California seeks to actively combat. The DHS, CCD, CDPH and Los Angeles County have recognized the important role played by essential workers like those Mesh employees who are working at the ports of Los Angeles County. We urge you to continue these recognitions and include all of Mesh's employees, regardless of age, in Phase 1B Tier Two of the phased allocation plan of the COVID-19 vaccines.

We appreciate your consideration and look forward to working with you in the distribution of the COVID-19 vaccine amongst this essential population.

Suzanne Schaeffer, Center Director, Inland Empire Job Corps Center; Tom Fitzwater, Center Director, Los Angeles Job Corps Center; Brian Fischbach, Center Director, San Diego Job Corps Center; Jennifer Cha, Center Director, Treasure Island Job Corps Center; Matthew Davis, Center Director, Long Beach Job Corps Center; Saunja Townsend, Center Director, Sacramento Job Corps Center; and Leslie Gilroy, Center Director, San Jose Job Corps Center

On behalf of the California Job Corps Centers, representing more than 1,000 staff and 3,000 students, we respectfully request that you grant priority access to Job Corps in the distribution of COVID-19 vaccines. This prioritization would allow for Job Corps to fully and safely conduct in-person operations serving hundreds of disadvantaged and deserving Californians.

Job Corps is a federal residential career and technical education program serving disadvantaged students ages 16-24 with seven Centers in California. We provide safe and stable housing, basic health care, wraparound support services, remedial education and vocational and technical job training in many essential industries including healthcare, food service, construction, and manufacturing. Each center's healthcare workers provide medical services to students on a daily basis. All of our students are below the poverty line, a majority are high school dropouts, some are homeless, and face multiple barriers to higher education and/ or employment.

In March of 2020, the U.S. Department of Labor (USDOL) made the tough decision to send the vast majority of Job Corps' 30,000+ students to their home of record to combat the potential spread of coronavirus. Recently, USDOL has begun to resume onsite operations to allow our neediest students to return to Centers in alignment with Center for Disease Control and Prevention (CDC) and local health authority guidelines.

The CDC's Advisory Committee on Immunization Practices and National Academies of Science, Engineering, and Medicine have recommended designating teachers and school staff as well as those living and working in homeless shelters, group homes, or similar environments as high - risk and/or frontline essential workers who should be part of the next group to receive the coronavirus vaccine. Given Job Corps' residential and educational setting, this should include Job Corps staff, and potentially our students - who fall into the age group with the highest incidence of coronavirus infection. We believe it is of the utmost importance to the disadvantaged youth we serve, our staff, and our communities that, at a minimum, Job Corps' center staff be included in California's definition of the educational and residential facility staff that qualify as frontline essential workers for the purpose of COVID-19 vaccine distribution.

We greatly appreciate all the work that you and your staff are doing to help protect our communities and the most vulnerable populations during this pandemic.

Trish Roath, Executive Director, Resource Recovery Coalition of California, Sacramento

Our trade association represents garbage and recycling companies throughout the state. I am attempting to determine if our member companies, who employ essential workers, are slated for Phase 1b of the vaccine distribution, as we originally anticipated.

I am aware of the CDC guidance recommending a split of “frontline essential workers” and “other essential workers”. I also know that each state is responsible for designing their own vaccine allocation plans and are not required to follow CDC guidance.

What information can you give me to share with my members? As you are likely aware, our members are very anxious to protect their employees, as almost every member company has experienced some level of positive COVID-19 cases, and the number of positive cases is rising. The services that our members provide protects the health and safety of every California resident.

YN Delgadillo

Good evening I'm a Nanny. I have been reading all the distribution of the vaccine but since we are a private essential childcare, I'm not sure at what state of vaccination we will be considered or who should I talk to? If you would please give me any information about it it will be greatly appreciated.

Danielle Glagola, 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. 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.

Rosi G

Hello, Just a friendly reminder that public transit drivers are essential frontline workers. In need of the vaccine. I have not heard anything regarding public transit drivers receiving a vaccine.

I am a paratransit driver, today I assisted a passenger aboard/deboard the vehicle, she held onto my arm as I carried her duffle bag. As well as other passengers we transport. They need us to put their seatbelts on, inches from their faces at times. I have had to assist passengers to place a mask on their face. The drivers are unable to maintain 6ft distance, we don't have plastic barriers from our clients, like the cashiers do in grocery stores.

Remember that public transportation drivers/paratransit drivers are frontline essential workers also. We transport people to the hospital before they get tested for covid. The drivers are at high risk also.

Derek Kantar, California Department of Transportation

Caltrans has three recommendations and several questions regarding the rollout of vaccinations to critical state transportation workers:

Recommendations:

1. Emergency responders are dependent on roads and other modal transportation systems (i.e. rail, transit, aviation, and maritime) to provide critical emergency services. Because of this interdependent relationship, we recommend the following vaccination tiering for transportation:
 - a. Caltrans' 2,000 emergency response personnel be moved into Phase 1B, Tier 1. This number divided among the 58 counties would have minimal impact at the County level. Employees could present their State ID to the appropriate County facility for verification as a Caltrans employee.
 - b. The remaining 20,000 Caltrans workers would remain in Phase 1B, Tier 2 to support multimodal transportation operations within the state.
2. Some highways are used to transport vaccine, bring vaccine into health and elder care facilities, and/or provide mobility for Access and Functional Needs recipients to vaccination locations. These roads can be compromised during snow events or vehicle collisions. Caltrans winter operations crews need vaccinations to clear collisions, plow roads and provide chain control for those dependent on public road and transit systems. These crews are part of our emergency response teams and should be in Phase 1B, Tier 1. Since Caltrans has road maintenance personnel who have tested positive for COVID-19, we transition in and out of reduced operating capacity. We would strongly encourage elevating our emergency response workers in the vaccine priority system to avoid transportation delays.

3. Caltrans, alongside CHP, have employees in 12 statewide Transportation Management Centers that must be staffed 24/7 and have been since the start of the pandemic. These centers are essential to managing traffic flow and responding to emergencies on the State Highway System and should be in Phase 1B, Tier 1.

Questions

4. What is the status of Phase 1A vaccinations? Are they moving as desired or is there a lag in the completion of Phase 1A?
5. Do we have an estimate of how many persons are in Phase 1B, Tier 2? We understand there are an estimated 8.5m in Phase 1B.
6. Is there an estimate when vaccines will be available for Phase 1B Tier 2 group? We need to better plan our vaccination roll out.
7. Just as GoBiz is planning vaccine distributions to the private sector and farm workers, who is planning the distribution to state departments? How is the State going to notify the various State Department's that their phase and tier is authorized to get vaccinations, and where to get them? Will State employees need to show their ID so there can be tracking by Department and employee? This will be particularly important in the rural parts of the State.
8. Is there any talk of a voucher system for state departments to issue their employees to take to a vaccine provider?
9. Can state employees receive vaccinations through contract providers within their Department, or only through their health care provider or county agency?

Captain John Carlier, President, San Francisco Bar Pilots Association

As you know, the San Francisco Bar Pilots are a critical link in our global, national, and regional supply chain. Virtually every commercial ship calling in our region's ports is navigated by a San Francisco Bar Pilot. The ships come from all over the world and are crewed by personnel whose countries of origin span the globe. The value of goods movement serviced by our organization is valued in the billions of dollars. Throughout the pandemic, the Bar Pilots have facilitated the safe and timely arrival of critical goods ranging from medical equipment and supplies to groceries and other household staples. Bar Pilots serve all vessels on demand 24/7/365 and without our services the flow of commerce would come to an abrupt halt. The work that the San Francisco Bar Pilots and our employees perform is essential not only to the economy but to the public health response to the COVID-19 pandemic.

The San Francisco Bar Pilots' workforce is comprised of approximately 100 individuals with unique and highly specialized skill sets that take years to acquire. The nature of our work requires long hours in circumstances that do not allow for social distancing and we routinely come into contact with foreign crews of whom we have no health or travel history. The COVID prevention protocols we follow have thus far prevented COVID from infecting our workforce and therefore our ability to provide pilotage service. However, should any member of our workforce become infected while on duty, quarantine and other response measures will likely have an immediate impact on workplace health and our ability to provide pilotage service.

The Center for Disease Control and US Department of Homeland Security have designated maritime pilots and pilot boat crews as essential critical infrastructure workers for the determination considering vaccine priority. However, our designation within the various State, regional and local jurisdictions is less clear. Our status is further complicated in that we perform our work across multiple jurisdictions and our workforce resides throughout California and, in some cases, out of state.

It is for these reasons that we respectfully request that when evaluating the second vaccine priority phase behind healthcare workers and our most vulnerable citizens, the San Francisco Bar Pilots and our employees be included as essential vaccine recipients.

Joy Alafia, President and CEO, Western Propane Gas Association, Sacramento

On behalf of the Western Propane Gas Association, an industry that provides essential heat and energy for almost over 1 million Californians, we submit the attached letter for your consideration as you develop the state's COVID-19 vaccine distribution plan. I sincerely thank you for the important role each of you serve during this critical time. Please do not hesitate to contact me directly if I can answer any questions.

Ramon Ponce de Leon, President, ILWU Local 13, Michael Podue, President, ILWU Local 63, and Daniel G. Miranda, President, ILWU Local 94

On behalf of the men and women of the International Longshore and Warehouse Union (ILWU) Locals 13, 63, and 94, we respectfully request that longshoremen, marine clerks, and foremen at California's Ports be appropriately placed in at least Phase IB Tier One of California's COVID-19 Vaccine Plan.

Our locals represent 9,260 members plus a casual workforce of over 5,000 essential workers at the Ports of Los Angeles and Long Beach. It is thanks to the hard work of our members that cargo moves efficiently through the San Pedro Bay Port Complex. This in turn keeps store shelves stocked with the food, goods, and personal protective equipment (PPE) millions of Americans need as they shelter-in-place or care for those suffering the effects of COVID-19. As you know, Southern California continues to be one of the nation's worst COVID-19 hot spots with Los Angeles County alone making up 39.4 percent of the state's new cases on January 7, 2021. While we are proud to be essential, we refuse to be overlooked as this virus rages on.

ILWU members have not been immune to the surge in major COVID-19 outbreaks in the state. Since December 2, 2020, eight active members of ILWU Locals 13, 63, and 94 have died of the virus, not including recent retirees. In the month of December, ILWU members at the Port of Los Angeles had 65 percent of the reported cases test positive for COVID-19. At the Port of Long Beach, 71 percent of the reported cases came back positive. In just the first seven days of January, 54 more positive cases were confirmed within our ranks. These numbers continue to rise. We provide you with these numbers to show the urgency of our situation.

No one lives at a marine terminal. When these members contract the virus, they risk exposing their families and loved ones, complicating efforts to control the virus' spread.

The challenge of COVID-19 comes as the Ports of Los Angeles and Long Beach are experiencing record cargo volume. In November, the Port of Long Beach moved 783,523 TEUs, a 30.6 percent increase from the previous year. During the same period, the Port of Los Angeles moved 889,746 TEUs, a 22 percent increase from the year prior. As you know, the San Pedro Bay Port Complex is an enormous economic engine for California, supporting as many as one in nine jobs in our region and 2.9 million jobs throughout the country. More than \$2 billion worth of cargo crosses our docks every day. What would happen to California's economy if the virus forced a shutdown of the ports?

Our members have faced delays in receiving needed PPE, temperature checks, and rapid testing. However, even with those measures in place, ILWU members still face the risk of contracting the virus while doing their essential work which keeps the state's economy running. Prompt access to the vaccine is the only way we can truly keep one another safe. As such, we respectfully request that our members be placed in at least Phase IB Tier One of California's COVID-19 Vaccine Plan. Should you have any questions, please feel free to contact us at the above. Thank you very much for your time and consideration.

Daniel Goldstein, Executive Vice President and General Counsel

Pitney Bowes Inc respectfully requests inclusion of our employees on any list the state is developing for early distribution of the COVID-19 vaccine to critical infrastructure workers.

Pitney Bowes is considered by the U.S. Cybersecurity & Infrastructure Security Agency (CISA) as a critical infrastructure business. Among its services, our company processes and presorts mail, operates a global ecommerce business that manages fulfillment, delivery and returns of packages, provides and services mailing and shipping equipment to a wide variety of customers, including to other essential business, and has continued to operate as a critical infrastructure business across the country under various shelter in place orders.

Despite robust social distancing practices at our sites, many of the employees in these facilities conduct physically demanding work in relatively close proximity, some provide transportation services for mail and packages across multiple sites, and a significant percentage of our employee population comes from traditionally underserved communities.

High priority Pitney Bowes sites in California employ approximately 700 employees in the following locations:

5959 Randolph Street, Commerce, CA 90040

6017 Randolph Street, Commerce, CA 90040 16350 Gothard St. Huntington Beach, CA 92647

18550 South Broadwick Street, Rancho Dominguez, CA 90220 11260 Cedar Ave, Bloomington, CA 92316

*125 Valley Drive, Brisbane CA 94005
250 Airport Circle #101, Corona, CA 92880
3700 Seaport Blvd., Ste.20, West Sacramento 95691*

Pitney Bowes' status as a critical infrastructure business was confirmed in "Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response" issued on May 19, 2020 by the CISA, which provided that the following work falls within this category:

Postal Service, parcel, courier, last-mile delivery, and shipping and related workers, to include private companies, who accept, process, transport, and deliver information and goods.

Chief Patrol Agent Aaron Heitke, Chief Patrol Agent Gregory Bovino, Chief Patrol Agent Chris Clem, Deputy Director Brandon Tucker, Director Richard DiNucci, Director Carlos Martel, Acting Director Anne Maricich

We are writing on behalf of the men and women of US Customs and Border Protection's (CBP) US Border Patrol, Office of Field Operations, and Air and Marine Operations whose unwavering commitment to the safety and security of our local communities and of the nation at large places them squarely in harm's way. CBP frontline employees swore an oath to protect America, accepting the risks inherent to law enforcement and emergency response vocations. As you know, our frontline employees are engaged 24/7 along the border and in the air, sea, and land ports in your state, often working side-by-side and engaging regularly with your state and local law enforcement officers to ensure the safety of the public. We also work daily to protect the economic vitality of the region by processing imports and exports through ports in Oakland, Los Angeles/Long Beach, and across the California-Mexican Border.

The particular nature of our duties requires frequent, close contact with high (and growing) numbers of people of globally diverse origins, each of whom presents potential risk of exposure to COVID-19. And like every emergency worker during the pandemic, our frontline employees endure the unfamiliar and unwelcome physical and psychological impacts of possibly bringing the threat home to their families. Every vaccinated first responder reduces that risk to families and communities as they strive to fulfill their oath.

We are working with the Department of Homeland Security and the Department of Veterans Affairs to obtain access to COVID-19 vaccinations for our IA (medical) personnel and our IB (first responder/law enforcement) personnel; however, the pace and availability of this avenue continues to evolve. Therefore, we respectfully ask that, as you plan and conduct your COVID-19 vaccination efforts and if you anticipate or find that you have sufficient vaccines available, that you include us in your planning efforts for IA (medical) personnel and IB (first responder/law enforcement) personnel. For planning purposes, CBP has 8,159 IA and IB personnel in your state that are seeking vaccination, located in the following counties: Imperial 1,605; San Diego 4,124; Riverside 26; Los Angeles 1,650; and San Francisco 754.

For our planning purposes, please let us know if you anticipate being able to provide access to vaccination for CBP personnel, and, if known, in what numbers/locations. Also, please provide us with a POC to coordinate vaccine issues going forward.

As always, CBP stands ready to assist the state in any way we can within our authority to facilitate logistics or the movement of personnel providing support to your efforts.

Ross Hutchings, CAE, CSSA Executive Director

Thank you for your dedication to the important tasks of prioritizing, allocating, and distributing the COVID-19 vaccine to California residents. Appropriately, during Phase 1A, health care workers and long-term care residents were prioritized to receive the vaccine. Next are individuals in Phase 1B Tier One, those 75 and older as well as workers in education and childcare, emergency services, food services, and agriculture.

The California Self Storage Association¹ (CSSA) requests confirmation that self storage managers and employees working on-site are appropriately classified in the next tier to receive the vaccine: Phase 1B Tier Two. This phase comprises transportation and logistics; industrial, commercial, and residential sheltering facilities and services; critical manufacturing; incarcerated individuals; and the homeless.

Consistent with required social distancing, CDC guidelines and other preventative measures, self storage facility managers and employees (“on-site employees”) have continued to work in many of the nearly 4,000 self storage sites in California throughout the COVID-19 pandemic. On-site employees ensure that tenants have continued access to their belongings during this critical time and that new tenants can rent space for needs that arise due to the pandemic.² They also provide site-wide surveillance, to the extent practicable and possible under the guidelines, in an effort to improve the safety of their customer’s treasured belongings.

Self storage is used by, and essential to, approximately 1.3 million California households and countless businesses. Essential businesses such as pharmaceutical sales representatives, medical practitioners and medical supply/delivery companies rely heavily upon self storage access to store essential products.

Similarly, trade businesses such as HVAC technicians, pest control companies, landscapers, and plumbers, use self storage as a place to store their tools, trucks, and supplies. It is also important to acknowledge those families that rely upon self storage to store essential household supplies during the pandemic, and their need to access their unit(s) to retrieve essential belongings such as mattresses, couches, and other items to accommodate family members who may be staying with them temporarily.

It is vital that self storage facilities continue to operate to ensure access to essential goods and belongings for both business and personal uses and mitigating the health risk to on-site employees will significantly further this objective. Facilities are typically operated by one or two employees on-site at a time, and thus, the risk of a major disruption at any given self storage

facility is a particularly acute, i.e., one COVID-19 health concern can lead to closure(s), which could negatively affect millions of California residents and businesses.

As a courtesy to the courageous and honorable on-site employees, and to remove uncertainty for employees and employers alike with respect to the vaccination tier structure, the CSSA respectfully requests confirmation that self storage managers and employees working on-site are classified as eligible for vaccination during Phase 1B Tier Two. Thank you for your consideration.

¹ CSSA is a Sacramento-based trade association that was formed in 1975 representing owners and operators of storage businesses in California.

² Self storage has been considered an essential business throughout the pandemic. *See* <https://covid19.ca.gov/essential-workforce/> For example, self storage managers are included with “Workers supporting the operations of commercial buildings that are critical to safety, security, and the continuance of essential activities, such as on-site property managers, building engineers, security staff, fire safety directors, janitorial personnel, and service technicians (e.g., mechanical, HVAC, plumbers, electricians, and elevator).” (Industrial, Commercial, Residential, and Sheltering Facilities and Services).

Deborah K. Maus, CAE, Executive Vice President, Plumbing-Heating-Cooling Contractors of California

The Plumbing-Heating-Cooling Contractors of California represent 250 plumbing and HVAC contractors employing several thousand professionals ensuring Americans have access to clean air and water in their homes. As efforts are underway for the safe distribution and administration of the COVID vaccine to frontline essential workers, we urge you to ensure plumbing and heating, ventilation, air-conditioning and refrigeration (HVACR) contractors are among those prioritized for vaccination under Phase 1B once emergency responders, health care workers, nursing home residents, and others prioritized under Phase 1A distribution have been sufficiently vaccinated.

Plumbing and HVACR contractors protect the health and safety of the American people by ensuring the water and air consumed in their homes are safe, and food is stored at the appropriate temperatures to prevent the spread of bacteria. In fact, refrigeration contractors in particular play a central role in ensuring COVID vaccines are stored at the correct temperatures to ensure maximum effectiveness. These contractors are in daily contact with customers and have first-hand exposure to human waste, sewage, and airborne particles that make them particularly vulnerable not only to COVID infection but other biohazards as well.

Considering the substantial contact and interaction with customers, for the sake of public safety it is incumbent that these contractors are given priority to receive the COVID-19 vaccine in order to mitigate its spread. This problem is further compounded by the fact that the increase in COVID infections is correlated to the decrease in outdoor temperatures as we enter the winter season, when customer needs for hot water and air heating services are on the rise. With millions of American families spending more time at home than any other time in recent memory, the

necessity of our services to keep them healthy and comfortable is higher than ever, especially with vulnerable populations.

It is important to note that plumbing and HVACR contractors are identified by the Cybersecurity & Infrastructure Security Agency (CISA) as critical infrastructure workers for the very reasons listed above. We ask that you take this into consideration as you draft vaccination guidelines for California.

Sandi Soleta

The Plumbing-Heating-Cooling Contractors of Los Angeles, Ventura and Santa Barbara County represent 65 plumbing and HVAC contractors employing over 300 professionals ensuring Americans have access to clean air and water in their homes. As efforts are underway for the safe distribution and administration of the COVID vaccine to frontline essential workers, we urge you to ensure plumbing and heating, ventilation, air-conditioning and refrigeration (HVACR) contractors are among those prioritized for vaccination under Phase 1B once emergency responders, health care workers, nursing home residents, and others prioritized under Phase 1A distribution have been sufficiently vaccinated.

Plumbing and HVACR contractors protect the health and safety of the American people by ensuring the water and air consumed in their homes and businesses are safe. Several of our contractor members are working in hospitals and long-term health facilities that are treating COVID-19 patients. Refrigeration contractors in particular play a central role in ensuring COVID vaccines are stored at the correct temperatures to ensure maximum effectiveness. These contractors are in daily contact with customers and have first-hand exposure to human waste, sewage, and airborne particles that make them particularly vulnerable not only to COVID infection but other biohazards as well.

Considering the substantial contact and interaction with customers, for the sake of public safety it is incumbent that these contractors are given priority to receive the COVID-19 vaccine in order to mitigate its spread. This problem is further compounded by the fact that the increase in COVID infections is correlated to the decrease in outdoor temperatures as we enter the winter season, when customer needs for hot water and air heating services are on the rise. With millions of American families spending more time at home than any other time in recent memory, the necessity of our services to keep them healthy and comfortable is higher than ever, especially with vulnerable populations.

It is important to note that plumbing and HVACR contractors are identified by the Cybersecurity & Infrastructure Security Agency (CISA) as critical infrastructure workers for the very reasons listed above. We ask that you take this into consideration as you draft vaccination guidelines for Los Angeles, Ventura and Santa Barbara Counties.

**Stephen J. Weitekamp, CMSA President, The California Moving and Storage Association **

On behalf of household goods moving industry workers in California, the California Moving and Storage Association is writing to you to ask for your consideration and support to help ensure Californians can continue to make vital household goods moves as safely as possible. Legally operating movers in California are regulated by the Bureau of Household Goods and Services (BHGS) and are easily identifiable by their CAL-T number issued by the Bureau.

At a time when many sectors are rightfully posturing to get their workers access to the COVID-19 vaccine, we believe some consideration is due to the household goods moving industry. Moving industry employees are designated as essential critical infrastructure workers per the Department of Homeland Security's Cyber and Infrastructure Security Agency. Movers are a key cog in the machine that enables families and workers to transition to where they are needed; helping to keep our economy moving. As such, the moving industry plays a vital role in the U.S. economy and society as a whole, supporting Americans who, for job reasons, family care requirements, and literally hundreds of other critical factors, must relocate during the Pandemic.

By the nature of their tasks, moving company workers become intimately engaged with families during a move. They enter the home, many times over the course of one to three days at a time, to pack up and then load an entire household for transport to its new destination. Close contact between movers and families is inevitable. Adding some surety that the moving process is as safe as possible, both helps stop the spread of COVID-19, provides workers with a measure of confidence that their health risk is reduced and provides families with some assurance of safety at one of the most stressful times in their lives.

We recognize there are other high priority workers and high-risk segments of the population who should be first in line. However, as decisions are being made to select the next segment of the workforce/population, allowing BHGS regulated moving industry workers priority access to the vaccine will go a long way toward keeping these essential workers, and the moving public they support, safe from the virus, with the added benefit of helping slow the spread of COVID-19 as customers transition to new areas.

The household goods moving industry has taken many measures to keep workers and the customers they support safe during the Pandemic. Movers have enacted policies that support the Centers for Disease Control and Prevention (CDC) guidelines. But we continue to be aware of the virus spreading from customers to workers and workers to customers. With that in mind, and the fact that Americans must continue to transition from one location to another, we ask that you consider the critical role movers play in our economy as you make plans for the distribution of the vaccine.

Jeremy Merz, Vice President, State Affairs Western Region, Denneile Ritter, Assistant Vice President State Affairs, Western Region, and Mark Sektnan, Vice President, State Government Relations American Property Casualty Insurance Association

The American Property Casualty Insurance Association (APCIA) appreciates the opportunity to provide comments as the California Community Vaccine Advisory Committee meets to determine California-specific guidance for the prioritization and allocation of a COVID-19 vaccine. As you are aware, the Center for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) recommends that the next phase (1b) of COVID-19 vaccinations should include teachers, factory workers, police and firefighters, grocery workers and other "critical workers" for a functioning society who are at a high risk of exposure.¹ We respectfully request that the Advisory Committee regard the definition of "critical workers" to include insurance claims personnel *who work in the field and must conduct in person inspections and have face-to-face contact with policyholders*.

APCIA is composed of over 1,200 member companies and 330 insurance groups and represents the broadest cross-section of home, auto, and business insurers of any national trade association. APCIA members represent insurers of all sizes, structures, and regions, which protect families, communities, and businesses in the U.S. and across the globe. Despite the pandemic, catastrophic weather and wildfire events continue to damage homes and businesses. In recent years, insurance companies have made substantial investments in digital tools to enhance claims response times, aerial imagery such as drones to more effectively survey property damage, and virtual conferencing tools allowing adjusters to speak with homeowners to discuss the damages. However, there are still situations *where there simply is no alternative to an in-person interaction*, which increases the exposure of insurance personnel to transmission of SARS-CoV-2. It is essential that insurance claims personnel be available to respond to policyholders immediately and assist with their recovery from these losses.

It is universally agreed that insurance, in particular the assessment and payment of claims, is an essential business activity, and is critical to help victims of catastrophic weather and wildfire events recover and rebuild. Since the beginning of the pandemic, states² and the U.S. Treasury Department³, consistent with Cybersecurity and Infrastructure Security Agency (CISA)⁴ guidance, have classified insurance operations as "essential" businesses, allowing insurers to continue operations, conduct inspections of damaged property, and meet with victims who have suffered losses when necessary.

For these reasons, we urge the Community Vaccine Advisory Committee to include insurance field personnel involved in property casualty claims handling as "essential or critical workers" in the next phase (1b) of vaccine eligibility.

Gina DaSilva

I received a call from the Consul General of El Salvador (San Francisco) asking about how consulates may be considered in the vaccine process given their everyday interactions and service to populations that may be at higher risk for COVID. I flagged the working group and

community vaccine advisory group but they're looking for a point of contact. Please let me know what would be best.

Janet Lindeman Fiore, Office Manager, East Union Cemetery, Manteca

Are you considering adding cemetery workers to the Phase 1 COVID19 release? Our burial crew as well as those of us working in the office and meeting with families who have been exposed and are burying their loved one who has passed from COVID19 is of great concern to us.

If you do so, could you please tell us where we can go for the vaccine or what kind of documentation we would need from your office to obtain the vaccine?

PLEASE consider adding us to the essential worker list as we are getting more and more burials for COVID19 patients.

Denyse Toelkes

I am writing in regards to the lack of reliable and accurate information regarding COVID vaccines in Orange County California. Disneyland was mentioned in an article and now everyone is showing up there for vaccines. People are getting vaccinated without appointments. The Othena app is constantly crashing, not accepting valid passwords and supplying zero opportunity to get any appointments for vaccination. My mom is 87. People younger than her are getting vaccinated. What kind of task force doesn't foresee this mess?

Cynthia Greif-Neill

I am 72 years old with serious cardiac issues. I live in Alameda County. My cardiologist told me that should I get Covid it is highly likely that it would be fatal. When can I receive the vaccine? Friends and family in LA and San Diego Counties 65 and over have been receiving the vaccine, despite having NO medical problems. Why are we so behind in Alameda County?

Dan Cook

My parents, ages 80 and 76, have not yet heard where or when they should receive their vaccinations. Please provide me some information that I can pass along to them so there is no delay in getting their shots. I reside in Colorado and those age groups have already begun to receive their vaccinations. Please reply with any additional information or questions.

Daniel Liptrot

With all due respect, this situation is such a mess. I don't intend to hurt anyone's feelings, But you all need to hear the truth and how your decisions are impacting the lives of seniors all across San Diego and The State, Because others will think your plan is good when in fact your plan is not working... Oh it's working for people you know and people you are close to, But it's not doing anything for people like me who are at the bottom of the income scale. I don't understand how people who railed about mask and their businesses being opened. Now these same people get the vaccine to show all us poor people that it's safe. I have been locked down since march 19, 2020. After cancer surgery and multiple infections I made it pass all that, Then I had to stay locked down because of covid while others stormed capitals and raised holy hell because they could not open their business. Dr. Fauci stood right behind president trump when he said" we should not worry it was all under control. And if you look at the tape he had his head down because he knew that was not true. I am absolutely terrified and in danger every time I go out my door...I wear a mask and just got a face shield... I have not seen my family for a whole year. And yet, I cannot even get information (until today) as to where I fall in any tier. One person told me tier 1b and another told me tier 1c so Your plan maybe working for the people you want it to work for and it just may be that I will be one of those overlooked and could even die from covid because I can't get anyone to see me. But I will say this: This situation is not right and I hope you all will listen to the people out here who are just asking for fairness. Right now you are failing and I know you think you are correct. My father brought 20 children into this world and he used to warn us that anyone we encounter in life who are not willing to hear the other side will have no one to blame but themselves when things go wrong. I pray this is not the case here.

Bruce Jackson

Please provide:

1. A summary showing the number of doses of Covid-19 vaccine that have been shipped to each Local Health Jurisdiction, excluding doses allocated to MCE's and LTCF's.
2. A description of the methodologies for vaccine allocation currently in use. As of October 16, 2020, the California Covid-19 Vaccination Plan does not provide the methodologies and states that this is "still in the process of development". What is in place now?
3. Data published by the press and on various counties websites indicates that Mendocino County has received far less doses per capita than neighboring counties or Bay Area counties. In many cases it seems only a third as much. If this is true, please provide records explaining and justifying the disparity.
4. Details of any actions Mendocino County can take to increase the rate of doses it is receiving.

As this is a contemporary issue with obvious time-related implications, please provide this information no later than January 13, 2021. If this request is not clear or is not possible to fulfill by then, please call me on January 11th. Your help will be greatly appreciated.

Dr. Edison Han, DDS, FAGD

I am concerned with the COVID19 vaccination rollout in Los Angeles County. Orange County already rolled it out to dentists and staff three days ago. Fortunately, I reside in Orange County, so I received mine. However, I am deeply concerned for my staff because they cannot receive the vaccination because their residences and my office are in Los Angeles county. I understand that LA County is much larger, but that is only an excuse for this poor management. Being a larger County, I feel it should have more resources and workforce to achieve this rollout. It seems like vaccination programs are not managed properly at the local level. I called several hospitals in Los Angeles County and was told that they are vaccinating only their doctors and staff at this time. Los Angeles County Public Health viewed performing dentistry as high-risk procedures but placed dentists and assistants on the bottom tier 1. That's unacceptable, and taking it longer to roll it out to the dental workforce does not make sense! We, the dentists, in Los Angeles County want to hear an explanation for this unacceptable delay.

Larry Johnson

Now that the CDPH Allocation Guidelines have been revised how/where can it be determined which phase (i.e. 1, 1B , 1C, 7c) in California currently in?

As of 2 pm 7 Jan this information was not available at [Tracking COVID-19 in CA Updated January 7, 2021 at 11:00 AM with data from January 6, 2021](#)

Maitreyee Deshpande

My name is Maitreyee Deshpande and I am a 22 year old resident of Santa Clara County. I am a recent university graduate who majored in Statistics, and am now working for a warehouse, transportation, and ecommerce company. I have been very closely following this pandemic since its start, carefully studying trends in the data as well as the community and government sentiment surrounding COVID-19.

I admire the tremendous efforts California has taken to protect and serve its citizens. I believe that California residents are well aware and cautious about COVID-19 thanks to the public health outreach throughout the past 10 months. As we enter a different stage of the pandemic, the vaccine rollout, complications and roadblocks are certain to occur. I'm grateful for your efforts to distribute the vaccine, and it's commendable that California has managed to vaccinate ~500k of its citizens, despite the setbacks we've faced in the initial weeks of the rollout.

However, as someone who follows and watches the advisory committee meetings and keeps up to date with the COVID-19 information publicly available through the California COVID website, I have a few comments to make as well as suggestions:

I agree that it's imperative to vaccinate our frontline and essential care workers first. They are the *most* deserving of this vaccine, and I doubt anyone would object to that. However, it seems as if some frontline workers have been refusing the vaccine (up to 50% in Riverside county). This leaves more unused vaccines, and may cause delays in vaccine rollout. Suppose 500 hospital workers are scheduled to take the vaccine on a given day. If 200 refuse, then those vaccines need to find a new arm to call home, which takes additional time.

Currently, the vaccine rollout is prioritized by occupation. This creates an enormous bottleneck in the vaccine rollout since layers of verification may be required. I understand that we're in the LTCF phase of the rollout, but the effort to increase vaccination speeds may be futile if we continue to prioritize by such rigid occupation requirements.

My proposal (similar to suggestions made by many on Reddit and forums of the like):

Keep the prioritization of the rollout as is. However, consider implementing the following amendments to the vaccination rollout plan:

1. Allow a vaccination time period of 3 weeks for a given phase. For example, focus vaccination efforts for those in Phase 1B for 3 weeks, and then move onto the next phase after the 3 weeks are up. This way, we can keep the pace of the vaccinations moving, instead of waiting around for ALL of those that fit the criteria of Phase 1B to be vaccinated.

2. Reserve 60% of the vaccines for those in the priority groups, and open up 40% of the vaccinations for anyone who wants it (first-come, first-serve). While our goal is to protect priority groups, at the end of the day, the more vaccines we get into people's arms, the better. There are more than enough residents who are enthusiastic and willing to get vaccinated (I definitely am), and splitting up the vaccines this way will increase our vaccination efforts. The percentages can be adjusted to however you see fit.

Although I cannot say that I have any experience with a rollout plan of this scale, I have worked very closely with the optimization of shipping and delivery, and getting an item to a customer very, very fast. I fully trust and appreciate the tireless efforts of this committee, and obviously you all have worked towards this point in your career for many years. I recognize your expertise is far greater than mine might ever be, but I hope you take some of what I've proposed into consideration.

Cases are surging and Californians are either entirely giving up on following lockdown orders, or their mental health is deteriorating to the point of irreversible damage. As an individual who has suffered from anxiety and depression for years, the pandemic has been no less than incredibly challenging. Still, I along with millions of Californians, are doing our best to stay home and prevent the spread of this virus, and everyone in California deserves an opportunity to get vaccinated quickly. I'm looking forward to witnessing California's accelerated vaccine efforts, and I'm proud to be a resident of this state.

Larry Suess, DO, PhD, FACN, Professor-Child Psychiatry, AOA Health Policy Fellow, Outpatient Psychiatry Rotation Director, Child & Adolescent Psychiatry Rotation Director, Touro University Medical Group, Stockton

“Thank you for your proactive response to achieve control of the SARS-CoV-2 virus. It is becoming evident the roll out of the vaccine has become a logistical nightmare^[11]^[12], leading to waste. Families have been identified as vectors of the SARS-CoV-2 virus for health care workers^[13]. I believe vaccinating family members is critical in protecting health care worker exposure.

Health policy has attempted to strategize the vaccine roll out^[14], with luke-warm success. Phoenix Cardinal Stadium starting next week will be vaccinating 24 hours to get to herd immunity^[15]. Currently, California has exceeded hospital bedspace with rationing of care being enacted^[16].

The AOA health policy fellowship has examined those roadblocks which create failures of access of care. Implementation of 24-hour vaccinating will increase population immunization density and subvert the effects of the SARS-CoV-2 virus which logically should positively impact hospital utilization of bed space. Potentially, using the Stockton Arena as a 24-hour site and getting healthcare volunteers to operate it would facilitate access to the vaccine. I would be more than happy to assist in developing and working to make this happen. Again, Thank you for your leadership in this pandemic.”

The response back to me was the rate limiting step is policy formulated by CDPH. It becomes evident that the way to break the spine of the pandemic and stop it dead in its tracks is to vaccinate. Hospital beds are at a premium. If the calculus is similar to the polio epidemic is brought to the table, healthcare providers to those infected with polio became a thing of the past. This should be the same for COVID utilization of hospital resources. If I can be of any assistance, feel free to contact me.

^[11] [‘Too rare to be wasted’: NC GOP leaders questioning Gov. Cooper’s vaccine rollout plan | CBS 17](#)

^[12] [Texas COVID-19 vaccines: hospital group says doses aren’t going unused \(statesman.com\)](#)

^[13] [Covid-19: risks to healthcare workers and their families | The BMJ](#)

^[14] [COVID-19 Vaccine Policies & Guidance | CMS](#)

^[15] [State Farm Stadium to be used as 24-hour COVID-19 vaccination site \(ktar.com\)](#)

^[16] [COVID-19 in California: Los Angeles to limit hospital transports \(usatoday.com\)](#)

^[11] [‘Too rare to be wasted’: NC GOP leaders questioning Gov. Cooper’s vaccine rollout plan | CBS 17](#)

^[12] [Texas COVID-19 vaccines: hospital group says doses aren’t going unused \(statesman.com\)](#)

^[13] [Covid-19: risks to healthcare workers and their families | The BMJ](#)

^[14] [COVID-19 Vaccine Policies & Guidance | CMS](#)

^[15] [State Farm Stadium to be used as 24-hour COVID-19 vaccination site \(ktar.com\)](#)

^[16] [COVID-19 in California: Los Angeles to limit hospital transports \(usatoday.com\)](#)

Anne Kowalski, RN, BSN

I would like to suggest using the American Red Cross to get the maximum number of COVID-19 vaccinations out to the public in the shortest amount of time. The American Red Cross’s Mission

is to serve in times of Disaster and the COVID-19 pandemic is by far the biggest disaster the country has faced in more than 100 years. As a retired American Red Cross manager with more than 20 years working in Blood Services, I know firsthand the benefits such an alliance would have.

- -70 degree alarmed, monitored freezers at all Red Cross Blood centers nationwide
- Validated boxes and dry ice also at all blood center locations to transport and maintain the vaccine required temperature
- Mobile operations vehicles that can reach remote locations and communities
- Thousands of fully trained phlebotomy staff that could administer vaccinations and know how to handle reactions
- An online appointment system that could be adapted to make appointments for community vaccination drives and individual appointments (much like blood drives)
- Trained “Donor Resources Development” staff with contacts and outreach to private corporations, schools and other entities. This staff could be used to coordinate “Vaccination Drives” in local communities.
- Full time Training staff that could be utilized to expand staffing in a short time
- Local blood donation centers already meet State health regulations
- Hundreds of thousands of volunteers that work American disasters.

There are many more advantages in working with the American Red Cross that I am sure could be considered. I hope you will consider this. I am **not** a spokesperson for the American Red Cross and I would not necessarily advise an approach of asking for assistance, rather if President Biden is planning to utilize the Defense Production Act, include this in that order and approach all in the spirit of American emergency assistance requirements. The need to get the country’s population vaccinated is greater than any other project any blood bank may have at this time and I am sure with most elective surgery in hospitals at a standstill, blood usage should be significantly reduced.

There are probably other options you are considering. This option could be standardized and up and running in a very short time using American Red Cross staff and the volunteers. In areas where the Red Cross does not operate Blood Collection operations, other blood banks do and once a model was put into action, I am sure they would participate as well.

Sincerely,

Kristi Freeman, DVM

Regarding the COVID vaccine. This is a novel vaccine. Because mRNA vaccines have never been tried before, I am deeply concerned about the lack of long term safety and animal studies. With the risk of dying from COVID being less than 1%, is this vaccine even necessary?

- There are currently no excess deaths while cases increase.
- Data show many deaths -- primarily people aged 45 to 65, with equal distribution between the sexes -- are mainly due to heart disease, stroke and cancer, which suggests they are excess deaths caused by lack of routine medical care due to the pandemic restrictions

- The PCR test is not a valid diagnostic tool and should not be done on the scale we're now doing it. The high rate of false positives is only fodder for needless fearmongering
- Virtually no one who is asymptomatic has the live virus, but when you run the test at a cycle threshold over 30, meaning you amplify the viral RNA more than 30 times, you end up with a positive test even if the virus is inactive and noninfectious. Plus, the PCR test is invalid as a diagnostic test. Corona virus has never been isolated from humans so how can we be sure the genetic sequence used by the PCR test is correct? That very same sequence is found in over 80 other microbes and in at least 14 human tissues.
- According to Michael Yeadon, Ph.D., a former vice-president and chief scientific adviser of the drug company Pfizer, very few people will need the COVID-19 vaccine as the mortality rate is so low and the illness is clearly not causing excess deaths

Until science shows the long term safety (to the third generation) and efficacy of the novel mRNA vaccine, I'd rather take my chances with my healthy immune system.

How do we know that the vaccine won't cause antibodies to be made that attack our own tissues (leading to autoimmune disease)? That can't be undone after a person is vaccinated. It also may take weeks, months, or years to be diagnosed.

The vaccine does not keep a vaccinated person from getting infected, nor will it protect others from getting sick. The Moderna and Pfizer vaccines are developed only to lessen the symptoms if a vaccinated person gets the virus.

No studies have been done to show that Antibody Dependent Enhancement doesn't occur. That's why the previous human coronavirus (SARS, MERS) vaccine studies were discontinued in the animal study phase. Neither animal studies nor long term safety testing have been done on either the Pfizer nor the Moderna vaccine.

What will be the long term affects to women of childbearing age and future generations?

Since vaccine manufacturers are immune from liability, they have no incentive to ensure the safety of the vaccine.

Again, I am deeply concerned about this vaccine. Please take the above into consideration. Vaccination should be voluntary and at the INFORMED consent of the person receiving it.

Thank you for your time. I await your response.

Mabry Tyson

(The time indicators refer to the Youtube recording of the Jan 12th CVAC meeting.)

During the CVAC Meeting 7, when Anthony Wright asked at 19:10 about the number of people in the 65-74 age group, the answer given (4 to 4.25M) is significantly larger than the current US Census data for 2019 indicates that 65-74 year olds in California total 3,391,856.

This is before removing any that were in Phase 1A or previously in Phase 1B Tier 1.

I understand that the person answering it did so on the fly, but I wanted to make sure the error doesn't persist.

About 17:15, Dr. Nadine Burke Harris explained that the underlying medical conditions were the list of conditions that put someone at risk of severe COVID outcomes. I believe she is referring to the information in the CDC document.

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

There are two lists in that document and it is unclear which set of medical conditions is intended. I suggest that this be clarified.

One list is identified with the bold text "are at increased risk" while the other (additive) list is identified with "might be at an increased risk" because not enough data is currently available. I wish the CDC had made an easier mechanism for identifying these lists. To the general public, the combined list could be expected to apply. If the intent is the first list, please make it very clear in the documentation.

The difference in the number of people is very significant, as including the latter list includes hypertension, asthma, overweight BMI 25-30, and type 1 diabetes. Many in the public will have heard that their condition puts them at high risk. They will be confused and unhappy when they are told that, yes, they might be at increased risk, but please step to the back of the line.

It might be good to include in the public messages that there are many other conditions that might make one at increased risk. (For instance, a person might have only one lung, or be very underweight.) The decision was to not attempt to include all possible conditions in order to capture the majority of people at risk without making the process unwieldy and slow it down.

Trisha Schuster

I have seen reports from other states allowing people outside priority groups to register for standby vaccine in order to fully utilize available doses. I believe we should implement a similar system in California.

Jennifer Forward

REQUEST: Please publish a more detailed explanation of the vaccine distribution process AND timeline for more inventory. If you have a contact number that will actually get a human, please let me know.

I have an 80 year old parent with no doctor because his doctor's office is closed due to COVID infections. I've checked hospital, county and state websites and cannot find any details on how to help him get a vaccine, even though he's over 75 and eligible now.

A new tool comes online next week to make appointments? Great. What information is required so I can be ready to book my dad in as soon as possible?

Seriously *disappointed* by the lack of readiness for the vaccine distribution. This statement: "*Prioritizing individuals age 65 and older will reduce hospitalizations and save lives.*" in today's press release means *nothing* without inventory or a distribution process.

It appears that we only seem to be efficient at counting dead people at the end of each day.

Jonathan Edge

For the past 10 months, I have resided with and supported my domestic partner, an ICU nurse, as she has bravely fought on the front lines of this pandemic. My understanding is that though she is now vaccinated, and is herself safe from Covid-19, she could still act as a carrier of the virus. Accordingly, I am still at risk of exposure every time she comes home from a shift. Should the partners of healthcare workers not be included in one of the preferential tiers due to the risks they have endured and will continue to endure until they are vaccinated?

Megan O'Rorke

First, thank you for the incredibly powerful work you are doing to distribute the vaccine in an equitable manner!

My question is: What, if any role, will data driven tools like Surgo's vaccine allocation planner play in decisions this committee makes about how to prioritize particularly vulnerable communities in CA?

Second, if tools like this will be used, what *features* are missing that could make these tools more useful for this committee? For example, the maximum allocation of doses to vulnerable populations is 50%, but maybe CA policy makers want to explore higher percentages.

D. T. McBride

I watched a couple of hours of your presentation today. Thanks.

What I want to know as a healthy WASP over 75 is when can I expect to get vaccinated. I heard that there will be an announcement about the start of Phase 1B in several weeks. I realize it depends on a lot of things.

I was a statistician in part of my career and can compute my own estimate with the following numbers that someone must have.

1. The Governor said a few days ago that the phase populations are approximately:

Phase 1A 3 million people.

Phase 1B 8 million people.

Is that right?

2. What is the 1B Tier 1 population?

3. What is the low and high range of doses that California expects to get for:

a. The rest of January.

b. February and onward.

If you don't have it who would?

4. When you get up to speed how many people would be vaccinated daily?

5. Will people's second vaccination take precedence over first vaccinations?

My COVID-19 web page a lot of people rely on is at:

<https://donsnotes.com/health/corona.html#vaccination>

Elena Ong

Thanks for all you are doing to address the spread of COVID-19 in California.

I wanted to clarify the deadline for submitting comments re: January 20, 2021 meeting.

Is the deadline Friday, January 15, 2021, or Monday, January 18, 2021, MLK Day?

Julia Callahan

Concerned citizen here (zip 90027), just emailing to say that we should be shutting Los Angeles completely down. Why are malls open? Why is what is open and not open so complicated?

Shut the damn city down. People are dying. Jesus.

Theresa Carlson

New York did it..How about California?? GET ON IT!!!!

https://urldefense.proofpoint.com/v2/url?u=https-3A_www.rochesterfirst.com_coronavirus_listen-2Dlive-2Dgov-2Dcuomo-2Dupdates-2Dnew-2Dyorkers-2Don-2Dcovid-2D19-2Dpandemic-2Dvia-2Dconference-2Dcall_&d=DwIFAg&c=Lr0a7ed3egkbwePCNW4ROg&r=IXpg2Qds0NOzcffsLLGomAOEH

[KgNIER_dqZ2_5Tlg9aPIJwV22ej2eSRyNBPJgsD&m=s1SesNgKHHHxhj_ur7Q48DrTDJoOyD5t9Rl8msCQvrg&s=0d2T_LRxYq1p6YqLu8NfHTHowhQRBILirxXxTEZdoJ8&e=](#)

Terri Lacy

Tell me California will adopt this new policy IMMEDIATELY!! [cdc-recommend-states-give-covid-vaccine-anyone-65-older-n1253887](#) I'm 56 with a genetic immune defect and taking care of my 89 yo mother who's in a long-term care home. I don't get paid (so I don't qualify) but I'm exposed EVERYDAY and also have a genetic immune deficiency. I need this vaccine NOW!!! PLEASE get it together.

Linda Cook

It would be helpful to have more information on how much vaccine is available and how to sign up to get it.

I am 74year old retired RN. I have considered volunteering to give inoculations after second shot but the information is so bad. Its like you folks are hiding. Just have some news conferences and info online it's shameful.

People will sign-up and wait their turn if the only have some true information.

Charlotte Adams, San Diego

As California changes Phase 1B to include 65+, are there priorities for allocation? As a 79 -year-old, am I competing for an appointment against hundreds of thousands in groups 65-74 as well as those in the second bullet, teachers, firemen, transit workers, etc.

If there are no priorities, it is conceivable that I may not be able to obtain a vaccine for another month or two. How will this work?

Stephen Suba, Sr. Facilities, Safety & Maintenance Engineer, R&D, Pleasanton

I'm reaching out as we are trying to determine phase/tiering on vaccination for workers of essential businesses (CooperVision Inc. a medical device manufacture). While our employees are not front line workers and engaged with the public, we are continuing to operate and our lab staff work on-site as part of an essential manufacturer of ophthalmic goods. We are looking for any documented tiering of businesses that will help us understand when our employees may be eligible for COVID-19 vaccine.

Andrea Hofstadter

I work for an essential business in Rocklin, CA that I believe would fall into tier 2 of the vaccine release. How do I set my business up or apply to see if we do in fact qualify for this tier?

Rey Mali

I am writing on behalf of our company, Accellix Inc, located in San Jose, California. We have been continuously working throughout the pandemic, developing and manufacturing tools for large global pharma and biotech companies, in order for them to continue and develop their own biological therapies.

We are an essential business and I would like to have our company prioritized in receiving the vaccine, and provide our employees the safe environment that we need to keep our business running smoothly and strong.

If there is a form to fill out or someone to take our information in order to register us properly, I'd really appreciate getting that information.

Gwinn Cunningham

i work for comfort keepers essential worker when can i get the vaccine

Patricia McCollum

I work for comfort keepers and need the vaccine

Dareen Khalaf MD, Medical Director

I operate 2 Urgent Cares located in Hollywood and Pasadena and would like to offer the Moderna Vaccine for my patients. Can you please give me some information on the process of ordering the vaccine?

Coty Potenciano-Gallagher

My name is Coty Potenciano-Gallagher, I'm a private caregiver who takes care a 98 year old Barbara Young, we have other 3 caregivers that have other elderly people, how can we get the vaccine in order to protect our clients??

Huong Cao

This is Hoang Cao - an IHSS worker in Alameda County. I believe that I am eligible for the Covid 19 Vaccine because I am in Tier 2 of Phase 1a. However, I haven't heard anything from the County about getting the shot, so I wonder how can I get the shot and the procedure to register and schedule for the shot.

Lisa Pinsky

I have three questions:

- 1.) How can I find out when and where my grandparents (97 & 99 years old) can be vaccinated?
- 2.) My brother and I are their caregivers - does that mean that we are able to be considered "health care workers" and be vaccinated now?
- 3.) I am 50, obese, and have an autoimmune disease (Multiple Sclerosis) along with other health issues. If I am not able to be vaccinated now because of my caregiver status... when do "vulnerable people" get their turn?

Rosalinda Rios

My elderly Aunt is 93 years old. She pays (4) round the clock caregivers covering 24 hours a day 7 days a week. Her POA uses Care.Com.

1. When can these workers be vaccinated? How will they be notified when it's their turn?
2. What would they need as proof of employment?
3. Where would they go to receive the vaccine?

After numerous transfers and call backs Angeles County help lines advised me the caregivers would be in Phase 1A under Health Worker.
Please Confirm.

Jonathan Barcela

My name is Jonathan, charge nurse at Redwood Surgery Center. We are an ambulatory out patient center located in Castro Valley CA. I would like to know how our facility can receive the COVID-19 vaccine to provide to our employees. Please let me know what the process is and reach out to me at your earliest convenience.

Donna Matsudaira

I am a licensed clinical lab scientist who is currently looking for a part time position in a microbiology/molecular lab. My question: Is there a way that I can obtain a Covid vaccination or a website that I can be registered in so that I can receive the vaccine now or in near future while I look for a position in the field. I would truly appreciate your response.

Lorrie White

I am quite frustrated at the moment. My husband is 76, nearly 77. I am 71. I have telephoned the health departments in both Calaveras and Tuolumne Counties. I live in Calaveras County, but go to the doctor and hospital in Tuolumne County. I have tired, fruitlessly, to find a place that could give me some information regarding the when and where that I could get the vaccine, especially for my husband. No one has any information. Both have told me to contact your office.

Apparently, both counties have received a nominal number that have gone to medical staff. Calaveras Co. Says that they received 400 does, but your chart shows that they received 1065? Which is correct? I must wonder if their families have been included?

None-the-less, I was told to email you for some information about when we might be able to see the vaccine available to the general public? The news shows millions of doses available. When will we see some in our foothill counties?

R Navarrete

How do I sign up!

Andria Jaite

Where and when can I go to get my vaccination series in Stanislaus county? I am a frontline healthcare worker at a specialty acute rehab hospital in Modesto that has no outlook on when they will be providing us with the vaccination, despite us having coV positive patients working closely with them. I just saw the update online that it is being offered to 1A workers that have not been offered/provided by their employer and I am highly interested in obtaining my series immediately.

Kirin Clark

Hello my husband and I are Servers/bartenders in a restaurant with a lot of exposure to the public, which tier do we fall under?

Maritza O Rodríguez

My Name is Maritza O Rodríguez 59 I working on essential job flex company and my husband is 72 yrs can be available to receive the vaccine . Can you let know if qualify?

Monte Buchsbaum, MD

Where can we go today to get the vaccine? How can we get an appointment? Please advise!

Only 26.8% of delivered doses given! As of January 10, a total of 783,476 vaccine doses have been administered statewide and a total of 2,919,925 vaccine doses, which includes the first and second dose, have been shipped to local health departments and health care systems that have facilities in multiple counties. This is only 26.8% of doses!

Open mass vaccination centers in Orange County today.

CVC says it is ready. Our Laguna Beach Pharmacy is ready. Let's move!

Sandi Ross-Elder, Riverside County, 73 years old

I called 916-440-7259 (on the State of CA website) today and had to leave a message. Right after I hung up, a lady from that website called me and told me I should send this email to ask my questions regarding Covid-19 vaccinations.

First of all, I live in Riverside County, CA. Other friends interested live in Los Angeles, County. All of us live in the Southern CA Region. So, here are my questions.

Many of us in CA are very confused about:

- What age groups can get the Covid-19 vaccination as of Jan 13, 2021
- How do we register for the vaccination
- Where do we go to get the vaccination

We know the tiers and where we fall but we thought we understood (via the news outlets) that the following could get vaccinated NOW in Riverside County and Los Angeles County, CA. Is this true?

- People 75+ years old = 1B Tier One
- As well as people 65-74 years old = 1B Tier Two

Also, where can we go online to get the latest and up-to-date information regarding vaccinations? I logged onto the Riverside County website as well as the CA government website (cdph.ca.gov) but could not find the answers to my questions stated above.

Bob Kraus, Morro Bay

I'm 74 and my wife is 68. Where and when can I sign up or be notified about getting vaccinated.

Christopher Tripp, Continuous Improvement and SafetyProForm Laboratories

My name is Christopher Tripp. I am the Safety Supervisor at ProForm Laboratories 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, and Costco. I understand that you are the Immunization Coordinator for Solano County.

We employ over 300 employees in our 250,000 square foot facility. We are running 20 hours per day, 6 days a week just to keep up with demand. As we know, Food and Agriculture workers are classified as essential employees that fall under Tier 1 of Phase 1b according to the Advisory Committee on Immunization Practices.

I am reaching out to you today to find out what it will take to ensure we are included in the first Phase 1b vaccination allocation for Solano County.

When do we expect to see additional doses in California?

What steps should we be taking to get our employees get vaccinated as soon the doses are available?

Abena Apraku MD

I am a doctor in CA with my own practice. I am seeking info on how to obtain the COVID vaccine. Please advise.

Ada Wells, PT, ProBalance Physical Therapy

Simple question: Where do current Tier1a Healthcare workers go to get vaccine?

I am a physical therapist and a Tier1a healthcare worker, but there is no info for us on where we get our vaccines now, even though we're up. I have additional employees in my office that are exposed.

Pamela Murphy RN CCM, Medical Case Manager, McClellan

Please advise me where we case managers can obtain COVID 19 vaccines as soon as possible. We go in and out of MD's offices as well as ICU's , hospitals acute care settings when allowed

for our injured worker case managed cases daily several times and we do not want anyone to catch COVID 19. We need to know today. Please advise as soon as possible.

Lee Shin, Manager, Emergency Management, Business Continuity, CSU East Bay

How do we move forward to get our officers ready for vaccination under the 1b phase? Those links don't specify.

Hal Minsky

How do I set up my Covid vaccine shot?

Elise Kugelmass

Hello, I was unable to get through to you on the phone (long wait). Can you please tell me since I am at high risk with chronic hypertension and diabetes and over 65 as well as to when I might be eligible to receive the Covid vaccine next? The news story from Gov. Newsom just broke today (Wed., 1-13) that he is putting seniors in line next before Emergency workers, etc. In Other words, how can I keep on top of learning when and where I can get vaccinated -- do you have any information via phone or online that I can come back to and check on a daily or weekly basis? My primary physician could not offer any updates as well and strongly urged me to follow up with you.

Deanne Rostami

I need help please with where to go? I'm really needing this as I have an autoimmune disease.

Jessica Smith

Hi, I'm trying to find an answer to my question below and was directed to you by the Orange County Public Health Dept:

I am a 52 year old female with lupus treated regularly by my rheumatologist. I'm actually on the infamous hydroxychloroquine drug touted by Trump. I am categorized according to the CDC guidelines/tiers as Tier 1C described as People aged 16—64 years with underlying medical conditions which increase the risk of serious, life-threatening complications from COVID-19. This same CDC Tier had the 65-74 year olds. I understand that Orange County has made the decision to vaccinate 65+ now and I am fully supportive. But when I go to the OC covid website that lists all the tiers (<https://occovid19.ochealthinfo.com/covid-19-vaccination-distribution>) I believe the tier that describes me has been left out. Similarly, it seems missing from the [CA.gov](https://covid19.ca.gov/vaccines/#When-can-I-get-vaccinated) website as well (<https://covid19.ca.gov/vaccines/#When-can-I-get-vaccinated>).

Phase 1C includes individuals 50-64 years of age (healthy) AND individuals 16-49 years that have underlying health conditions or disabilities which increases their risk for severe COVID-19. What is missing in one of the earlier tiers is 50-64 year olds with underlying health conditions or disabilities which increases their risk for severe COVID-19. Your list clearly allows for 16-49 year olds with underlying conditions to go before healthy 16-49 year olds but there is no similar line item where you allow compromised 50-64 year olds to go before healthy 50-64 year olds. Further, according to the CDC, the 50-64 compromised group was the group that was going with the 65+ folks that are now actively being vaccinated.

Is this a mistake and the state/county did not intend for compromised 50-64 year old to go at the same time as healthy ones? I've pasted the relevant tables/tiers from both the state and Orange County websites. Thanks for clarifying.

So appreciate everything that you all are doing during a difficult time!

Cori Preisler

I noticed on the chart below that when time comes for the Education and Childcare workforce to gain access to the Covid-19 vaccine, "Employers will notify their staff."

Then it goes on to say that HCA will communicate with these employers.

How will HCA communicate with me when it's time for me and my teacher's assistant to get the vaccine?

I work at a small, 2-employee preschool. It's just me and my assistant. Can I get put on an email list or some kind of list so that I will be notified when it's my turn to get vaccinated?

Also, do I need to bring documentation that I am a teacher/director, and if so, what documentation is needed?

Cherry Ortiz-Luis

My mother is 94 years old with diabetes and high blood pressure . May we request that she gets vaccinated as soon as possible . Kindly let us know where she can get it.

Phillip Wolloch

Would like to make an appointment to get Covid-19 vaccination ASAP. Age 78.

Nancy L. Chang, RN, MS, ANP, Asian Network Pacific Home Care & Hospice, Oakland

My name is Nancy Chang, NP and I am the administrator at Asian Network Home Care and Hospice. Our professional staff of RNs, PTs, MSWs, and health aides serve hundreds of patients in Alameda county.

We are currently experiencing a high number of staff exposures from our patient population which has resulted in staff shortages to provide patient care. We would like to receive the vaccine asap. This is a critical time for us and hopes to continue to provide the needed hospice and home health services to our community.

Is there any further information on when the vaccine will be available or a location where our staff can obtain the vaccine? We have heard rumors that local hospitals are storing their extra vaccine, it would be helpful if hospitals and SNFs release their vaccines to other essential health professionals.

We are grateful for your dedication and hard work to distribute the vaccine to our community. And "thank you".

Gabrielle Romero, OTS, Occupational Therapy Doctorate Student, West Coast University - Center for Graduate Studies

hope this email finds you well. I'm reaching out on behalf of the Kairos Home Care clinical staff and administration. It was brought to our attention that our clinicians were not able to sign up for vaccines this week and they are currently treating patients with COVID-19. Our non-clinical staff were sent the email invitations before our clinicians yesterday 1/5/2021. We would like to request for appointments for our clinicians this week.

Irene Castellanos

When will us Home care Providers in Ventura County receive the Covid-19 vaccination? Where will we be vaccinated? I have called the Ventura County Health Department leaving my phone number for a return call, but after three days no one has returned my call. I called the IHSS office, but was told the information would be posted online where is not information on vaccinations for Providers online.

Amanda Felix

I am interested in learning more about when essential workers who operate inside the homes of clients (Pest control, security, etc.).

These members are not only more at risk than most essential workers, they also pose a large risk to the community as they enter homes unaware that they have been exposed to COVID in a previous home.

Please let me know if this is information I can find somewhere on the website.

Sarah Scott, PHR, Human Resources, The Contents Specialists

I am inquiring about how our company can get on the Phase 1b vaccination program. We are an essential emergency response business unable to work from home.

Our team responds to fire and flood emergencies in apartments, homes and businesses. There is exposure to all ages of clients, some who are medically fragile.

Where do I go and what forms need to be completed to become a part of this phase of Covid vaccinations?

Erika Alvarez, Vice President, Napa Barrel Repair Shop Inc

I was told to email here regarding information on location for vaccine and times for our employees to get vaccinated. We are a small business in Napa California.

Our county is Napa County, the category and tier they told me to provide is the following: Purple Tier; wide spread, region bay area. If you could let me know please.

Greg Hurner, Carpenter Sievers

Is it accurate that road construction is included under transportation and logistics for vaccine priority purposes?

Chris Walker, EVP, CAL SMACNA

I represent 300 union contractors throughout the state with employees classified as “essential workers”. The rates of COVID positive cases have increased in this industry in recent weeks and employers are anxious to get their workers vaccinated.

Thank you in advance for any information you are able to share with me so I may pass it along to this impacted industry and their “essential worker” employees.

Veronica Pfeffer

She had some questions that our Covid-19 call center could not answer for her. She wants to know who is going to be able to give the Covid-19 vaccine. Will it be drugstores, hospitals, or clinics? She states that the call center told her to ask her doctor if he will be receiving the vaccine and she stated her doctor has no idea when they will be receiving the vaccine. She states the call center told her the phases of who is getting the vaccine, but they could not tell her what kinds of facilities would be receiving the vaccine.

Grace Cooke

I need to make an apt with any facility in the Concord area. Please call me so I can schedule it I work with Home Care Professionals in Pleasant Hill.

Mark Christian, Hon. AIA CA | Director of Government Relations, American Institute of Architects, California, Sacramento

Do you know if licensed architects providing services necessary for construction activities fall under Sector 13 of the list of Essential Workforce? The architect services I am talking about include construction observation, site visits, etc ...

Jack D. Gardner, President & CEO, The John Stewart Company

Can you please confirm that property management staff at affordable housing properties are included in Tier 2 of Phase 1b?

Can you please provide guidance regarding when, where and how such essential workers will be able to be vaccinated?

Quynh Do, Pharmacist in Charge - Hayward

I would like to inquire on the planning/rollout for vaccination for the next group scheduled to start - Phase 1a/ Tier 3.

I am the Pharmacist in Charge at Truepill located in Hayward, CA. We are an essential business - a pharmacy that ships and serves high volume of patients in all 50 states. Allowing patients across the nation to stay safe within their homes. We currently have approximately 200 essential staff members (pharmacists, technicians, clerks, and shippers).

I was hoping to proactively reach out to make sure Truepill can do whatever we can to ensure that once it's time, we would have access to the vaccinations.

Please let me know what steps are required. If there are any forms to fill out or a waiting list to get on.

Loretta F Early MD

I am a direct Health Care Provider and am unable to make an appointment for the covid vaccine for the week of Jan 11, despite responding fairly quickly. All appointments are filled and there were relatively few for the number of physicians that need the vaccine. Help?

Major Doreen Freeman, *Administrator for Program*, The Salvation Army, Oakland Adult Rehabilitation Center

I received the information below and emailed it to covax@acgov.org twice last week. Each automated response that I received said that I would be contacted in two business days. I have not been contacted at all. According to the email below, my staff qualifies for the vaccine at the current distribution tier. Please let me know how I can get them on the list to be vaccinated.

Larry Sanchez

I am an AOD Counselor/ Case Manager and work with Residential, Transitional, Outpatient, services. I was wondering when I would be able to get my vaccine shot and where would I get it at.

Anthony Green

My name is Anthony and I'm an LVN working at an in-home facility in Costa Mesa. Our client is vent dependant and really needs to get the vaccine. One nurse has already tested positive for covid-19 on our team and they are self-quarantining. I am reaching out to see what ways we can get our Nursing staff team and high-risk patient vaccinated asap. Hope to hear back from you soon.

Dr. Kathleen Golden, DNP, ANP, COHN-S, FAAOHN, FAANP, Johns Hopkins Medicine, Division of Occupational & Environmental Medicine, Johns Hopkins/PepsiCo Employee Health and Wellness Center, Hayward

I am an NP who works on site in the Johns Hopkins division of occupational medicine and I have potential exposure to COVID-19 employees given we evaluate and triage symptomatic employees and also provide COVID PCR self-nasal swab testing in our center for employees who need negative results for return to work post illness or who develop symptoms while at work.

I am having difficulty getting through to the California Public health department and or local Alameda County health department to get a response on where I go to get my immunization. I am employed at Johns Hopkins University however due to contracting with a large employer I am located in California. I have also so far contacted CANP, AAOHN and my PCP at UCSF and have not gotten responses back or received responses back other than to check web sites, which are general in information, which are not helpful. I am sure there are professionals in the same position as I, who are either independent or in other states than their employers. Do you have any contacts, or ideas of how I can reach someone to find out how I can become immunized when it is my turn? I really do not want to wait until the public is immunized due to my risk exposure. Please see the attached letter from the Johns Hopkins occupational medicine interim director.

Judy Anderson

My husband is 74 and I am 73. He has had a heart attack and open heart surgery several years ago. I have had cancer in 2011. We live in Riverside county. When are we eligible for the vaccine and where can we receive it?

Amanda Bugge, Director of Operations, Red House Behavior Resources

I wanted to reach out to discuss how and when a company is able to be put on a waiting list to vaccinate employees. Our company, Red House Behavior Resources currently provides essential in-home ABA therapy for children and some adults who have been diagnosed with Autism Spectrum Disorder. Many of our patients also carry additional disorders. Our providers go into the patient's home, often on a daily basis to provide these services. It is my understanding that home health providers are phase 1 tier 2 but we haven't received any word about the vaccinations.

Please direct me to someone who I can speak to in order for us to move forward with vaccinating our employees. I can be reached via email or my direct line at 617-855-9868

Jennifer Thach

My husband and I and few family members and friends are California state workers in the financial and engineering sector. Do we go in 1c tier? It's very general and do we show our work badges to verify?

Julia Keevey

I work for Bay Alarm, some of our employees who service and monitor alarms are essential workers. How would they be prioritized for vaccines? Also, we have employees who would like to volunteer with the distribution of the vaccines - they could help with sign-ins etc. Who can I

contact about that? We have about 1000 employees across CA many of whom would be willing to help.

Beth Youngdoff

I am affiliated with Massage Therapy Institute in Davis, and we would like clarification on medical massage with respect to vaccine distribution. Our instructors would like to provide accurate information to their students in this regard, and we want to ensure our students are fully informed as well.

CDPH has approved medical massage providers (per your 12/17/20 Regional Order) as essential workers. In reviewing your website, the notice regarding vaccine distribution issued 12/5/20, prioritizes essential healthcare workers as primary vaccine recipients.

How can CMTs request vaccination as essential workers per the above, and if so, what is the method or roadmap to be vaccinated? What documentation is required, especially for CMTs who are self-employed?

Prudence Jeffries

I am a Massage Therapist in California. I have looked through the Vaccine roll out information. Many industries and workers are categorised and named, and given a status of when they can receive a vaccine. I consider myself as a Massage Therapist a Health Care Worker. Can the department in anyway clarify where Massage Therapists will be categorised? My colleagues in New York have been categorised as 1A, they have been able to register and such. Whilst I understand California does not have a registry. I think it important our status ascertained so we can know when we can get a vaccine and let our doctors have clarity.

Jim Peacher

You've provided a lot of information except how does a 75+ older person with underlying conditions get notified that the vaccine is ready and where to go?

Mike Jones, EHS Maney Aircraft, Ontario

Mike Jones here from Maney Aircraft. We are a Critical Defense Manufacturer in San Bernardino County, Ontario, Ca. Depending on what chart i find on the internet we have either a 1b or 2b classification for vaccinations. 1b because we're Critical Defense and 2b because i am 59 with at least 1 underlying condition. Can you please tell me about receiving vaccinations? How will we find out if/when we can be vaccinated and do we need proof that we're Critical Defense? I don't think just walking up and saying "Yeah, we're X so i need a vaccination".

Would a letter from our General Manager be sufficient to prove our classification? And again, how do i find out when and where?

Margaret Campbell

I am an independent business of one. I'm a Physical therapist and I contract to home care agencies and treat patients who are homebound in their homes. I also go to board and care facilities and ALF's. How do I get an appointment for immunization in Ventura County? All of my patients are in the high risk category for age and with multiple diagnosis.

Mary K. Barry, PT, DPT, Doctor of Physical Therapy, Owner, Central Valley Physical Therapy, Galt

My name is Dr. Barry. I am a doctor of physical therapy, I own a private outpatient physical therapy practice in Galt, Ca. As you know, Galt is once again the current HOT SPOT for COVID19 cases in Sacramento County, with an 87% increase from the end of November to the end of December. The majority of patients my staff and I treat are over 65 and have complex medical comorbidities. As you know, in our work, we are within 6 feet of all of our patients for greater than 15', often hands on during that time, 8-12 hours/day, 5 days/week. In order to ensure the health and safety of our patients, the community, my staff, myself and our families, we need to be vaccinated ASAP!!

To date, I have been unable to reach a person who will give me a date, time and location for our first vaccine as large hospital system employees have now received their 2nd course of the vaccine. As a contracted provider for Sutter patients, I have reached out to Sutter only to be told that ALL of their employees - including those who do not provide direct care to patients and those who have been working from home since March - will be vaccinated before my staff and myself. How is it that large hospital systems are not subject to the tiered system you have determined for this vaccine distribution plan? And, when and where can I get the vaccine for my staff and myself?

Robert B. Watkins, DDS, Berkeley

I was wondering when more vaccines will be available. Our office got an email to make appointments two weeks ago and unfortunately we missed the chance to sign up on time. The link that they have listed is not available anymore .

We are a dental office that practices in Berkeley. Please let us know how we can proceed to have the vaccine soon.

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?

I am sure you are very busy but this is Extremely Important, maybe life or death for my daughter and I.

If you are not the correct person to address my questions, PLEASE email me back with the correct contact person so I can get this request moving. I understand some other in home care people are getting it in my area and need to know how I can get it as well.

Roberta Larson

Hi - I'm 69 and live in Elk Grove / Sacramento - I want to get the Covid shots! How will I be notified that it is my time? Any place on the internet for times and locations ? I want it ASAP! Thanks

I hear CVS and Walgreens will be doing the shots too but need an appointment - their websites are not set up for the specific COVID shots!

Kim Andrade, Seymour Duncan, Santa Barbara County

Trying to get a timeline for when vaccine will be available for manufacturing sector (non-critical manufacturing).

Steve Adams, Transit Manager, City of Union City

Based on an automatic response from the Alameda County Public Health Department, I should redirect my inquiry to your team.

How will we be notified when it is time for our Union City Transit & Paratransit bus drivers and bus operations support staff (road supervisors, mechanics, dispatchers, field staff, etc.) to take their COVID vaccine shots?

We are concerned that because we are a municipal operator that these employees will be classified as Phase 1c instead of Phase 1b Tier 2.

We understand that our nearest vaccination center is St. Rose Hospital in Hayward, so we would like to start scheduling individuals as soon as possible.

Please advise.

Glenda Zelichov

My husband & I live in Santa Monica, CA. He is 77. Has coronary heart disease & diabetes. I am 70 & my daughter of 45 lives with us. She suffers from depression anxiety & has a medical condition of her immune system. What we are anxious to know is when will each one of us be eligible for the covid vaccination.

But just as important is to know how we go about being notified that we are eligible and how to get an appointment to be vaccinated. This information does NOT appear to be available. Just to know a Tier into which each of us may fall, but this alone does not move us any closer to knowing how to go about getting vaccinated. Need specific information how to get an appointment at the assigned time of eligibility.

Richard Schanep

I was given your number by public health to find out where I go to get my covid-19 vaccine. I am 77 years old and have COPD.

Nancy Luja

I recently moved to the Sacramento area (zip code 95819). I'm 68 years old and receive SSA retirement benefits.

I think that means that I am in the Tier 2, Phase 1b group.

How will I be notified or be able to find out where to go to get a vaccine and when to go?
Will I be able to schedule an appointment?

I read the presentation from the January 6 meeting and plan to call in to the January 20 meeting but I don't have cable TV or access to local TV stations.

It would be helpful if I could register my email address or phone number to be notified when the my Phase is started with information on where, when and how to get a vaccination.

Sue Buckner

Please sign up for vaccine.

Janice Boyce

I am desperately attempting to sign up for the COVID 19 INJECTION.

MY pharmacy CVS is not helpful. I am a member of Medicare and AARP and have tried to get information from their "Community Vaccine Advisory Committee to no avail. My physician is unavailable and I am very concerned as I am very vulnerable. I have sheltered in for over 1 year as I was in ICU on oxygen and then at home on oxygen for Two months.

I live in Berkeley CA. and I want to get in line for my injection.

Leland Ford

Hello my wife and I in our late 70s (76&77), with health issues.

1. Based on several Sacramento news stations, Ca. had over 2 million doses of the vaccine and approximately 500,000 does have been given.
2. How will we get notified to get the vaccine? And why wasn't the list established several months ago?
3. Where will the vaccination take place?
4. Why is vaccination taking so long?

Sue Dewan

My mother is an 85 year old resident of Los Angeles County, City of La Mirada.

My mother would like to get a covid vaccine as soon as possible. Dodgers Stadium is so far away from where she lives and Disneyland, which she lives closer to, looks as though it is only supplying vaccine to residence of Orange County. Where can she get appointment to get vaccine and how come it is so difficult to find this information?

Laurie Crane RN PHN, El Dorado Hills

Could you please direct me where I can get my Covid vaccine. I am a public health I would like to get my vaccine so I can start working some of the clinics (recently retired from Kaiser Permanente after 15 years)

Jennifer Wagner, Ph.D., CIC, Managing Partner, OnSite-LLC

CDPH office of public affairs directed me to you for advice. In early February I am scheduled to work in a nursing home and a regional COVID facility in Lubbock Texas and they are requiring me to be vaccinated prior to commencement of work. I am a California resident working for a small private company, OnSite-LLC, a healthcare environmental monitoring company. How can I get the vaccine? Please advise?

Dr. Arnie Zeiderman

I am a licensed MD in Ca. since 1970, now retired from private practice.

During and after private practice,I have been doing volunteer OB-GYN work internationally and domestically since 2009.

Currently, I have volunteered for the Disaster Healthcare Volunteers, and have been accepted for membership in the CAHealthCorps-COVID-19 but cannot do that or any other work until I have been vaccinated for Covid-19.

But I cannot get the vaccination because I do not have hospital privileges or have employment. I live in Amador County and cannot get access to a vaccination authorized.

Please advise as to how I can get a vaccination so that I can work or volunteer.

Valerie Lofrano, F. Lofrano & Son, Inc.

I heard of a website Calvax and have been up all night long trying to register our business so that we can learn when vaccines may be available for our 41 employees in the transportation industry. The website just keeps indicating No Clinics Shown Here. We operate in San Francisco and San Rafael (Marin County) and have managed to remain open throughout the entire pandemic—safely, I might add and are so proud of our people.

Is there any way you can help me learn what I need to do so that we may all be vaccinated when our tier comes?

Juliana DePietro, Director of Harm Reduction Services (HRx), GLIDE

Thank you for hosting this public outreach! I oversee a team of health systems navigators, outreach workers, and syringe access providers to people experiencing homelessness in San Francisco. Where do we fit among vaccine distribution?

Kashmira Patel, Billing Manager, San Clemente Medi-Center

I am reaching out to find out how we can get the Covid Vaccine for our elderly patients, we are an urgent care facility and the provider is Geriatric, Pulmonary, Internal Medicine and Critical Care provider. Please let us know what we can do to help the elderly population. Thank you.

Ghislaine Ramasar ,RN

I am 72 yrs old female RN running 2 assisted living facilities in Norco for 40 years. I need help to find out how to go about being vaccinated for myself ,my 79 yrs old husband ,my staff and my residents.

I am begging please give me some referrals I am asthmatic. My husband has COPD

Keri Tripi

My name is Keri Tripi. I am the owner and one of the veterinarians at Four Paws Veterinary Center in Dublin California. We need to make an appointment to have myself and my staff vaccinated for Covid. Can you please send us information about where and how we can get the vaccine?

Roger B. Kintz, MS, Enforcement and Emergency Response Division, Department of Toxic Substances Control, Chatsworth

I am currently a contact tracer for LA County and need to know if there will be vaccines available for heart patients that are high risk and elderly – greater than 77 years old. When and how does someone in this category access a vaccine or schedule for receiving one?

Katherine Clay, HSE Lead

I hope this email finds you well. I am hopeful you can provide some information about the COVID-19 vaccine administration plan for California, especially Butte, Glenn, Tehama and Yolo counties, that I can share with my agricultural coworkers. According to the [covid.ca.gov](https://www.covid.ca.gov) website the vaccine is intended to be administered in tiers, but I was unclear on the following:

- What documents or information are needed to verify that a worker is at “risk of exposure at work in the following sectors: education, childcare, emergency services, and food and agriculture” and eligible for the Vaccination Phase 1B Tier One?
- Do these workers receive vaccinations from the county in which they work, or the county that is their home residence? For example, my employer produces hybrid seeds, and our processing facility is located in Glenn County, but some of our workers reside in Butte, Tehama, or Yolo counties.
- How will the availability of vaccines for the different tiers be communicated?
- How can workers schedule an appointment for a vaccination when it is available for their tier?
- What should workers do if they do not have an established “healthcare provider” or if their healthcare provider does not have information about the availability of the vaccine?
- Is there information about the vaccination plan available in Spanish?

Julia Hu

I am so excited to hear the news we can get vaccine (In ST ROSE HOSPITAL) this week from South Alameda County Dental . But when I went the page it was filled and I feel so sad about it. I am an old veteran dentist with some health condition and still see patients. From the schedule I know they give more than 800 vaccines per day. I am wondering there should be someone will not show up at scheduled time. It is possible I can come over for waiting list (standby (with my dental license and other documents). If someone not show up, I will get my vaccine?

Ilene Pendleton

How will I know when and where my dental office employees can get vaccinated

Glenn Rosenblum

I made an appointment on line for my 93 year old mother to get the vaccine for Covid on Friday at Albertsons in Palm Springs.

I called to make sure, this is correct and the pharmacist told me, they have NO INFORMATION from the state about people over 65 getting the vaccine.

This is so confusing.

What are we supposed to do as citizens of CA?

The Newsom announcement says YES GET THE VACCINE, and the pharmacists have no idea what we're talking about.

Please advise what we are to do for Friday's appointment

Cheeka Trikha

We have a manufacturing plant in Cypress, California (Orange country). We make heart monitors.

We have 120 people that come to work every day. We have created a safe environment for our employees (regular testing, communication and leaves etc.).

We need to ensure our employees get vaccinated once our turn comes under Critical manufacturing.

Do I need to fill any forms? I have gone through all resources online and have called the hotline but have not had any luck in getting information.

I would sincerely appreciate any help/ advice you can give.

Isabella Argueta

My name is Isabella Argueta and I am a legislative assistant with Lighthouse Public Affairs. The California Nurse-Midwives Association is hoping to become a member of the Community Vaccine Advisory Committee. I'm wondering if you could please provide any information on how one might become a member of the committee, thank you!

Stacey San Pedro, HMCC, Meetings Manager, South San Francisco

I am a meetings manager for the South San Francisco Conference Center in South San Francisco. I am reaching out in regards to Distribution centers for the Covid 19 Vaccine. We would like to partner and be a distribution center. If this is possible can you please contact me ASAP. How can we enroll? Thank you for your time

Kevin Noble

I am reaching out to you with regards to acquiring the vaccine for our staff. Our Company, WCCT Global, Inc., is a first in human phase 1 contract research organization that specializes in infectious disease work as well as ethno-bridging. In addition to our on going work with vaccine development, we house a full scale high complexity diagnostic testing laboratory that conducts high volume confirmatory testing for COVID patients and are listed in the California Testing Task Force as Innovative Bioanalysis. In order to continue our research on several versions of the vaccine, we hope to provide our staff with as much protection as possible. Our staff is inclusive of Physicians, Pharmacists, Registered Nurses, Physicians Assistants, Licensed Vocational Nurses, Medical Assistants, Phlebotomists, and support staff. Please let me know if there is anything you need from me as evidence of our facilities conduct or affiliations and I will be happy to respond. I understand you are inundated with emails requesting the vaccine, If there is anything we can do to help we would be glad to do so. It is worth mentioning that we function as a biorepository and have an onsite USP797 Pharmacy. We are capable of storing the vaccine in a controlled temperature environment at 2-8F, -10 - 20F, and -80F as well as having the staff to administer the vaccine. That being said, we would be happy to serve as a site to store or administer the vaccine to the public. Please let me know at your earliest convenience.

Elaine Trevino, Almond Alliance of California, Modesto

I am writing to offer the assistance of the California almond industry with navigating the delivery of COVID-19 vaccines to food and agricultural workers who are prioritized in Tier One of the Phase 1B phase of the State's Vaccination Plan.

We respectfully request your consideration of the establishment of a Committee workgroup specific to the development of guidance and recommendations regarding the vaccination of food and agricultural workers. The almond industry along with others from the Food and Agricultural Sector stand ready to partner with you and members of the Community Vaccine Advisory Committee.

We believe that transparent guidance, coordination, and outreach and education into the Food and Agricultural Sector will be critical to ensure we successfully reach permanent, seasonal and migrant workers especially those living in our rural and underserved communities.

For example, we believe the plan to roll-out of vaccination into the Food and Agricultural Sector can be informed by both ours and several Committee members' collective experiences with rolling out COVID-19 outreach and education and testing into California's food and agriculture community. In many areas in the San Joaquin Valley, mobile health units played a critical role in delivering testing at community and food and agricultural sites. The mobile units were coordinated through County Health Directors, County Ag Commissioners, employers and local community health clinics. In other areas, existing community health clinics were able to address testing demand. We are also aware that the California National Guard personnel, medics and nurses have played an important role as COVID-19 vaccination rolls out – not just the logistics and actual vaccinations but also training other qualified individuals to give the shots. We believe the CNG can play an important role with moving vaccination into our rural and underserved communities. We should also emulate what worked best among the public and private sector COVID-19 outreach and education strategies directed at food and agricultural workers and into the rural and underserved communities where they reside.

I greatly appreciate your consideration of my request and look forward to discussing how we can partner to facilitate delivery of COVID-19 vaccines to food and agricultural workers and the formation of a Food and Agriculture workgroup. I can be reached at atetrevino@almondalliance.org or 916-595-0219.

Mary McCune, Community Programs & Regulatory Affairs Director, CDA

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 proposal for the California Department of Public Health, its local health jurisdictions and any other appropriate governmental entity, to partner with organized dentistry to explore and execute mass vaccination clinics throughout the state in order to safely vaccinate Californians as soon as possible.

As the state begins to vaccinate groups in Phase 1a and beyond that are not employed through large health systems or clinics, it is anticipated that it will be increasingly more difficult to develop logistical plans that account for the special storage requirements, social distancing guidelines, reporting and call backs for second doses. It is becoming increasingly more clear that local jurisdictions are largely unable to finalize logistics that allow for the timely administration of vaccines, which will only be compounded as the state begins to receive increasingly more doses with every passing week. However, as local health departments begin to finish vaccinating settings classified as Phase 1 a Tier 1 and 2, the state will have an opportunity to expand the workforce within current vaccination efforts and test mass vaccination clinics that have the potential to become scalable to the populations included in Phase 1 b and beyond. California must collaborate with its highly trained health care workforce by implementing mass vaccination clinics in order to vaccinate the state as quickly as possible.

Dentistry, among others included in Tier 3, is a perfect profession to iron out the details on how mass vaccination sites could operate across the state. Dental professionals largely work in private practices, segregated from health systems. Additionally, while a large majority of the dental team is licensed and therefore able to be easily contacted through their respective regulatory boards, there are a large percentage of dental office staff that are unlicensed, either as front office staff or unlicensed dental assistants. This mix of licensed and unlicensed personnel will help public health leaders begin to understand and tackle the challenges that groups in other tiers will present, such as agricultural workers. Local health departments are already facing challenges in reaching out to dental professionals, and aside from leaning on partnerships with local dental societies, are unable to effectively manage communications when each jurisdiction is ready to begin vaccinating Phase 1a Tier 3.

Before vaccination plans for large groups are underway, developing best practices for mass vaccination clinics through trial and error of vaccinating the remainder of Phase 1a can help to ensure smooth execution for the larger population as a whole. CDA and its affiliated nonprofit, the CDA Foundation, respectfully propose a formal exploration and potential executive of mass vaccination sites utilizing the staff power, resources and expertise our members are trusted to provide regularly to Californians. Additionally, dentists can also help staff existing vaccination sites located within hospitals, clinics, and local health departments. Dental team members in California are trained to the top of their scope, that many times far exceeds that of our neighboring states, and can easily be trained to maintain, track and record anything required for the COVID-19 vaccine. Dentists are familiar with a variety of injections and are prepared to manage adverse events (including the use of epinephrine), which are large reasons why DCA issued a waiver to allow dentists to administer the COVID-19 vaccine.

Additionally, since 2012, the CDA Foundation has hosted two large-scale dental clinics each year in various parts of the state and is familiar with the infection control and site requirements for these types of health events. While our clinics were postponed last year due to the pandemic, the foundation is able to provide millions of dollars in dental care to thousands of individuals from underserved communities throughout the state.¹ There are many similarities between the executive of a CDA Cares clinic and a mass vaccination biannually. Additionally, since the COVID-19 vaccine is administered and overseen in a similar manner to local anesthesia.

However, the training, vaccine storage, handling, reporting and social distancing measures are new and would require the support of the state.

Through a collaborative partnership, CDA and its foundation can help state officials place dentists in current vaccinations programs and set up mass vaccination clinics that are ADA accessible, have adequate air circulation (through tented outdoor areas), bathrooms and sufficient floor space for the safe flow of patients. Potential sites developed by the CDC², American Pharmacists Association³ and the San Francisco Department of Public Health⁴ are not dissimilar to the plans that the CDA Foundation execute biannually. Additionally, rolling out drive-through vaccination sites, such as one held in Phoenix earlier in December, can help vaccinate thousands of patients each day. ⁵ Based on the success of the Arizona drive-throughs, if only 100 vaccinators are trained at each clinic, 2,000 individuals could receive vaccinations per day at each site.

CDA recommends piloting mass vaccination sites in areas that are eager and willing to work with their local dental partners on these efforts. In Southern California, dentistry has been very successful in communicating with the Orange County Health Department and has even invited dental representatives to take an active role in their local taskforce. In Northern California, Santa Rosa is familiar with deploying community relief due to their annual fire season and could be a great example of how dentistry and emergency services can collaborate to execute a community vaccine site.

While we are sure similar conversations have been ongoing within the administration for some time, we hope that this proposal provides some additional support as the state begins to tackle larger groups for vaccinations. Please contact me directly at mary.mccune@cda.org or 916.342.3609 to discuss how dentistry can help streamline the vaccination process for all Californians.

1 CDA Foundation. 2019 Annual Report.

2 CDC. Satellite, Temporary, and Off-Site Vaccination Clinic Supply Checklist.

3 APhA. Planning and Conducting a Large-Scale Immunization Event.

4 SFDPH. Emergency Mass Prophylaxis Clinic Planning.

5 NBC News. Front-line workers in Phoenix receive COVID-19 vaccine at drive-thru location.

Lester J. Friedman, Mayor, City of Beverly Hills

On behalf of the entire City Council, I am writing to offer any type of assistance that the City of Beverly Hills can provide to assist with the successful roll out of the Covid-19 vaccine. We were heartened to hear this past Friday that you have vowed to vaccinate an additional 1 million Californians against Covid-19 over the next week. However, out of the 2.1 million doses of vaccine that are already available in California, only about one third have been administered to frontline healthcare workers and residents at nursing homes (Tier 1A). There have also been recent news stories about some of the challenges with rolling out the vaccine, e.g. people getting the vaccine who are not in Tier 1A, doses going to waste, etc. These stories lead people to

believe that government is not moving quickly enough to make sure that the State's Distribution Goals and Objectives are being met.

As you may know, Beverly Hills is situated to provide immediate assistance. The City's Fire Department incorporates two levels of clinical practitioners who are able to administer vaccinations; Firefighter Paramedics under the Los Angeles County Emergency Medical Services' approved Local Scope of Practice and Nurse Practitioners through the Department's innovative and robust Nurse Practitioner program. Given such, the Fire Department has the ability to vaccinate many within in the City. However, the current Tiers of vaccination order constrain the Fire Department from extending rapidly into Tiers 2 and 3.

As a result, the City wishes to request more permissible guidelines in the event higher Tier recipients are exhausted or unavailable, the City, in good faith, may move down to lower Tiers, 2 & 3, and vaccinates said persons therein.

We want to assure you that the City of Beverly Hills stands ready to be an active participant in making sure the vaccine gets rolled out as quickly and efficiently as possible. Please let us know how we may assist in being a part of the solution to roll out the Covid-19 vaccine.

Sarah Gertmenian, DVM, Pacific Coast Veterinary Hospital, San Clemente

I am writing to request that Veterinarians and technician/staff be included in Phase 1 B for receiving the vaccine. It is important that we get the vaccine as early as possible.

Julohn Teixeira, PA-S2, MGH Institute of Health Professions, Master of Physician Assistant Studies, Class of 2021

I am writing to advocate that members of the veterinary medical profession are essential workers and should be included in the distribution of the COVID-19 vaccine within phase 1b in the state of California. With mounting cases many hospitals are in danger of having to close or severely limit caseload, placing the welfare of many pets and owners in danger.

Crystal Adamek, Registered Veterinary Technician

I implore you to include the veterinary medical profession as essential workers to be included for distribution of the COVID-19 vaccine within phase 1b in the state of California. Even with the integration of telemedicine, we are at high risk for contracting COVID. Thank you for all you do.

Nicole Roque, RVT

Consider veterinary professionals, veterinarians and veterinary support staff who have been working non stop since March 2020 to provide essential service - without them, the food and agriculture production chain, care for companion animals during emergencies, and first

responsibility to natural disasters - all suffer. We have witnessed first hand the burden placed on communities when entire clinics and hospitals have to shut down due to COVID.

Lindsey Hassell, Registered Veterinary Technician

I am writing to request that veterinarians and their support staff be included in the 1b distribution of the COVID vaccines. We have been essential workers since this pandemic began and continue to put ourselves at risk in order to service our patients and their owners.

Furthermore, we are capable of vaccinating the staff of our own hospital in order to decrease the stress placed on the vaccine clinics and hospitals.

Roberta A. Tipton RVT

As a Registered Veterinary Technician and therefore considered an essential worker I would very much appreciate your putting veterinary professionals and adjunct staff into the 1b classification of vaccine eligibility.

Gisselle Hernandez

I believe the veterinary profession should be included in the phase 1b. We are essential workers and put our lives at risk every day to provide quality care for pets. I am very much interested in receiving the COVID 19 vaccine.

Amanda Herrera, RVT, Clinical Supervisor, Atlantic Street Pet Emergency Center by Ethos Veterinary Health

I am writing to the California Department of Public Health to ensure that Veterinary Professionals are not removed from the essential workers list. Being removed and considered non-essential would jeopardize our industry. This pandemic has been difficult for all people who were still required to work during the pandemic, however, veterinary medicine was struggling long before.

The veterinary industry has been bending over backwards for the public. Recognized or not, we have not had the luxury of being able to shut down business, limit hours, or turn animal patients away. We have been exposing ourselves over and over for the last year to serve the public and their beloved pets. With many of our communities working from home, clients are finding more commonly health disorders sooner with their pets causing a large influx of business on all levels of practice.

General practices are overloaded with new puppies that need to be vaccinated because people are finding it a good time to bring home new pet family members. While this is great for shelter

loads, general practices find themselves with no appointment times, and overloaded with drop-off appointments. When general practices are overwhelmed, our emergency practices are now the last resort for any type of care ranging from ear infections to congestive heart failure patients. Speaking as a Clinical Supervisor in a very busy emergency practice, we are tired. Our caseload is high, it is not uncommon to see over 50 cases in a day and have over an eight-hour wait on the emergency level. This is our new normal.

Our facilities general, specialty, emergency, or otherwise are running our patients in and out of our buildings conducting a curbside service to the public trying to minimize COVID-19 exposure to our staffs. In an industry where high turnover is inevitable due to compassion fatigue, we are losing Assistants, Registered Technicians, and Doctor of Veterinary Medicine at a higher rate than ever before. From experience, as an RVT that is about the "hustle", we are exhausted. Clients are awful to us for not allowing them into our buildings, angry at us for wait times, hostile with us when we discuss finances. We are a resilient breed, but not having the option to be included in the next wave of the COVID-19 vaccine could break us should we continue to have COVID-19 outbreaks within our practices. The public requires us to care for their animals.

I hope that this letter provides some perspective. We anticipate continuing serving the public as allowed by the public health authorities. I would also like to add, most veterinarians and registered technicians would be willing to aid in human vaccination if required to expedite vaccination efforts in our communities.

Kate Arnell, DVM, DACVIM, Associate Medical Director, Veterinary Specialty Hospital by Ethos Veterinary Health, San Diego

I would like to strongly advocate that members of the veterinary medical profession as essential workers be included for distribution of the COVID-19 vaccine within phase 1b in the state of California.

Dr Andrea Montano Hernandez, Oncology Associate Doctor, Ethos Veterinary Specialty Hospital of San Diego

I would like to advocate that members of the veterinary medical profession as essential workers be included for distribution of the COVID-19 vaccine within phase 1b in the state of California.

Anne-Claire Saint Georges, DVM / Internal Medicine Resident, Veterinary Specialty Hospital by Ethos Veterinary Health, San Diego

I would argue that veterinarians are very essential workers and should be prioritized getting the vaccine. This is especially true the last 9 months when more owners are adopting animals, increasing demand for medical attention. With a spike in positive Covid cases, many hospitals

have been short-staffed and/or closing down for periods of time which has been detrimental to the quality of patient care that can be offered. Having the vaccine would allow more hospitals to remain open and functional to address this increased need.

Brenda Phillips, DVM, ACVIM (Oncology), Associate Medical Director, Veterinary Specialty Hospital by Ethos Veterinary Health, San Diego

Please consider offering vaccination for veterinary staff in an early tier. We are essential workers who are tasked with maintaining health of pets and agricultural animal patients and it is not an option for us to not treat our patients, often in crowded work environments.

Jennifer L. Owen, DVM, PhD, DACVP (Clinical), Research Oversight Coordinator, Associate Clinical Pathologist, ETHOS Diagnostic Science, San Diego

Veterinarians have so much interaction with the public. We cannot limit our services to companion animals right now, and we're the busiest we've ever been. Please include us in the upcoming vaccination phase 1b.

Audrey Stevens, DVM, DACVR (RO) |Radiation Oncologist, Veterinary Specialty Hospital by Ethos Veterinary Health , San Diego

I am a veterinarian specialist who works at an emergency/specialty hospital in San Diego, CA. We have been able to keep our doors open during Covid by enforcing masks, social distancing, etc. While other hospitals were closing we have never been busier. I hope that all the human medical staff that need and want the vaccine get it ASAP. I strongly encourage you to include veterinary hospital staff members as essential workers to include the Covid 19 vaccine.

Emily Moeller, DVM, DACVO | Ophthalmology, Veterinary Specialty Hospital by Ethos Veterinary Health, San Diego

I am writing to request the inclusion of veterinary workers in phase 1B of the COVID vaccine rollout. Veterinarians have continued to see patients and their families throughout the COVID crisis. In fact, veterinary hospitals throughout the country have seen an increased caseload throughout this crisis that seems to be related to increased pet adoptions and possibly increased vigilance on the part of families that are now at home with their pets. The increased caseload has been coupled with employee shortages, especially among the support staff, due to COVID related illness and exposures requiring quarantine. We have continued to work despite these shortages, as well as shortages in personal protective equipment and medications that are conserved to support care on the human side. Contact with the public is unavoidable in this field so exposure is inevitable. Please help us to continue to serve our patients and community.

Madisyn Bonestell, Hospital Director, Veterinary Specialty Hospital by Ethos Veterinary Health, San Diego

I want to advocate for my staff of 50 veterinarians and 250 staff members who have been on the frontline through this pandemic offering 24/7 life saving care to the San Diego community and beyond since March. We have not shut our doors or decreased the care we are giving to all families in San Diego. Like us, families need to have these services available at all times as medical emergencies take precedent everyday and are always unexpected. We have been an essential business from day one and receiving this vaccine will continue to allow us provide elite medical care across the county to the other members of our family who provide us with mental and emotional health as we continue to fight through this pandemic.

John Hart, Staff Internist, Veterinary Specialty Hospital of San Diego

I want to strongly suggest Veterinarians are on the list for the 1B distribution of vaccines. As a Veterinarian I work extremely closely with multiple co-workers to take care of multiple pets per day with multiple issues. Many of my patients are critically ill and if we are sick or quarantined we will not be able to help those animals who will suffer along with their owners. We have already been closed for a period of time due to Covid and were unable to service our community. Our community is made up of all walks of life including poor and disadvantaged people who still have pets that need help. We have a 24 hour emergency room that has also had to close or limit the number of cases they see due to Covid issues and multiple other emergency services throughout San Diego county are in the same fix. Please make it a point to have us on the list to keep us open and running.

Ryan Cohen, ER Veterinarian, , Veterinary Specialty Hospital by Ethos Veterinary Health, San Diego

I wanted to email you to request that you allow veterinary professionals, such as veterinarians and technicians, to get vaccinated for COVID-19 as soon as possible.

Veterinarians are healthcare workers and proponents of public health in our own right. Many of the equipment, medications, vaccines utilized in treating COVID-19 today are based on research on veterinary patients and were tested by a lab animal veterinarian prior to becoming available to people (Don't believe me? Look into the history of remdesivir.) We understand the science, we have been following local, state, and national guidelines because we understand biosecurity and want to keep others safe. WE WANT TO BE VACCINATED.

When the pandemic started, the veterinary community went to work with all hands on deck to ensure our physician colleagues had what they needed (or what we could give) to fight this illness. We donated and refrained from ordering PPE, rationed certain drugs, and donated our

ventilators. In some areas of the country veterinarians stepped up to volunteer to help on the front lines where needed - in the hospitals, mortuaries, etc.

Throughout this pandemic, we have been working tirelessly on behalf of our human clients and our animal patients. While people are staying home, they are spending even more time with their pets, and we are *busy*. While others are able to work from home, our job demands that we are on site. While local and national guidelines recommend that we socially distance, our job demands that we work in close proximity to other humans. Although many hospitals are operating with curbside service and our staff is exposed to the general public less than previously, we are exposed to each other *frequently*. In a surgical suite, there are frequently at least 3 people within 3 feet of one another to care for critical patients. Do you know how many people it can take to draw blood on a cat? Sometimes 3- all in contact with the cat (and obviously not able to be 6 feet from one another.)

In this profession, we have one of the highest debt to income ratios. We have one of the highest rates of suicide. Our job is not easy, but most of us choose this path because we are empaths and truly care about other living beings - humans and animals alike. When we graduate we recite an oath that I have hanging over my desk, and I strive towards every single day that I work. As a member of the veterinary medical profession, I solemnly swear that I will use my scientific knowledge and skills for the benefit of society. I will strive to promote animal health and welfare, relieve animal suffering, protect the health of the public and environment, and advance comparative medical knowledge. Please allow myself and my colleagues to get vaccinated for COVID-19 as soon as we can in order for us to continue to perform our work and protect our communities.

Michelle Vu, PHR, Senior People & Organization Practice Partner - Southern CA, Ethos Veterinary Health

Veterinary medical professionals ARE essential workers

Please consider the impact for not including them as essential workers. Just like a human hospital animals experience life threatening emergencies too. As a licensed veterinarian for 40 years in California and owner of a Mobile Veterinary Clinic who practices in both Californian and Nevada counties. I consider myself at significant risk to being infected by this pandemic virus. While some hospitals do NOT allow clients beyond their front doors, this is not an option for our practice. Earlier in the year, I saw all clients outdoors and attempted to safely distance myself from exposure.

Nathan Cherzan

My name is Nathan Cherzan, I am a veterinarian in San Diego, and I believe the people within my profession deserve to be classified under the 1B status for vaccination allowing vaccination in this next phase. Working in a busy ER, we are constantly working in close contact with each other, and frequently significantly impacted by one positive case in our hospital. We have

worked long, difficult hours throughout the pandemic, and we continue to operate at abnormally high levels as many clinics have closed or limited cases. We provide an essential service to the state and people within it, and getting the vaccine early would make a huge impact on our ability to offer care to the animals and families within our state.

Kristina Carter - Veterinary Nurse

In making early COVID-19 vaccine distribution prioritization decisions, I would like to urge you to include the veterinary professionals in the highest priority group possible.

I understand the state is using several criteria, including the necessity of the job to society, the impact on already disadvantaged communities and the risk of occupational exposure. We meet the criteria of all three of these.

As veterinarians and veterinary professionals, we provide urgent care to companion and service animals, prevent zoonotic disease spread, ensure the nation's food supply is healthy, and work diligently to do our part in promoting public health.

Our work involves coming within 6 feet of the members of the public, many of whom are considered high risk or are part of disadvantaged communities. We are within inches of each other while we do our jobs and work in a mixed age group setting - college students mixed with much older or immunocompromised individuals.

It is impossible to social distance while doing our work. We do our jobs because of our loyalty to our patients and our profession, but in times such as these, we are risking our lives and those of others.

The veterinary profession is part of the essential workforce and early vaccination of the profession is critical. I plead to you and the Community Vaccine Advisory Group asking for consideration of early vaccination prioritization for the veterinary profession.

Brianna Bergen

I am writing to advocate that members of the veterinary medical profession as essential workers and should be included in the distribution of the COVID-19 vaccine within phase 1b in the state of California. With mounting cases many hospitals are in danger of having to close or severely limit caseload, placing the welfare of many pets and emotional welfare of owners in danger.

Ashley Stickles, Practice Manager, Orange Canyon Pet Clinic, Orange

I am inquiring about covid vaccines for veterinary professionals. We are considered essential workers and I am wondering where we fall in the vaccine tier program? Our staff is stressed and

tired (as I'm sure many are) and we are excited about this light at the end of the tunnel. I look forward to hearing from you.

Elaine Wexler-Mitchell, DVM, ABVP, The Cat Care Clinic, Orange

Please consider making vaccination of veterinarians and their teams a high priority for vaccination after human health care workers. We are providing essential health care for pets on a daily basis which involves public interaction and dealing with pets in COVID positive households. Keeping pets healthy decreases zoonotic disease and also helps support the mental health of owners.

Melissa

The veterinary industry is seeing a tremendous number of appointments right now we are understaffed we are overworked and we have no way to not interact with the public to some degree and the animals needing care I believe is a necessity and so I do think that since we have to interact with the clients the staff should be vaccinated.

Dr Susan Grove, Vet2youINC mobile Veterinarian

We in the Veterinary Medical field are considered mandatory health workers during this pandemic. We are working closely with animals, staff to keep animals healthy during this pandemic. We are extremely busy trying to maintain the health and welfare of the pets and their owners.

As a Veterinarian, I feel we should be included in phase 1b of the covid distribution due to the demands of our job and the risk of obtaining covid 19 and therefore not being able to service our community

Jennifer KAPP RVT, Los Gatos Dog and Cat Hospital, Los Gatos

I am a registered veterinary technician (nurse) who is working to help our clients and their pets. We have been open all along and take precautions such as constant mask wearing, hand washing, and sanitizing. We run in and out of the clinic to collect pets from the car. We are working harder now than ever.

We went over 9 months virus free, but lately had six employees test positive.

I am 66 years old and healthy, but take care of an older husband with dementia.

As essential workers I think we should be included in the next tier of vaccines.

Shilo Bath, Country care animal clinic

I strongly encourage that veterinary practices be part of stage 2 for vaccines. We are part of the front line taking care of peoples animals which now is even more necessary as so many people are at home. I own my own clinic and work with a Mobil clinic where we are having to go into peoples homes to euthanize animals and we are very concerned for our safety.

Bruce A. Hartzell, DVM, CritterCare Mobile Veterinary Clinic, Genoa, NV

As a licensed veterinarian for 40 years in California and owner of a Mobile Veterinary Clinic who practices in both Californian and Nevada counties. I consider myself at significant risk to being infected by this pandemic virus. While some hospitals do NOT allow clients beyond their front doors, this is not an option for our practice. Earlier in the year, I saw all clients outdoors and attempted to safely distance myself from exposure.

With that said, winter conditions now required closer exposure to clients. Our practice provides essential veterinary medical care to clients who are seeking to avoid restrictive hospital settings. Our client appointment demand has substantially increased.

Additionally, I am 70 years old and my wife assists me in our practice.

I request that this Advisory Council move Veterinarians and their staff up on the Priority List to have receive the COVID-19 vaccine protocol.

Viola O'Beirne

Veterinarians are an important part of society and most definitely need to be included in Phase 1B. With so many pets living in our care, we need to ensure they are cared for properly. We can't do that if the veterinarians that care for our pets are not taken care of by the government.

Kaeli Brown, Veterinary Nurse

Veterinary professionals are considered essential infrastructure in this pandemic. Currently staff are getting sick with Covid 19 at an alarming rate. We cannot socially distance and we have to interact with the public, therefore our risk for contacting covid19 is very high. Please include us in tier 1b priority for distribution.

Jonell Kane RVT

I wanted to make sure to assert my opinion that the veterinary field (all those working in a veterinary hospital) should be along the phase 1b of the vaccination rounds. As a registered

veterinary technician myself and married to a veterinarian, we are on the front lines working face to face with many people every day. We try as much as we can to social distance and always wearing face masks but in a lot of circumstances in our field we can not remain 6 ft away especially with our coworkers. Please consider us for the phase 1b vaccinations.

Joanne Shinozaki

In which tier for COVID19 vaccines do veterinarians qualify for? We are considered essential workers.

Anne Ripke DVM, Chico

As a veterinarian who has been on the job since day 1 of the pandemic, we have exposed ourselves and our staff to the Covid virus. We ask to be protected by early vaccination. Please consider our essential work force in the higher vaccine tier to allow us to continue to work on behalf of our patients safely.

Craig MacFarlane, Spouse of a DVM

I am writing to you to appeal for inclusion of veterinarians in group 1B.

They are frontline essential workers who provide medical care for our family pets, and agricultural animals that feed the nation. My wife's clinic is currently shut down and she was exposed because of contact with staff that tested positive. And yet she can't not go to work. It is imperative that they be explicitly included.

The state should also consider emergency authorization to allow veterinarians to administer vaccine to humans. Their training is far more thorough than pharmacists. Given the critical lack of staffing, and their extensive medical knowledge, we should immediately begin leveraging their skill to shots into arms.

Heather Oxford, DVM, MPH, CVA, CCRT

I'm a mobile vet in Los Angeles. Our city is currently considered an epicenter of this epidemic. Vets in clinics and doing mobile work such as myself have to be in contact with multiple members of the community on a daily basis. We are considered essential workers and as such, should be considered for early vaccination.

Also, we can serve as advocates for vaccination, as many people are inclined to trust their vet's experience even when there may be doubt about the vaccine.

Andrea Kirsch DVM, Natomas Veterinary Hospital

These have been trying times. We in the veterinary profession are privileged to be essential. Being essential also brings some responsibilities. This profession takes care of pets, horses, livestock, and our food supply. We are the connection between human disease and animal disease, ie zoonotic diseases like SARS-COV-2. Many of us still have direct contact with the public. If the veterinary field as a whole collapses under the weight of sick employees, sick clients, etc, who will take care of the food supply and the pets that support many of us? No one argues that human health care and other frontline workers like police and fire must be vaccinated first, but soon after, veterinary health care should be in the next tier of essential workers to be vaccinated.

Leslie Bergen

Veterinarians are essential!

Please include vets in phase 1b of the COVID 19 vaccination distribution plan. We need them to be able to care for our beloved pets.

Daniella De La Cal DVM, Washington Blvd Animal Hospital

My name is Daniella De La Cal, and I am a small animal veterinarian practicing in Whittier (LA County). I have been in practice for 11 years, exclusively in LA County.

As you may have heard, veterinarians are asking for the opportunity to get the COVID-19 vaccine along with other healthcare workers. My intent with this letter is to support my colleagues in stating that our role in the community is extremely important and that protecting our professionals and paraprofessionals is paramount in the fight against this horrific pandemic.

I must mention that our role in society is often underestimated in comparison to physicians and nurses. Our patients are part of the family and as such our role in their health is sometimes just as important if not more so than that of physicians caring for human family members. Aside from caring for pets, we inadvertently serve as an emotional outlet for pet owners, and in doing so we forge very close personal relationships with our clients. Outside of private practice, we also play an essential role in protecting of the food supply with jobs in APHIS, the USDA, and the FSIS.

In private practice, most of us have transitioned to “curbside service”, in which the pets are brought into the hospital and clients are contacted by phone or in person with social distancing and appropriate mask-use in effect. This offers our staff some protection, but there are a great many risks still involved (including clients refusing to follow safety guidelines, or possible fomite exposure via the patient). Ironically, most of our risk has proven to come from “within”. Staff come to work having been exposed or infected without knowing, and expose others despite stringent safety protocol. In a veterinary hospital, it is IMPOSSIBLE to socially distance. Even

in the simple act of vaccinating a pet, one must restrain the animal in a hug while the other person stands not even three feet away to administer the injection. In addition, there is simply not enough room in a hospital setting to allow for the entire staff to socially distance. When our veterinary staff become exposed, it causes a chain reaction in the clinic and results in a large proportion of staff being placed on leave. This makes it very difficult to treat patients - we are overloaded just like human hospitals and are having to turn hundreds of sick animals away. The quality of care is also suffering immensely.

Protecting veterinary professionals and paraprofessionals with COVID vaccination is so important to prevent spread within our clinics. It would allow us to comfortably continue serving our communities without the fear of becoming ill, and help us to cocoon those who cannot be vaccinated. Allowing us to be vaccinated alongside our other non-veterinary colleagues is a step in the right direction.

Deanna O'Neil DVM, CCRT, CVA, Doctor of Veterinary Medicine, Certified Canine Rehabilitation Therapist. Certified Veterinary Acupuncturist

I'd like to submit my support for the inclusion of veterinary professionals including veterinarians, veterinary technicians and veterinary support staff for consideration of Covid-19 Phase 1b vaccination distribution.

The veterinary profession is considered as part of the essential infrastructure. The veterinary community takes part in the responsibility of public health, food safety as well as the preventative health of food and companion animals and the prevention of infectious disease. Additionally, we provide needed care to pets for pet parents who may additionally need emotional support from their companion animals especially during this unprecedented time of the Covid pandemic. We provide urgent care, treat illness and injury as well as provide pain relief for companion animals and other species.

Veterinarians and their support staff are here to serve the public and potentially put themselves at risk when servicing their patients and clients. We should have the option of protecting ourselves as best possible and with whatever resources are available to us.

Hani Shatila, DVM

I would like to stress the fact that the Veterinary community is classified as WORKERS IN ESSENTIAL & CRITICAL INDUSTRIES as such that puts us in phase 1b for vaccine distribution.

If the Veterinary community gets hit with the virus and we are unable to attend to the needs of pets, pets & their owners suffer. Pets are part of the family and we care for them like we care for our kids.

I have been in practice since 1974 and I know how people feel when they lose a pet.

Dr. Hilary Wheeler, The Whole Pet Vet Hospital and Wellness Center

As the owner and full time veterinarian at a small animal practice in Santa Clara county, I feel it is imperative that veterinary professionals receive the COVID-19 vaccine as soon as possible. Given the nature of our work, we are unable to social distance when working with animals, including performing surgical, dental and other medical procedures. At any given time, we have 15-20 individuals in a shared space, working 10 hour shifts each day. Despite modifications in our appointment protocols, we still interact with our clients (pet owners) on a regular basis, including euthanasia appointments, during which we face challenges with social distancing due to the nature of the visit. Other examples include working with people who bring their service animals and emotional support animals to us for care.

Other area hospitals have already had to close for various time periods due to COVID-19 infection outbreaks. Given the rising case numbers, our profession is at an increased exposure risk. We provide essential veterinary healthcare to our community. Aside from the concern of serious illness, any closure due to an outbreak would be devastating to our patients and our team. Veterinary hospitals across the nation are already facing a staffing shortage while experiencing a higher demand for veterinary care than ever before. Whenever a local hospital is forced to close due to an outbreak, pets go without critical healthcare due to prolonged wait times for appointments.

Please prioritize those of us providing critical in-person health services when determining eligibility for early vaccination. Thank you for your consideration.

Karen Aiken, DVM

I would like to advocate for the inclusion of members of the veterinary community (those serving pet owners in any capacity within a veterinary hospital setting) in the Phase 1b COVID vaccine distribution. Practices have been inundated with cases since the start of the pandemic and veterinarians, veterinary nurses and hospital staff have been doing their part to keep these animals healthy. Pets are a very important part of the mental health of many families. As essential caregivers, this group should be included in the Phase 1b vaccinations.

Jenny Altamirano

In making early COVID-19 vaccine distribution prioritization decisions, I urge you to include the veterinary professionals in the highest priority group possible. I understand the state is using several criteria, including the necessity of the job to society, the impact on already disadvantaged communities and the risk of occupational exposure. We meet the criteria of all three of these. As veterinarians and veterinary professionals, we provide urgent care to companion and service animals, prevent zoonotic disease spread, ensure the nation's food supply is healthy, and work diligently to do our part in promoting public health. Our work involves coming within 6 feet of the members of the public, many of whom are considered high risk or are part of disadvantaged communities. We are within inches of each other while we do our jobs and work in a mixed age

group setting - college students mixed with much older or immunocompromised individuals. It is impossible to social distance while doing our work. We do our jobs because of our loyalty to our patients and our profession, but in times such as these, we are risking our lives and those of others.

The veterinary profession is part of the essential workforce and early vaccination of the profession is critical. I plead to you and the Community Vaccine Advisory Group asking for consideration of early vaccination prioritization for the veterinary profession.

Sarah Rickles, RVT

I'm a veterinary worker in San Francisco and would like to be considered for the next phase of vaccine.

Danielle Duran, DVM, DVM Candidate, Class of 2015, UC Davis School of Veterinary Medicine

I write on behalf of myself and many of my colleagues who wish to be included in phase 1b for COVID-19 vaccination.

A lot has always been expected of our profession from the public, now more than ever. Many veterinarians don't have the option to work from home because in general practice that is impossible. We have done the very best we can to adapt to the times of the pandemic and do our best to keep ourselves and the public safe but we have no way to properly social distance in a hospital setting to, just to name a few examples, examine, perform cpr, or to euthanize a patient.

Many of our doctors who are older love what they do and want to continue to do this for as long as they can but have fears about contracting it at work and have had to choose between their job or medical leave. I myself have a preexisting condition and cannot afford to stay home due to my already crippling student debt.

In the month of December alone my one clinic had 5 confirmed covid cases and one confirmed on the 4th of this month. I know our clinic is not unique in this situation. Many of us who look to the holidays with family as a way to cope with our stressful profession had to forgo these gatherings because we feared what we may bring home, in addition to doing our part to slow the spread.

This vaccine really cannot come soon enough for us. Please give us at least the peace of mind of a vaccine to continue to help the public through their pets so that we can go back to being able to put our sole focus on our patients and their needs.

Your support would be immensely appreciated,

Linda Conner

I am writing to encourage you to add Veterinarians and staff to the Phase 1b of vaccine distribution. Our vets are exposed daily to numerous clients. PPE can only do so much. These essential workers are so important to the health and wellbeing of our beloved pets and therefore they are essential to the people who rely on their pets for a sense of wellbeing. These are difficult times. PLEASE get the vaccines to the Vets and their staff ASAP.

My daughter-in-law, a veterinarian, works long hours, comes home to her family (including an infant), takes great effort to not infect her family. Gets to bed late at night to get up and do it all over again the next day. These folks are faithful, tireless professionals and deserve the best this government has to offer.

Please get them vaccinated ASAP.

Dr Nanelle Barash, DVM, PhD, Dipl. ACVIM (SAIM), Advanced Veterinary Specialists, Santa Barbara

Thank you for all you do. These times are so hard and I'm sure there are so many pleas and demands for the vaccine. Please consider veterinary staff as essential workers. My staff interact with members of the public every day, taking their animals inside for diagnostics and treatments. If veterinary clinics shut down due to COVID, the mental health strain on the community is immeasurable: elderly, infirm, and healthy alike, people will go to great distances to save their pets (their family!) from illness and suffering. If my practice closed, for instance, there is no other reliable pet emergency clinic in the city and frantic members of the public would be driving even further afield, spreading virus and panic as they go.

Please, help us help the people of our county and city. Please vaccinate veterinarians and veterinary staff as soon as possible.

Veronica Paredes

Veterinary professionals are considered essential infrastructure in this pandemic. Our workplace has been getting sick with Covid-19 at an overwhelming rate! We work at an 24/7 emergency HOSPITAL. People have been coming to us when small animal clinic close down and we still stay open for the sake of these poor animals when other clinics are shut down or turn them away. Veterinary professionals cannot socially distance themselves from each other cause we need each other to work on these furry patient. As well as interacting with client since animals cannot talk. We are losing staff due to Covid 19 which affects the health of our patient to get the treatment they need. We are at a very high risk for contacting Covid 19. PLEASE consider us in the tier 1b priority for distribution!

Ellison Wang

I am writing to advocate that members of the veterinary medical profession are essential workers and should be included in the distribution of the COVID-19 vaccine within phase 1b in the state of California. With mounting cases many hospitals are in danger of having to close or severely limit caseload, placing the welfare of many pets and owners in danger.

Vicky Rusconi, Los Gatos Dog and Cat Hospital

Practicing veterinarians and their support staff are unable to service their clients and patients while maintaining their own safety during this pandemic. I am a small animal veterinary receptionist working in a private practice. Every work day, I am in close (less than 6 feet) proximity with my staff for hours of the day. We all wear masks at all times. We collect our patients from their owners in the parking lot, and clients do not enter our premises with the exception of those who stay with their pets during euthanasia procedures. Even with these precautions, we had 6 employees test positive for Covid 19 last month and had to close the hospital for 10 days. During this time, we referred our clients to a nearby emergency clinic, which has now had to close due to the virus.

I am not expecting that this will be our only outbreak of the virus, and we will have to close again in the future if this occurs. Several of our employees became quite sick. One young man has pneumonia in his right lung and is on antibiotics. He had to receive supplemental oxygen and had a high fever as well. Another one of our doctors lost her sense of taste and smell and had a fever for 5 days. Other positive employees had lesser symptoms.

I urge you to add practicing veterinarians and their staff members for the level 1b list of approved persons to receive the Covid 19 vaccine.

Don Scott Vrono D.V.M., SoCalEquine, San Dimas

I am a large animal veterinarian (Equine). I am unable to have my patients dropped off in the parking lot and brought into the clinic by clinic staff as is routinely done in the small animal sector. I am out in the field, treating animals, with social distancing very difficult as close proximity to the handler or owner is impossible to avoid.

I put myself, not to mention my family at risk every day that I go to work.

I feel my job as a veterinarian is very important and very necessary.

As an essential health care worker, I should be included in the 1b category, receiving the vaccine as soon as possible.

Naomi Feinn, DVM, Berkeley

I am writing to encourage the powers that be to recognize that the veterinary profession is an essential service that needs to get vaccine protection from COVID-19 as soon as is reasonably possible. The profession requires that doctors and technicians work in very close proximity to each other, commonly in buildings with no or few windows. In the case where I work, with poor ventilation. Though we are all very careful where I work, we definitely take a risk by continuing to go to work every day. Myself, I am 65 and while I most adamantly want to continue working, it sometimes feels like somewhat risky behavior, particularly when cases of the virus are up, as they are currently.

Erin Dia

I am a registered veterinary technician working at a general practice and emergency vet hospital in Ventura County. We are an essential business. We cannot close because pets and their owners need us. We also cannot physically distance ourselves from other employees (of which we have over 100) while at work. It is necessary for two people to be inches from each other while working on an animal (one or more person to hold/restrain an animal and one to do whatever procedure is needed on the animal). Unlike many other essential jobs, there is no way to adjust our protocols to avoid this lack of physical distancing. We are also in high contact with the pet owners, of which there are even more clients than usual (we have been much busier during this past year since COVID started). Multiple employees have already caught COVID and I am very afraid to continue working right now. I must continue to work though because I don't have a lot of money saved up (since we make such low wages) to be able to afford taking time off. I also know that I need to continue working because I need to be there for all the sick animals that need us. And lastly, I need to work because we are already very short-staffed due to multiple employees being out sick with COVID and/or other employees being quarantined because of exposure to the positive employees. But I am afraid, very afraid. Please, please include us in the next tier of vaccines after human healthcare workers. We need the vaccine ASAP or there will be no one left in the veterinary field that is able or willing to care for our state's pets. Thank you for your time.

Mike Cao, DVM, CEO, Irvine Valley Veterinary Hospital, Irvine

As veterinarians we take an oath to protect our communities with our medical knowledge and skills. Some obvious critical infrastructure roles we play include helping to continue research for COVID vaccines, protecting the country's food supply, and protecting public health through prevention and surveillance of zoonotic diseases, or potential zoonotic disease.

A sometimes less obvious critical infrastructure role we play is in providing preventative and emergency care for pets in our communities. As we have advanced as a society, pets have become a major part of our family lives. Almost 70% of households own a pet as of 2017-2018. That is over 150 million pets and counting. In almost 10 years as a veterinarian, I have seen more people adopting new pets than ever before since the COVID-19 pandemic. As a veterinary practice owner, I have seen our caseload increase by over 85% from last year. People are turning to pets for companionship and comfort during these difficult, and often lonely times.

When their pets get sick or injured, we need to be there to provide the care they need. It would be irresponsible, cruel, and against our oath to allow animals to suffer when we can help them with our medical knowledge and skills. Yet, practices are having to shut down regularly due to staff COVID exposure. This causes undue burden on veterinary emergency practices. Critically ill pets are having to wait for 8 hours to be seen at emergency hospitals, and often times they are turned away all together. Pets that need preventative care are often not seen by veterinarians for months due to the shortage of veterinary practices open to see them. These pets could be due for vaccines that protect them and the public from zoonotic disease such as rabies and leptospirosis, which we just diagnosed in a dog three weeks ago. There has been a recent leptospirosis outbreak in San Diego as reported by the County Health and Human Services Agency on December 17th, 2020. How many dogs are not getting vaccinated for it because the wait time to be seen is too long or because veterinarians are not having opportunities to educate people about it in exam rooms like they normally would? We also provide COVID testing for animals, and while the risk for zoonosis is considered low at this time, more studies and data are needed. Other pets could have other underlying diseases that if left untreated for too long could result in preventable morbidity and mortality. For example, a melanoma if caught early could carry a good prognosis but if allowed to grow too large or metastasize could carry a grave prognosis.

By caring for pets, we care for their owners. We enable people to be able to enjoy the companionship and comfort that their pets provide, at a time when it may seem difficult for many to find something to be happy about. Their pets can provide them a sense of normalcy, at a time that is anything but normal. Some of these pets also provide valid medical support for their owners, such as seeing eye dogs, seizure alert dogs, and diabetes assist dogs. As a veterinarian and practice owner with 7 veterinarians and over 40 employees, I am constantly inspired by my team's resilience and courage during this pandemic. Every day, we meet people that need us in their lives right now, and we do everything we can to show up and help. I ask that you consider us for priority COVID vaccine status so that we can continue supporting the critical infrastructure of our community.

Danielle Duran, DVM

I write on behalf of myself and many of my colleagues who wish to be included in phase 1b for COVID-19 vaccination.

A lot has always been expected of our profession from the public, now more than ever. Many veterinarians don't have the option to work from home because in general practice that is impossible. We have done the very best we can to adapt to the times of the pandemic and do our best to keep ourselves and the public safe but we have no way to properly social distance in a hospital setting to, just to name a few examples, examine, perform cpr, or to euthanize a patient.

Many of our doctors who are older love what they do and want to continue to do this for as long as they can but have fears about contracting it at work and have had to choose between their job or medical leave. I myself have a preexisting condition and cannot afford to stay home due to my already crippling student debt.

In the month of December alone my one clinic had 5 confirmed covid cases and one confirmed on the 4th of this month. I know our clinic is not unique in this situation. Many of us who look to the holidays with family as a way to cope with our stressful profession had to forgo these gatherings because we feared what we may bring home, in addition to doing our part to slow the spread.

This vaccine really cannot come soon enough for us. Please give us at least the peace of mind of a vaccine to continue to help the public through their pets so that we can go back to being able to put our sole focus on our patients and their needs.

Your support would be immensely appreciated.

Emily Talcott DVM

I do believe veterinarians to be critical essential workers who should be included in California's rollout of the corona virus vaccine 1b. We can then help vaccinate others. We have more experience than any other group. Every day I interface with the public. Should doctors need our help, we can help with oxygen supply, medical supplies and even treatment if the crisis gets worse. We are scientists, doctors and at great risk daily for covid contraction. If you can vaccinate me, I pledge to be trained to vaccinate the population and help in whatever way is needed.

We are public health officers in charge of identifying and reporting zoonotic disease, we identify problems with the food supply.

We have lost too many vets to covid-19.

Please consider asking veterinarians for help and including us in the next phase 1b for vaccination.

Kate Wotrang

Veterinary staff are essential! Please let us get the vaccine. We are unable to social distance due to the anytime of our jobs. We also have to come in close contact with the public.

Yuan Kang, DVM

I am writing to request including veterinarians and veterinary support staff with other essential personnel during the COVID-19 vaccination roll-out. Veterinary clinics have stayed open during the pandemic because we are deemed essential businesses, but we have faced unprecedented challenges-- rapidly changing protocols to comply with local/state public health recommendations; delaying countless elective surgeries to preserve PPE; implementing curbside

care and telemedicine; managing all-time high demand for services with reduced hospital staffing; the list goes on...

The hospital I work at has taken every recommended precaution from day one, and we still recently had to shut down for 10 days due to several staff members contracting COVID. On top of the pandemic, burnout and mental health concerns are pervasive in our profession. We are doing our best, but we are stretched thin and constantly working in tight quarters with one another (even without clients in the building). We are passionate about serving the community and helping animals in need, but we need the resources to do our job safely.

I do not claim to have nearly as much COVID exposure risk as my friends and neighbors who work in human healthcare, but I respectfully ask that veterinary professionals be included among other essential workers.

Dr. Jennifer Kaae, VMD, DACVIM, Pet Emergency and Specialty Center of Marin

I am writing to emphasize the importance of early delivery of the vaccine to the California veterinary community.

As a veterinarian, I have been classified as an essential worker, providing frontline health care to the pets in my community. But perhaps it is important to emphasize that the veterinary care that I provide helps the people - the owners of these pets - as well. These pets are extremely important to their owners. Not a day goes by that I do not hear thanks and appreciation from clients that our hospital has been able to stay open during the pandemic to provide critical care.

While we have been able to limit our face to face interaction with the clients as much as possible, there is still some interaction that cannot be avoided. And most importantly, I interact daily with a staff of over 50 people (client services, nurses, and veterinarians) in a large emergency and specialty care hospital. We must work closely, side by side.

Help keep our hospital safe.

Help us continue to provide high level care to the pets and community.

Encourage early distribution of the vaccine to veterinarians and veterinary staff in California.

It is incredibly important.

Juliana Lehnen, Entry Level Assistant, Pet Emergency and Specialty Center of Marin

I am a Veterinary Assistant at Pet Emergency Specialty Center of Marin (PESCM) in San Rafael, Marin County. I am commenting to advocate for adding "Veterinary Professionals" as a specified group of frontline essential workers in the Phase 1b vaccine distribution tier.

As CVMA has indicated, 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. The veterinary profession is part of the essential workforce and that early vaccination of the profession is

critical. However, current vaccine guidance remains silent on where our workers might find themselves in line.

Veterinary workers, particularly emergency veterinary clinics, are comparable to other Tier 1b classifications in several ways:

-Emergency Services: Our emergency practices are available 24/7 and we are ethically obligated to give quality care to every patient we admit.

-Agriculture: Veterinary professionals work not only with small animals (dogs, cats and exotic pets) but also with farm animals (chickens, pigs, cows, horses, etc.).

-Social Distancing: Vet medicine is inherently a hands-on job and there are several factors which preclude staff from social distancing. Although we can keep clients in their cars outside, technicians and assistants must communicate with each client and hand off animals several times a day. Some household pets also come from COVID-positive households. In addition, many veterinary tasks require two or more staff in unavoidable close physical distance to restrain and provide examination or treatment of an animal. Lastly, as is the case with other forms of shift work, veterinary staff in large hospitals or clinics are often exposed to numerous other staff throughout the day on a rolling basis. Use of face masks, hand washing and other cleaning is only so effective in preventing spread of infection under these difficult circumstances.

-High-Demand Service: As a result of working from home and sheltering in place 24/7, many people are in more frequent contact with their animals. Many are even acquiring new companion animals in these times of social isolation that they otherwise may not have. As a consequence of these factors, demand for veterinary services has grown exponentially. Many small general practice clinics have made the decision to limit elective services, cut clinic hours and reduce shift staff to minimally necessary levels. As a consequence of this, emergency veterinary clinics are overburdened with daily cases. This requires maximum staffing and maximum patient load, which burdens the ability to social distance as described above.

-Low-wage worker equity: Despite requiring certification and a degree, the average pay for a veterinary technician in California is \$18/hour. Vet assistants often make less: minimum wage. This factor makes the veterinary field vulnerable to Covid exposure for several reasons. It is a fact that low-wage workers are more likely to go to work even if sick for fear of losing pay. They are more likely to live in a household with multiple people to share rent/mortgage costs thus more opportunities for exposure and spread. They are more likely to have poor access to healthcare or none at all.

-Ubiquitous Job Sector: Veterinary clinics, hospitals, and practitioners are needed in all communities and found in every county of the State regardless of population, economic class, or racial background. People in all communities deserve to have their animals receive care, but many clinics are having to turn clients and their animals away. The vet profession not only touches household pets and agriculture, but shelters, rescues, and wildlife as well. It is an essential service for the humane care of all animals in need.

I hope the State DPH can recognize the uncomfortable bind veterinary professionals are in and help our community by adding veterinary language to the Tier 1B definition.

Maureen Oldach, DVM, DACVIM (Cardiology), Veterinary Cardiologist, Sacramento Veterinary Referral Hospital

I am a veterinarian in Sacramento and am writing to ask you to consider veterinarians and veterinary workers in the phase 1b vaccination rollout plan in California. As veterinarians and essential workers, most of us are unable to perform our jobs remotely. We are in close contact with animals that are owned by and live with members of the public, and therefore serve as potential fomites for COVID-19. We are also working in close quarters in veterinary hospitals with other veterinary staff, and are unable to maintain physical distancing due to the requirements in performing assessments and diagnostics on our patients; our animal patients require restraint by staff member(s) while diagnostics and assessments are made on those patients by other staff members. This often requires that we are within 1-2 feet of one another, not the recommended 6 feet to minimize COVID 19 transmission. Along with these occupational hazards, the understaffing of veterinary hospitals due to Covid 19 and its effects on family health and childcare mean that the remaining staff are overworked, fatigued, and suffer mental health consequences. As a profession with an alarmingly high suicide rate (female veterinarians are 3.5 times more likely to commit suicide than members of the general population), veterinarians need support from the community, particularly during this difficult time, when a large number of veterinarians and veterinary staff are feeling undervalued by their clients and community.

Please consider us in the phase 1B vaccine rollout.

Kimby Lo, DVM, Dip ACVD, Animal Dermatology Clinic, Tustin

I am writing to request the inclusion of veterinary professionals (veterinarians, vet techs/assistants and other staff) in "Phase 1b" of COVID-19 vaccine distribution. As essential workers, our clinics have remained open to serve our communities throughout the entire pandemic. We do not have the option of working from home and the nature of our jobs requires close contact with each other to safely restrain and treat patients. With pet adoption rates higher than ever and more people spending time at home, the demand for veterinary services has increased greatly. Even having one staff member out sick or quarantining for 2 weeks greatly affects our ability to provide quality care- this is the case in many small veterinary clinics across the country.

Jesse Hawkins, Veterinary Assistant, Banfield Pet Hospital, Tustin

I fully believe and would like to explain briefly why veterinary staff should be included in the list of recipients for phase 1b of the COVID-19 vaccine distribution. As a veterinary assistant,

even though I am wearing a face covering all day, it is impossible to maintain social distancing while performing the duties of my role. A large part of my job is holding pets while the veterinarians perform their exams or tests, so I am sometimes within inches of the doctors for upwards of twenty minutes. Depending on the size of the pet and the amount of energy they might have, there might even be two or three of my coworkers holding the pet with me, all within inches of one another, while the doctor does their work. There is one treatment area about the size of a studio apartment where we all work out of for eight hours a day, and this is true for the majority of veterinary hospitals. Sometimes there can be around ten people all working in very close proximity to one another. If even one of us gets COVID, it is basically a guarantee that we all will get it. There have been many Banfield Hospitals that have shut down for weeks because of outbreaks within the team. Some hospitals just have one doctor as well, and since we all perform our job duties under the doctor's license, if they were to contract COVID and have to be out for two+ weeks, that means the entire hospital would be closed for that long.

I urge you to consider veterinarians and their staff for phase 1b

Jenna Passer, DVM

I am writing to recommend that veterinarians and veterinary support staff be included in the early vaccination tier 1b. Veterinary medicine is an essential service which is provided not only for pets, but also for food animals and for working animals such as police dogs, TSA screening dogs, etc. Our jobs require us to come into contact with the public, putting us at greater risk of contracting COVID-19. It is extremely important that we are adequately protected with early vaccination so we can continue to safely provide this valuable service.

**Zoe Wynne Garfinkel, Marqueen Pet Emergency and Specialty Group
Technician, UC Davis Animal Science 2020**

In light of the COVID-19 pandemic, it has become abundantly clear how essential veterinary practice is. In my 6 years as a technician, I have never been busier, worked longer hours, or felt so at risk because of the work I do. It is imperative that veterinary staff be vaccinated in phase 1b. We work too closely with each other, although masked, and even more so with exposure to the public, who often refuse to wear any type of face covering at all, to not have access to this additional layer of protection.

Johanna (Joie) Watson, DVM, PhD, DACVIM

I would like to provide my *individual* input for the committee as a Large Animal Veterinarian, a member of the AVMA, and an educator of the next generation of veterinarians.

The global pandemic that is COVID-19 has presented us with many serious and ongoing challenges. Veterinarians serve and perhaps will serve in critical roles in society. Our

professional colleagues in human medicine are doing the incredible front-line work with human patients with COVID-19. They are also seeing their ranks exhausted and depleted by the current disaster.

1. Veterinarians are trained medical professionals who, as members of the Medical Reserve Corps, may be deployed to provide medical care, human and animal, in a disaster. In the herculean task to vaccinate the population of California, veterinarians and even veterinary students may be needed.
2. Veterinarians and veterinary laboratory diagnosticians provide front-line support for protection of the food supply and agricultural business in the state of California. These individuals are critical to our state's economy and the welfare of our livestock and other animals.
3. Veterinarians provide care and compassion for the human owners of companion animals. This is a time of great social stress and for some, isolation. The human-animal bond can be a key to mental health and wellness for some of the most vulnerable in our society. Veterinary professionals are continuing to provide critical and emergency medical care as well as compassionate end-of-life care for the companion animals in the state of California.

I believe the people of California would be best served by placing the veterinary workforce into Tier 1b for vaccination against COVID-19.

Kelly McClendon

In making early COVID-19 vaccine distribution prioritization decisions, I urge you to include the veterinary professionals in the highest priority group possible. I understand the state is using several criteria, including the necessity of the job to society, the impact on already disadvantaged communities, and the risk of occupational exposure. We meet the criteria of all three of these. As veterinarians and veterinary professionals, we provide urgent care to companion and service animals, prevent zoonotic disease spread, ensure the nation's food supply is healthy, and work diligently to do our part in promoting public health. Our work involves coming within 6 feet of the members of the public, many of whom are considered high risk or are part of disadvantaged communities. We are within inches of each other while we do our jobs and work in a mixed age group setting - college students mixed with much older or immunocompromised individuals. It is impossible to social distance while doing our work. We do our jobs because of our loyalty to our patients and our profession, but in times such as these, we are risking our lives and those of others.

The veterinary profession is part of the essential workforce and early vaccination of the profession is critical. I plead to you and the Community Vaccine Advisory Group asking for consideration of early vaccination prioritization for the veterinary profession.

Tara Hodson, DVM

Veterinarian status: Please consider us under Tier 1b; we've been considered essential workers. We worked tirelessly during the pandemic, and deal with zoonotic diseases that affect public health.

**Elizabeth J. Colle ran DVM, MS, Diplomate ABVP Feline Specialty, Medical Director
Chico Hospital for Cats, Cat Friendly Practice Task Force Chair**

We work in close proximity to care for beloved family members. We are doing everything we can't keep our staff and clients safe. To serve them, we need to be vaccinated and should those who serve the public every day.

Jeremy Hoge, D.V.M., Chief of Staff, Camden Pet Hospital, San Jose

I feel that we must be included in the next tier of vaccinations. Though we are doing curbside/drop off appointments we are still exposing our staff to the general public at a rate that puts us at risk. Also, the nature of our work (holding animals) precludes us from being able to always maintain 6' of distance at all times.

Alyssa Vanderbeek

I am writing to request that veterinary medical professionals be included in the distribution of the COVID-19 vaccine, as essential workers, within phase 1b of the State of California. Those working in high throughput vet hospitals are particularly at risk for contracting and spreading COVID-19, and transmission of COVID between people and animals is currently inconclusive. Administering the vaccine to veterinary medical professionals as part of phase 1b is prudent in protecting them and their communities.

**Linda Hyatt, DVM Practice Limited to Neurology and Neurosurgery, Veterinary Specialty
Hospital by Ethos Veterinary Health, San Diego**

I wanted to email you to request that you allow veterinary professionals, such as veterinarians and technicians, to get vaccinated for COVID-19 as soon as possible.

Veterinarians are healthcare workers and proponents of public health in our own right. Many of the equipment, medications, vaccines utilized in treating COVID-19 today are based on research on veterinary patients and were tested by a lab animal veterinarian prior to becoming available to people (Don't believe me? Look into the history of remdesivir.) We understand the science, we have been following local, state, and national guidelines because we understand biosecurity and want to keep others safe. WE WANT TO BE VACCINATED.

When the pandemic started, the veterinary community went to work with all hands on deck to ensure our physician colleagues had what they needed (or what we could give) to fight this

illness. We donated and refrained from ordering PPE, rationed certain drugs, and donated our ventilators. In some areas of the country veterinarians stepped up to volunteer to help on the front lines where needed - in the hospitals, mortuaries, etc. I am a trained EMT in the national registry and was ready to accept the call and help my physician colleagues if needed.

Throughout this pandemic, we have been working tirelessly on behalf of our human clients and our animal patients. While people are staying home, they are spending even more time with their pets, and we are *busy*. While others are able to work from home, our job demands that we are on site. While local and national guidelines recommend that we socially distance, our job demands that we work in close proximity to other humans. Although many hospitals are operating with curbside service and our staff is exposed to the general public less than previously, we are exposed to each other *frequently*. In a surgical suite, there are frequently at least 3 people within 3 feet of one another to care for critical patients. Do you know how many people it can take to draw blood on a cat? Sometimes 3- all in contact with the cat (and obviously not able to be 6 feet from one another.)

In this profession, we have one of the highest debt to income ratios. We have one of the highest rates of suicide. Our job is not easy, but most of us choose this path because we are empaths and truly care about other living beings - humans and animals alike. It has been heartbreaking to watch our physician and nurse colleagues suffer as they care for those with COVID-19. I am thankful for their expertise and hard work, but their sacrifice has been devastating. When we graduate we recite an oath that I have hanging over my desk, and I strive towards every single day that I work. "As a member of the veterinary medical profession, I solemnly swear that I will use my scientific knowledge and skills for the benefit of society. I will strive to promote animal health and welfare, relieve animal suffering, protect the health of the public and environment, and advance comparative medical knowledge." Please allow myself and my colleagues to get vaccinated for COVID-19 as soon as we can in order for us to continue to perform our work and protect our communities.

Pamela Weber Collier, RVT, Clinical & Extern Coordinator/Technician Learning and Development Specialist, Veterinary Specialty Hospital by Ethos Veterinary Health, San Diego

As essential critical infrastructure workers, veterinary health care professionals have been working non-stop since the pandemic began providing vital healthcare services to our patients and their owners. Our hospitals in particular, as 24/7/365 specialty & emergency facilities, continue to experience a 20-30% increase in our normal patient caseloads since the CA stay at home orders began in March.

Keeping our clinical and client care staff healthy and COVID free is essential to our ability to maintain operation and provide medical services to our patients and their owners. Vaccination for our teams as soon as possible (in the 1b tier with other essential critical infrastructure workers) will enable us to continue to the lifesaving work we do every day.

Abby Foust

I respectfully request that veterinarians and their staff be considered for phase 1B of COVID vaccine distribution.

Jessica Speas CVPM, SPHR, PHRca, SHRM-SCP, CCFP, Hospital Administrator, Crescenta Cañada Pet Hospital

Please include essential veterinary professionals in the early rounds of COVID-19 vaccinations in California. We are essential workers.

Eleanor E. Lan, DVM, MBA, Emergency and critical care veterinarian VCA Emergency Animal Hospital and Referral Center, San Diego

I am writing to request that you consider those in the veterinary community for earlier Covid-19 vaccination status -phase 1B, tier 1.

The veterinary profession has been tirelessly working since the beginning of the pandemic. As an emergency veterinarian, my hospital has not limited our hours or work days. We have been open 24/7 as 365 days a year throughout all of the restrictions. We are actually working overtime most days.

While we have tried to minimize contact with clients and social distance within hospital personnel, the nature of our jobs precludes true distancing. Multiple people holding patients while performing life-saving treatments, coming into contact with owners even curbside to retrieve our patients, and being present for owners saying goodbye to their beloved family members during euthanasias is an inevitable necessity of our jobs. We cannot work remotely nor can we stop working for any amount of time. We are the medical workers who take care of the two and four-legged family members during these difficult times.

Because of the mass influx of new pets into households and Covid exposure temporarily closing some neighboring emergency vet hospitals, we have been busier than ever. We as a profession are rallying, but we are exhausted and scared. We see more and more people in our immediate vet community getting sick, and we are all so very careful. We would like to continue to provide services, but we know we cannot if we are sick. We see what is happening with our counterparts in human medicine, and it is now happening to us. Instead of accepting all emergencies, we are now triaging cases to be seen and our wait times are extending from 30-60 minutes to 6-8 hours. To be vaccinated would mean we may withstand this continued stress and threat and stay open to help those in our community.

Beyond household pets many of us also work in public health-maintaining the food supply, working on farm animals, and providing support for the equine industry. We may not take care of the human species, but the remaining species of our world depend on us and our staff.

Please consider us for earlier vaccination.

Brittney Yore

Currently I am an Emergency Registered Veterinary Technician (Registered Veterinary Nurse) as well as a veterinary volunteer at the hospital at the 'Aquarium of the Pacific.' While the aquarium has currently been closed to the public due to the exponential rise in COVID cases, my emergency and specialty hospital has been open 24 hours a day, 7 days a week. We have been open to the public the entirety of this global pandemic. We are an emergency hospital that regularly treats animals that suffer from: congestive heart failure, respiratory distress, snake bite wounds, pulmonary contusions/fractured pelvis/uroabdomen/hemoabdomen due to being hit by cars, seizures, leptovirus, parvovirus, immune mediated hemolytic anemia, and tetanus to name a few. While we are certainly not fighting the same fight against COVID on the frontlines alongside fellow RN's or human medical doctors, we are still a part of a medical community that cannot afford to close our doors and work from home as animals would literally die and suffer without us. This is not an exaggeration. We regularly have patients that come through our doors coded in which we do resuscitate when requested. I personally don't mind sacrificing my safety on behalf of saving these animals as the job requires, however, we take COVID safety very serious when wearing PPE, masks, washing our hands and social distancing as much as our work allows. That being said, we not only support the decision and appreciate the opportunity to receive a vaccine but, we also stand behind the medicine and science regardless of our political affiliations. "The good thing about science is that it's true whether or not you believe in it," - Neil Degrasse Tyson. We only ask to be a part of Phase 1B in receiving the vaccines, so that we can continue to help save the lives of our beloved furry family members while you continue to work and save our lives during this crisis. Thank you for all of your time and concerns regarding this request and regarding this email. I hope this finds you in good health and good fortune moving forward into the New Year.

Alex True, Katie Carr, Marissa Parkhurst, Claire Bellis, Head Coordinators for the Mercer Clinic for Pets of the Homeless in Sacramento

We are four second-year veterinary students from the University of California, Davis. We currently volunteer as head coordinators for Mercer Clinic for Pets of the Homeless and oversee roughly twenty-five additional volunteer officers. We are writing to express our request that veterinarians and veterinary support staff be considered priority and part of phase 1b for COVID-19 vaccination due to our active and continued engagement with the public to address animal care needs.

Mercer Clinic is a student-run volunteer veterinary outreach dedicated to serving the pets of the homeless in Sacramento, California. At Mercer, we provide free veterinary care to animal companions of the homeless. During pre-COVID times, we were able to serve a greater portion of the homeless community in Sacramento. Since the initial stay-at-home order, Mercer has operated under strict COVID guidelines established by us and our board of

doctors. These guidelines have forced us to restrict the number of volunteers who can help and limit the amount of time we are able to safely run the clinic. As a result, we have limited the number of homeless clients we see each month. Unfortunately, COVID has also forced the cancellation of multiple clinics. In lieu of a clinic, we seek other resources to address the needs of our patients. This has not only put a financial burden on our clinic, as we have increased the number of referrals to other veterinary clinics, but it has also interrupted our mission of practicing preventive medicine and population control to the fullest extent possible.

Each month, we receive countless calls from clients and non-clients with the hope that we will be a resource for them. On many occasions, the four of us and a veterinarian have gone to the clinic to meet a client and examine their animal. This has been for check-ups after a procedure, evaluations of urgent concerns, and quality of life evaluations. On the occasions that we have not held a clinic, we have worked tirelessly to remotely address our clients' needs. Whether it was via telecommuting with one of our volunteer veterinarians, shipping long-term prescriptions, or referring urgent cases to local veterinary clinics, we have struggled to keep up with the needs of our clients. If veterinarians and veterinary support staff are prioritized for COVID vaccinations, clinics such as ours will be able to increase their outreach once again and better serve their communities.

Despite the worst of COVID, we are fortunate to continue with our procedure days. During these days, one of our volunteer veterinarians comes to perform a surgical procedure at no cost to the client. In an effort to address the continued needs of the community, we have aimed to schedule multiple procedure days each month. The procedures performed are typically dental procedures. However, COVID restrictions have limited our access to outside resources causing us to also consider and perform mass removals, spays, and an exenteration.

Mercer's clients are from the homeless community and as a result, they are high-risk. While our COVID guidelines require most exams to be held outdoors, this still results in situations where our clients and volunteers are less than the recommended six feet apart. Many of our volunteers have felt unsafe in these situations, and we have thus had to restrict our activities to accommodate new safety measures at the cost of continued care to the homeless community.

We call on you, along with our veterinary community, to earnestly consider veterinarians and veterinary support staff as priority in the Phase 1B COVID-19 vaccination schedule. We have continued to serve our community throughout the COVID crisis by addressing disease prevention, overpopulation, and general health of our patients despite the increased risks required of our veterinary community.

Tricia N. Nguyen, Doctor of Veterinary Medicine, General Practice and Emergency Clinician, UC Davis School of Veterinary Medicine, 2019, University of Southern California

My name is Dr. Tricia Nguyen, and I am a General Practice and 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 general practice and 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. Emergency only and specialty hospitals have often reached overcapacity and been obligated to turn away many patients to focus on the most critically ill, which has caused hybrid hospitals like ours (Irvine Valley Veterinary Hospital) to be tasked with managing cases far beyond our means.

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 screaming and throwing paperwork at our staff, threatening to sue or write a terrible Yelp review should we not give them a "COVID" discount or not see their stable, chronically diseased pet immediately, banging on our front doors and repeatedly ringing our doorbell to demand their pet be seen immediately despite us having already triaged their pet and deemed it stable, refusing to wear masks and socially distance while outside, and requesting multiple family members be present for a euthanasia with the veterinarian in a room that is less than 10 x 10 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.

Meera C. Heller DVM, PhD, DACVIM, Associate Professor of Clinical Livestock Medicine, Department of Medicine and Epidemiology School of Veterinary Medicine, University of California Davis

Veterinarians are essential health care workers, and should be considered included in Tier 1B, along with other essential workers. During this pandemic, veterinarians have been more busy than previously and are essential for the health of pets and livestock. Livestock health is especially important to ensure security of our nations food supply and the agricultural industry.

Jennifer Kronkright, Hospital Administrator, San Bruno Pet Hospital

Thank you to your team for the time and effort that you have been providing throughout the Pandemic. My name is Jennifer Kronkright, a Veterinary Hospital Administrator that has continued to work relentlessly throughout the COVID-19 pandemic, while making every effort to concurrently support my staff members and veterinarians 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 refusing to wear masks, rushing our front doors to threaten our staff and demand their pet back, being allowed on very special circumstances to visit a dying pet and subsequently removing their masks on multiple occasions

and spreading aerosoles throughout our hospital, and requesting family members be present for a euthanasia with the veterinarian.

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 veterinary 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.

Sara Gonzales, DVM, San Bruno Pet Hospital

Thank you to your team for the time and effort that you have been providing throughout the pandemic.

My name is Dr. Sara Gonzales, and I am a general practice veterinarian that has continued to work 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. Since the pandemic started, veterinary clinics and hospitals have remained open. We continue to take on an unprecedented caseload that rises daily with increasingly limited staff and resources (including PPE), while also converting to curbside care. Veterinary clinics throughout the county have been seeing increased caseload, and many have had to limit the number of patients seen due to COVID restrictions and employees out sick or due to quarantine. There is also no way to safely practice social distancing in a veterinary hospital. While working on a pet, we must be in close contact with our support staff in order to properly treat the pet and keep both the pet and our staff members safe.

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.

I am a strong advocate for One Health and am well aware of the role that all healthcare professionals play in this initiative. Veterinarians act as the front lines for zoonotic diseases, and work diligently to keep our companion animals healthy, as well as food and livestock animals. 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.

Anya Black, Hospital Manager, The Grand Lake Veterinary Hospital, Oakland

I would like to make my opinion publicly known that veterinary professionals and staff should be prioritized in receiving vaccines for COVID-19.

Veterinary hospitals are notoriously small, with staff members working in close quarters. We are in contact with the public on a regular basis and have the potential to be super spreaders due to our inability to social distance on the job.

Additionally, our community of trained professionals are able to assist with administering vaccines. I think it is important to include our field as a priority to receive the vaccine, as we are essential workers, who face risk factors inherent to our jobs.

Brian Ruditsky, General Manager, Conejo Valley Veterinary Hospital

My name is Brian Ruditsky, and I am the general manager of Conejo Valley Veterinary Hospital (CVVH). I want to give you some insight into my background to make a stronger argument for why veterinary workers should be included in Phase 1B of the vaccination plan. I am lucky enough to have had three careers so far in my life. I spent ten years as a Naval Aviator flying F/A-18s overseas. During my time as an aviator, I learned how to lead teams and individuals into combat. I have flown 39 combat missions over Iraq and gained invaluable experience as a leader. After getting my MBA, I got out of the Navy and went to work for Adventist Health in Hanford, CA, and subsequently in Simi Valley, CA. In Simi Valley, my role was as the VP of Business Development. I learned a great deal about the healthcare system in California in my ten years with Adventist Health. I understand how hard the job of a nurse and doctor are on a daily basis. I took great pride in developing the cardiac cath lab at Adventist Health Simi Valley, which my father used when he had a heart attack. Healthcare is the backbone of a healthy community, and I am happy to see them getting their vaccinations. In 2019, I was presented with an opportunity to run one of the largest veterinary hospitals in the Southern California area. When I toured the hospital, I found a striking resemblance to a human hospital. The hospital had all digital imaging, two OR suites, an intensive care unit, modern equipment, and people who cared deeply for the animals they took care of every day. I knew right away that it was time for me to transition from human healthcare to veterinary healthcare. My career experiences have given me a unique opportunity to view veterinary medicine differently;

however, nothing above could have prepared me for leading a veterinary hospital through the COVID pandemic.

Now on to CVVH. CVVH is a 24/7/365 general practice/emergency hospital that provides critical services to Ventura County communities and beyond. We have had clients come from hours away to get their pets the care not offered in their community. When COVID-19 hit our area, we immediately worked to ensure that we could continue to provide our clients and their pets with high-level veterinary care. We modified processes and procedures to ensure the safety of the pets and clients that we serve. Pets today are so much more than just an animal walking around the house. It is not hard to see everywhere, from service animals to therapy dogs to police dogs; CVVH has treated them all before and during the pandemic. With more and more people staying home, CVVH and other veterinary hospitals saw an increase in demand for services when other businesses were being forced to close their doors due to health regulations. My staff has come to work every day during the pandemic with one goal in mind, to provide compassionate care for our clients' pets. During the past 12 months, I have had to use all of the skills I learned in my previous two careers to make sure we can keep our doors open. Many days remind me of the stress of flying combat operations in the Navy. There are many days when I have to make decisions on when employees can work and when they have to stay home, ultimately affecting their livelihood.

CVVH strives to keep our employees and clients as safe as possible, but we have to be here for our communities. There is a reason why veterinary hospitals are considered essential services because we provide healing to the pets and allow owners to not worry about one more thing in a highly stressful time of their lives. Our pets are important members of our families, so keeping them healthy is paramount for their owners.

The CVVH story is not unique; instead, it is happening all across California and the United States. Veterinary hospitals are being asked to stay open and provide services, but there are no news reports on the services we offer or its toll on the doctors and staff who provide those services. The service provided is for the love of the animals and our clients.

I am asking the committee members to take a second and think about how bad the last 12 months would have been if you had not had your pet around or if your pet was sick and there was nowhere to take them. Think of your mental health; think about how your family would react without your pets. Pets are an essential part of our everyday lives and should be treated as such. It is time to start treating veterinary hospitals and their staff as essential workers and frontline providers. Through this letter, I am asking CDPH's Community Vaccine Advisory Committee to vaccinate veterinary workers in Phase 1B. We are essential and need to be vaccinated as soon as possible.

Erica Ramirez

Veterinary medical profession are essential workers be included for distribution of the COVID-19 vaccine within phase 1b

Lani Asato

I am writing in support of the adding veterinarians to the priority list of workers to receive the COVID-19 vaccine. Please support these essential workers who have help families and the community throughout the pandemic. One illness in their hospital can shut an entire system down.

Emily Walters, DVM, MS, DACVP, Clinical Pathologist, Antech Diagnostics

Please include veterinary professionals in Phase 1b of COVID-19 vaccinations.

- Veterinarian administered immunizations and disease prevention in animals is critical to prevent human illness (Rabies, parasitic disease, tuberculosis, fungal infections, etc.)
- Veterinary practices typically operate within a relatively small facility with a low number of employees. Infection of a few employees forces shutdown of an entire hospital.
- Veterinarians are under disproportionately high stress with a higher rate of suicide relative to human healthcare professions and the general population. COVID-19 adds to the stress and uncertainty within the veterinary profession. Early vaccination would help alleviate the added burden of COVID-19 stress.

Heather Kaplan, DMV, San Marcos

Veterinary Hospitals have stayed open to serve the public through this entire crisis. We continue to remain open to serve our clients and in that we expose our ourselves, and our families, to get risk every single day. We have been deemed "essential workers". If the public wants us to continue to be able to do the job of providing medical care for their pets we need to be kept as safe as possible, especially now. Please let us receive our vaccines immediately so we can continue our essential work.

Nicole A. Boynosky MS, BVMS, DACVD, Dermatology Veterinary Specialty Hospital, San Marco

Please consider veterinarians and support staff who are essential workers and who have been working tirelessly to take care of pets for inclusion in the phase 1b vaccine distribution. As a veterinarian, I continue to come into work to help my patients and their humans even though most work situations do not allow for appropriate social distancing, for example examining pets (need someone to help restrain), surgery, other procedures. Veterinary hospitals as a whole have been very busy during the pandemic and veterinarians and support staff are continually at risk.

Betsy Peet, Veterinary Specialty Hospital by Ethos Veterinary Health, San Marcos

Veterinary professionals are not only exposed to the public but work is so closely to each other, which is unavoidable, and should receive the COVID-19 vaccine with phase 1B of distribution.

I am writing to advocate that members of the veterinary medical profession as essential workers be included for distribution of the COVID-19 vaccine within phase 1b in the state of California.

Ali Staley, DVM, Associate Doctor, Veterinary Specialty Hospital - North County by Ethos Veterinary Health, San Marcos

Guidelines regarding vaccine distribution from the Centers for Disease Control (CDC) state: "Groups considered for early vaccination if supply is limited

- - Healthcare personnel
- - Workers in essential and critical industries
- - People at high risk for severe COVID-19 illness due to underlying medical conditions
- - People 65 years and older"

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.

**Surgery Department, Veterinary Specialty Hospital Sorrento Valley: A. Chase Schoelkopf, VMD, Katy Fryer, DVM, DACVS, Julia Bergen, DVM, Fred Pike, DVM, DACVS, Kristen Smee, RVT, Katie Currie, RVT, Autumn Dodge, RVT, Meagan Shea, RVT, Liz Tobin, RVT, Julie Verdugo, RVT, Tracy Kerns, RVT, Jaime Ma, Hospital Service Manager, Marianna Martin, Veterinary Assistant, Enrique Villareal, Veterinary Assistant
Emergency Department, Veterinary Specialty Hospital North County, Luigi Topacio, VMD**

I write to you today in support of veterinarians and their staff be included in Phase 1B of the COVID vaccine roll out in California. In addition to being essential workers in the standard sense, veterinarians play a vital role in securing our nation and state's food supply, an indispensable role in protecting human health. For small animal veterinarians, we care for people's beloved pets, improving owner's mental health during these trying times. Illnesses and injuries continue to occur despite people staying at home.

Unlike some other essential industries, we are often unable to institute social distancing guidelines throughout our work. When restraining an animal for examination or medication administration, separations of 6feet are not possible. When in life-saving emergency surgery, we have multiple surgeons and anesthesia members within feet of each other in the operating room for hours. While we have reduced our in-person contact with clients as much as possible, we still have daily interactions with people outside of our household. In particular, our technicians who retrieve patients from clients are exposed to numerous people a day, even if it is a short hand-off. In addition, animals could theoretically act as fomites, transmitting the virus on their fur into our

hospital. We have had several COVID cases in our hospital where we have had to temporarily shut down departments, including our emergency room, which has a drastic impact on our patient care abilities. Finally, while our role in the veterinary profession puts us at risk daily, it also puts our families at risk.

With these items in mind, I urge you to strongly consider veterinarians and veterinary staff for Phase 1B of the vaccine rollout. Thank you for your time and consideration.

Talara Araujo, DVM, *Chief Associate Doctor*, Veterinary Specialty Hospital by Ethos Veterinary Health, San Marcos

Veterinarians and veterinary technicians are classified as essential workers and thus should receive the COVID19 vaccine as earliest as possible. Our impact not only on public health and the community, but daily interactions with clients having to still be open makes us not only an essential service but a point of education for the surrounding area. Veterinarians and their staff should not be treated any differently than other sectors of public health and healthcare as the risks for transmission and infection are still very high.

Becky Kobari, Hospital Director, Veterinary Specialty Hospital by Ethos Veterinary Health, San Marcos

Thank you for allowing us to write to you and ask that you consider the members of the veterinary community for phase 1b of the vaccine distribution. Veterinary medical professionals are considered essential workers, and we have kept our doors open since March to be available for sick and injured animals. These animals are members of the family unit and have acted as emotional support for their human companions throughout the pandemic. Just as humans, dogs, and cats require medical treatments, medication, and life-saving interventions. We are here for them 24-hours a day and 365 days a year. Our employees must be considered for the vaccine to keep them safe and available to support our community.

Zyrene San Juan

My name is Zyrene San Juan and I am an Emergency and ICU Registered Veterinary Technician at a Veterinary Specialty Hospital in San Marcos, California. Amidst the pandemic, we have been working tirelessly day and night to provide medical care to our client's family pets. We believe that we deserve to be recognized as essential workers in society to receive the covid-19 vaccine within Phase 1b in the state of CA. Please consider our profession because we have been in the sidelines, serving the community while being exposed to the novel virus.

Jennifer L. Owen, DVM, PhD, DACVP (Clinical), Research Oversight Coordinator, Associate Clinical Pathologist, ETHOS Diagnostic Science, San Diego

Veterinarians have so much interaction with the public. We cannot limit our services to companion animals right now, and we're the busiest we've ever been.

Please include us in the upcoming vaccination phase 1b.

Thank you and please stay safe!

Jennifer DeBerry DVM, DACVIM, Veterinary Specialty Hospital by Ethos Veterinary Health, San Diego

I would like to advocate for Veterinarians, Veterinary technicians and other staff at veterinary hospitals be included in the distribution of the COVID-19 vaccine within phase 1b in California. As in the human medical field we are forced to work in close quarters with each other and have been much busier since the start of COVID. Veterinarians are vital for providing herd health and keeping the food industry safe as well as caring for some of the only companions people have while in quarantine. Please consider this when deciding who will be included in the phase 1b roll out in California.

Caroline Kate Fallon, MS, DVM, Residency Trained in Neurology and Neurosurgery, Veterinary Specialty Hospital by Ethos Veterinary Health, San Diego

As a member of the veterinary community, I am emailing you and urging you to include our community in the phase 1b of the COVID vaccine distribution. Veterinarians are essential workers. Every day during the pandemic we have come to work and assisted in the care of our community's animal health and welfare. Our jobs are essential and not ones that can be done at home. Each day, like so many other essential workers, our doctors and technicians come to work to assist our community's needs.

I urge you to include veterinarian's and our staff in phase 1b of vaccine distribution.

Victoria Arbona, DVM, MS, *Emergency and Critical Care Resident*, Veterinary Specialty Hospital by Ethos Veterinary Health, San Diego

I am sending this email to strongly advocate that members of the veterinary medical profession are essential workers and should be included for distribution of the COVID-19 vaccine within phase 1b in the state of California.

Jessica Henry, DV, *Emergency and Critical Care Resident*, Veterinary Specialty Hospital by Ethos Veterinary Health, San Diego

Please include veterinarians and technicians for vaccination in the 1B category. We are out with clients every day and are exposed every day - this will allow us to stay open and see more patients which is so important for people's mental health during these unprecedented times.

Kelsea Dietz, RVT, Clinical Supervisor, Veterinary Specialty Hospital by Ethos Veterinary Health, San Marcos

I am reaching out to advocate for veterinary professionals to be included as essentials workers for phase 1b of the distribution of COVID-19 vaccines. We are continually exposed to positive individuals dealing medical attention for their pets. The risk for us is very high.

Julie R. Fischer, DVM, DACVIM (SAIM), Staff Internist, Veterinary Specialty Hospital by Ethos Veterinary Health, San Marcos

Veterinarians, veterinary nurses, and veterinary administrative staff have served the public and their pets throughout the pandemic (the caseload and demand for services have increased dramatically) and we will continue to risk our own safety and the safety of our families to do so.

Please strongly consider including all veterinary workers within phase 1b in the state of California.

Lara Teter, RVT| Oncology Technician, Veterinary Specialty Hospital by Ethos Veterinary Health, San Marcos

Please consider the veterinary industry to be part of 1b vaccine group. We have patients undergoing chemotherapy. If, we have to close the service to do COVID, we will not be able to treat our patients.

Megan Eusebio, Internal Medicine, Veterinary Specialty Hospital by Ethos Veterinary Health, San Marcos

I am an essential worker in the state of California and believe it is extremely important for veterinary hospital staff to receive the COVID-19 vaccine in Phase 1B. We are face to face with clients every single day and are at such a high risk to contracting COVID-19. Although veterinary hospitals are doing their best to implement social distancing and using proper PPE; it is still not enough to protect us if we are not vaccinated as soon as possible. Especially with working in an emergency and specialty veterinary hospital, there are times where owners must be present for situations with their pet (i.e euthanasias, critical patients, patients receiving CPR). It is a risk for our clients and our staff if we are unvaccinated in these situations. Please allow all veterinary staff to receive the COVID-19 vaccine during Phase 1B.

Erin Fitch, RVT.

I am writing to express my sincere and urgent wish to have veterinary professionals included in Group 1b of vaccine distribution. I work as a Registered Veterinary Technician in the

Emergency and Critical Care Department of an exceptionally busy 24 hr veterinary hospital in Southern California. Under federal and state guidelines, we are considered essential workers, and have been working tirelessly all thru the pandemic. Not only that, we have been busier than EVER before since the quarantines started. From March to May alone, our production went up by 80%, and it hasn't slowed down at all. We aren't the only veterinary hospital that has encountered this either. Every other hospital that refers to us for specialists or emergencies has reported the same thing. With people home all the time, they are noticing more problems with their pets and they are buying/ adopting more new pets. We serve a vital function for pet owners everywhere, and people depend on us to stay healthy so that we can continue taking care of their animals.

Now for the reason why we are at risk. It might seem as if people who work with animals aren't at risk. But I can definitely say that we are. Although our hospital has implemented PPE for us, and clients are no longer allowed inside the building unless it is for euthanasias, many of us still have job descriptions that necessitate in-person client interaction. All day, I have to go out to owners' cars to take histories and bring their pets into the hospital, and some of the clients choose not to wear masks. Though I am in PPE, I can't always keep 6 feet of distance between myself and the clients. For pets that are large and unable to walk, I have to crawl inside the clients' cars to lift pets out of them and onto gurneys. Sometimes I have to take pets from owners' arms because the pet is too critical to risk waiting until I can get it to the back.

We all wear masks in the back of the hospital as we work together, and we try to maintain 6 ft of distance, but the nature of the work necessitates us being closer to each other than that. When a pet needs blood drawn, x-rays taken, treatments done, etc. All of our tasks usually involve at least one person holding the patient while the other person treats the pet. And during codes, we have 5-6 people in very close proximity to each other, working to do CPR on that pet. At my hospital, we have had a total of 13 people that I know of who have gotten COVID since March. Every time this happens, our work policy is that anyone who has been in close contact with that person during a certain time frame is mandatorily out for 2 weeks. This is a good policy because it is meant to protect us, but it also drastically under-staff's us during the busiest year I've seen in my 4 years working there.

We are indeed at risk, and I would get the vaccine tomorrow if it were available to me. My husband is in the at-risk category because of his hypertension, so I live in fear that I will bring it home to him, and he will get critically ill. My mother is also immune-compromised, and I really want to see her again. If I had the vaccine, I wouldn't have to worry all the time about catching something that could kill those I love.

I know I have gone on for a long time now, but I just feel strongly about it. Please please add veterinary professionals to the list of Group 1b essential workers.

Dr. Susan Macinnes

I am a veterinarian working at an Emergency clinic as well as my own practice and know first hand how much exposure we have to anxious upset people and the animals they bring in for

treatment that can carry COVID. It is essential for us to get the vaccine as soon as possible to protect not only ourselves but the public especially the older clients we are exposed to every day. We are like the firefighters and police that have to deal with upset stressed people that don't always keep their masks on and raise their voices when dealing with their sick family members. Many of these pets have been their only company during these lockdowns and are extremely important to their mental health. So please consider us for sooner vaccinations.

Heather Petty, San Diego

PLS HELP OUR VETS get vaccines in next phase . We need them to be safe to help our animals and be safe in a hospital /office setting !!!

I URGE you to include vets as part of the 1b vaccine grouping. FOR THE MASSES OF US WHO HAVE DOGS, THE IMPACT OF THE EVEN "BRIEF" CLOSING OF FIRST, OUR BASE LINE VET, THEN THE MAJOR SPECIALITY HOSPITAL is just overwhelming when I and know others who need medical care for our elderly pets.

Dr. Elizabeth Kubas

I am a veterinarian specialist who works at an emergency/specialty hospital in San Diego, CA. We have been able to keep our doors open during Covid by enforcing masks, social distancing, etc. While other hospitals were closing we have never been busier. I hope that all the human medical staff that need and want the vaccine get it ASAP. I strongly encourage you to include veterinary hospital staff members as essential workers to include the Covid 19 vaccine.

Veterinary professionals are essential employees and deserve to be included for distribution of the COVID-19 vaccine within phase 1b in the state of California.

Mattison Peters

Good evening.

I am writing in support of including veterinary health professionals in section 1b of the COVID-19 vaccination distribution plan. The following statement by the AVMA (<https://www.avma.org/blog/cdc-announces-priorities-distributing-covid-19-vaccine>) adequately describes the rationale for this inclusion:

- Veterinarians and veterinary teams contribute directly to supporting the food and agriculture industries, providing services that are considered essential to continued critical infrastructure viability. In addition to providing critical support for the sufficiency and safety of our nation's food supply, veterinarians also help ensure the health and wellbeing of the pets that share our homes. Those pets have played an important role in supporting their owners' physical and mental wellbeing during the pandemic.

- We are at risk of exposure. Although the veterinary profession has been creative in implementing important risk management controls during the pandemic, maintaining physical distance from our clients and staff members can be difficult when handling animals or performing medical procedures. To ensure animals receive appropriate care, we may be regularly exposed to members of the public who are symptomatically or asymptotically ill, as well as to certain animal species that we know can be infected with SARS-CoV-2.
- Veterinary professionals actively protect animal and public health through surveillance for the SARS-CoV-2 virus in animals. Our surveillance function extends well beyond SARS-CoV-2, encompassing other potentially zoonotic and non-zoonotic diseases.
- The high degree of public trust in veterinary professionals supports veterinarians actively sharing public health messaging about the importance of vaccination. Such messaging is most effectively conveyed if veterinarians and veterinary teams have themselves received the vaccine.

Karen Truong, San Francisco

I am writing to ask that veterinarians and our staff be included with other essential workers in stage 1b of vaccination.

I have been lucky but home my breath every day I step into work as a number of my colleagues have tested positive and I love with high risk individuals at home. Despite this, I come into work to continue to provide service to my community and the pets who are now family members. I also came to work while pregnant with my first child. Due to the need for PPE for our frontline colleagues at the human hospital, we are often operating without the equipment we need to keep ourselves and our employees safe. We are doing our best, but unfortunately it is not always enough. We cannot adequately socially distance in the hospital- two people working on a cat cannot be six feet apart. And the very nature of our work requires contact with the public.

While COVID has thus far been primarily a human disease, with human to human transmission, transmission to cats, dogs, tigers, lions and minks has also been reported. The Denmark mink infection was particularly concerning, as the virus acquired mutations in the spike protein as it passed through minks. That mutation is of particular concern as this spike protein is the target for our new vaccines. (reference: [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30912-9/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30912-9/fulltext)). As we face new variants of this disease, the veterinary community is an essential resource in animal health surveillance to protect the public. While we have shown this virus can infect both dogs and cats, thankfully as of yet we have not seen transmission to humans from these species, nor widespread infections in our pet population. 52% of California households have pets. Should a mutation happen and the virus become more virulent in those species, furthering transmission or conferring resistance to our vaccines, the results could be truly catastrophic. Right now, our hospitals are strained to the limit. As our employees become sick and must quarantine, we are stretched thinner and thinner.

Upon completing veterinary school, I took a solemn oath to protect public health. I take that seriously. I have worked diligently as an essential worker in this pandemic and will continue to

do so. Please help me protect myself and my employees so we can continue to protect the public.

Furthermore, should it become necessary, I would like to suggest that veterinarians and our technicians be considered to assist with vaccination. We are trained medical professionals and many of give vaccines regularly. We are familiar with drug handling, biosecurity and vaccine reactions. I and the numerous colleagues that I have spoken to on this subject would happily volunteer to help vaccinate our communities faster.

Stacey Perlman RVT, Los Angeles

I strongly believe veterinary staff, technicians and doctors should be a priority group when it comes to receiving Covid vaccines. We are not permitting clients in the clinic but we are constantly encountering people outside their cars or in our parking lot. Social distancing is virtually impossible with co-workers when one is restraining a pet and another one is examining a pet, drawing blood or cleaning ears. Multiple staff are in surgery at any time so social distancing is impossible there, as well.

Our clinic is very busy and working at a rapid pace, as we often do, makes maintaining proper sanitation sometimes difficult to maintain, as well. I am one of oldest staff members and even though I love my job, going to work each day is getting more scary. I live in constant fear of contracting the virus and the possibility of infecting my 82 year old mother.

Mahesh Talwar

I am writing to emphasize that the veterinarians should be considered essential workers as they are in close proximity to animal owners and are likely to contract Covid. This has been evident from the Covid outbreak at several Pet clinics. In this day and age of folks with mental health issues due to Covid pandemic, pets provide emotional support and mental peace and serve an important function in the society.. I urge you to consider putting Vets and their staff in Phase 1B and define so clearly in the guidelines. I own two dogs and have asked local health officials for guidance only to hear from Los Angeles and Ventura officials that the State has not defined where Vets fall and they need guidance. I have been a victim of anxiety issues stemming from the pandemic and my pets have provided excellent support for me, I want our Vet clinic staff to be healthy and take care of my animals and numerous other pets to keep mental sanctity.

Loren Reynolds, DVM

Practicing veterinarians and their support staff are unable to service their clients and patients while maintaining their own safety during this pandemic. I am a small animal veterinary working in a private practice. Every work day, I am in close (less than 6 feet) proximity with my staff for hours of the day. We all wear masks at all times. We collect our patients from their owners in the parking lot, and clients do not enter our premises with the exception of those who

stay with their pets during euthanasia procedures. Even with these precautions, we had 6 employees test positive for Covid 19 last month and had to close the hospital for 10 days. During this time, we referred our clients to a nearby emergency clinic, which has now had to close due to the virus.

I am not expecting that this will be our only outbreak of the virus, and we will have to close again in the future if this occurs. Several of our employees became quite sick. One young man has pneumonia in his right lung and is on antibiotics. He had to receive supplemental oxygen and had a high fever as well. Another one of our doctors lost her sense of taste and smell and had a fever for 5 days. Other positive employees had lesser symptoms.

I urge you to add practicing veterinarians and their staff members for the level 1b list of approved persons to receive the Covid 19 vaccine.

Kelly O'Brien, Director of Public Affairs, Mars Veterinary Health

Thank you for the opportunity to submit comments on California's vaccine distribution plan. Mars Veterinary Health, which represents more than 9,700 veterinary professionals in the state, respectfully requests that the state prioritize veterinary teams (including veterinarians, technicians, assistants and front office workers) in its COVID-19 vaccination distribution plan.

Federal Cybersecurity and Infrastructure Security Agency (CISA) guidance designates veterinarians, technicians and veterinary staff essential workers/critical infrastructure. Veterinarians and their teams contribute directly to supporting the food and agriculture industries. In addition, veterinarians actively participate in protecting public and animal health through surveillance for the SARS-CoV-2 virus in nonhuman animals. Our surveillance function extends well beyond SARS-CoV-2, encompassing other potentially zoonotic and zoonotic diseases. Additionally, we have seen the valued role our nation's pets have played in supporting their owners' physical and mental wellbeing during the pandemic. They have been an important source of emotional and social support as human-to-human contact has been reduced due to self-isolation and social distancing. Healthy veterinarians and their teams are absolutely critical to the availability and safety of our food, as well as the health and wellbeing of the pets that share our homes.

We stand with the California Veterinary Medical Association in requesting that veterinary teams be on the priority list for receiving the COVID vaccine. Thank you for the opportunity to submit comments, and please don't hesitate to reach out with any questions.

John Kirby, Lead Technician - Small Animal Internal Medicine & Community Practice, Extracorporeal Therapy Technician - Small Animal Hemodialysis and Blood Purification Unit, William R. Pritchard Veterinary Medical Teaching Hospital, University of California, Davis

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.

Though uncommon, we have seen reports of animals contracting the SARS-CoV-2 virus. We have no data, that I am aware of, regarding the transmission of this virus via pets or livestock either through direct contact with the animal (surface transmission) or by the exchange of expired and inhaled airborne particles. We do have reports of the virus infecting large groups of minks which in turn infected humans. Fortunately, in the pandemic sense, these thousands of mink at various farms in multiple states and countries were culled before the virus had time to mutate into a potentially more virulent strain. Veterinarians will likely be the first to discover the next animal species infected, or worse, the more deadly strain.

Given the nature of much veterinary work, requiring close and occasionally prolonged contact, I feel it would be prudent to include those in the veterinary medicine field in an earlier, or higher ranked group of people to receive the COVID vaccine(s). The practice of medicine is continuing for humans, pets, and livestock. We wear our PPE, and take as many precautions as needed, but many medical treatments require close contact with each other for extended periods of time. As with any hospital, we do not know the COVID status of the public when they arrive at our doors. We only know we have care to provide, either to someone's extended family member or means of livelihood.

I recognize the Community Vaccine Advisory Committee is receiving many many requests by many many groups for consideration to be placed in an earlier cohort of vaccine recipients. I appreciate your time and consideration.

Audrey Buatois, 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. Audrey Buatois, and I am an Emergency and Critical Care veterinarian that has continued to work throughout the COVID-19 pandemic, while making every effort to keep our staff and clients safe as well as our patients healthy. I am writing to you in an effort to advocate for the veterinary community to receive early access to the COVID 19 vaccine. 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 in order to keep our staff and

clients as safe as possible during this pandemic. Despite our best efforts to keep distance between staff and the general public, we are regularly interfacing with the public to transfer pets, handle payments, and letting clients into the building to say goodbye to dying pets. It is often impossible to remain 6 feet away from the public, and mask are not always worn reliable when owners are grieving over their pet's illness. Furthermore, in the course of providing safe and quality care to our animal patients, we are required to be within 1-2 feet of our coworkers, making social distancing between our staff impossible.

Despite our continued care and efforts as essential workers, putting ourselves and families as risk to serve our community, 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. I hope that receiving 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. Receiving a COVID-19 vaccine would go a long way in keeping our staff and clients healthy and safe. Please strongly consider including us in the the Stage 1B of vaccination and providing us the support and opportunity to receive the vaccine that has been provided to other essential workers during this pandemic.

Blaise Burke, DVM, DACVR

I am writing in my capacity as a board-certified veterinary oncologist practicing in San Diego to ask that members of my profession be included in Phase 1B of the vaccination program.

Our community depends on our ability to provide medical care for their pet animals. We have never had as many patients and families to care for than during the pandemic. Our services are in high demand and it is imperative that remain fully staffed and healthy in order to provide proper veterinary care to all who need it.

It is well-known that the human-animal bond is of great benefit to society. House pets are a strong source of comfort and security for their owners and are often considered to be members of the family. The medical care we provide does not just benefit the animal patient; it also benefits human beings by maintaining the health of the beloved pets.

So please, help us continue to provide this essential service to the people of California by allowing us to receive the Covid-19 vaccine in Phase 1B of the program.

Alina Khanbabaian, CVA, Los Angeles

Thank you for the important work you are doing during these unprecedented times. I am writing today as a member of the veterinary profession to ask for your strong consideration for including veterinarians and veterinary staff members in the Phase 1b group of COVID-19 vaccination distribution.

Our small animal general practice opened in the midst of the pandemic, in April of 2020. Since then we have been open every day (except for holidays), caring for thousands of pets and their owners, during an unprecedented rise in the number of animal adoptions, fosters, and acquisitions. I am proud to say that our team has performed in an exemplary manner throughout, wearing masks, adhering to strict cleaning protocols, and abiding by CDC and OSHA guidelines throughout. I feel that because we provide such an important function to public health in California, we should be given access to this critical protection, which will allow us to continue to do our jobs in a safer manner for all concerned.

I urge your strong consideration for the veterinary team members of California as you work through this important topic.

Melissa Hulgren, MS, RVTg, VTS (ECC), Technician Training Manager, VCA West Coast Specialty and Emergency Animal Hospital

I'm writing to ask for your consideration of veterinary professionals to be included in the Phase 1b COVID-19 vaccination distribution. We have been deemed "essential workers" since the beginning of the pandemic and have been dealing with the public on a daily basis. In addition, the nature of our work with animals often requires that multiple people be in close proximity (less than 6 feet) for extended periods of time. Factors such as providing handling/restraint and working in small work spaces (exam rooms, surgical suites, xray suites, isolation rooms) place staff members in unavoidable situations where they are unable to properly social distance. We are doing our best to mitigate the risk but would be grateful for the peace of mind when going into work everyday.

Emilee Luckring, DVM, DACVS-SA

My name is Emilee Luckring and I am a board-certified veterinary surgeon working in the Bay Area. I am writing to voice my strong advocacy for the veterinary profession to be included in the Phase 1b portion of the COVID19 vaccination process.

The entire veterinary community and animal healthcare providers have continued to work tirelessly throughout the pandemic as essential workers. We are classified as essential workers under federal and California state guidelines, which already qualifies us for consideration in the Phase 1b portion of the vaccination process. Our work has remained incredibly important throughout this pandemic to help keep the beloved furry members of our families happy and healthy. Pet adoptions have been at record highs during this time as people seek out the unconditional companionship that only pets can provide. Along with these adoption booms have come very high needs for veterinary care. The veterinary profession has continued, through countless protocol changes, client frustrations, and busy schedules, to show up and provide the best quality veterinary health care possible despite the real risk to their own health and safety. We want nothing more than to continue to be able to provide this much needed care to our committees and their best furry friends, but the already stressful work has been further strained due to the daily concern of possible COVID19 exposure. In order to allow us to

continue this work without worrying about our own health and safety, I ask you to strongly consider our professional community for inclusion in the Phase 1b portion of the vaccination process.

Christie Long, DVM, Head of Medicine, Modern Animal, Los Angeles

Thank you for the important work you are doing during these unprecedented times. I am writing today as a member of the veterinary profession to ask for your strong consideration for including veterinarians and veterinary staff members in the Phase 1b group of COVID-19 vaccination distribution.

Our small animal general practice opened in the midst of the pandemic, in April of 2020. Since then we have been open every day (except for holidays), caring for thousands of pets and their owners, during an unprecedented rise in the number of animal adoptions, fosters, and acquisitions. I am proud to say that our team has performed in an exemplary manner throughout, wearing masks, adhering to strict cleaning protocols, and abiding by CDC and OSHA guidelines throughout. I feel that because we provide such an important function to public health in California, we should be given access to this critical protection, which will allow us to continue to do our jobs in a safer manner for all concerned.

I urge your strong consideration for the veterinary team members of California as you work through this important topic.

Hanna Kirkorian, RVT, Modern Animal, Los Angeles

Thank you for the important work you are doing during these unprecedented times. I am writing today as a member of the veterinary profession to ask for your strong consideration for including veterinarians and veterinary staff members in the Phase 1b group of COVID-19 vaccination distribution. Our small animal general practice opened in the midst of the pandemic, in April of 2020. Since then we have been open every day (except for holidays), caring for thousands of pets and their owners, during an unprecedented rise in the number of animal adoptions, fosters, and acquisitions. I am proud to say that our team has performed in an exemplary manner throughout, wearing masks, adhering to strict cleaning protocols, and abiding by CDC and OSHA guidelines throughout. I feel that because we provide such an important function to public health in California, we should be given access to this critical protection, which will allow us to continue to do our jobs in a safer manner for all concerned. I urge your strong consideration for the veterinary team members of California as you work through this important topic.

I am writing to urge your committee to consider the inclusion of veterinary professionals in Phase 1b of COVID-19 vaccination distribution.

Jeff Margolis DVM

I am a small animal veterinarian in Mission Viejo. I have been working via curbside check in since Mar '20. Therefore I have been considered an essential workers under California guidelines and I feel that we (as a profession) should have a high priority for Covid vaccination as we are providing an essential service and we have public contact with our clients (albeit with masks and distanced)

Please keep us informed of when and / or where we need to go for this vaccination

Dr Kimberly Bercovitz, Owner/Veterinarian Castro Valley Companion Animal Hospital

As a veterinarian for 20 years and a hospital owner I believe it is imperative that veterinarians and staff be included in the 1b category for Covid-19 vaccination. First, we are absolutely overwhelmed, partially because one veterinary hospital after another has had to close down after positive Covid tests in their staff. This increases the burden on the hospitals that are remaining open. Second, we may be at increased risk. Some studies are showing that cats can catch and shed COVID. That means we can be exposed two ways, from our clients and from our patients. Third, some veterinarians work with food animals and we need food production to remain.

Meredith Alexander, D.V.M., Contra Costa County, Walnut Creek

As an essential healthcare worker and a permanently disabled veterinarian, please add veterinarians to the same Covid-19 vaccine tier as other essential healthcare workers. Not only have veterinarians held down the fort in providing health care to animals through out the state, including agricultural applications, as essential workers since the first day of Covid-19 in California, but they continue to do so.

Veterinarians have multiple assets to help battle Covid-19. They are in a unique position to be trained to administer the Covid-19 vaccine, as they are not yet being asked to participate in human hospital healthcare or triage. In fact in Manitoba, Canada, and the State of Connecticut in anticipation of staffing shortages of healthcare workers have already taken steps to enlist veterinarians in administering the vaccines against Covid-19 to people. There is the realization that healthcare providers in the hospital setting are currently overwhelmed with hospitalized patient care. Already there are not spare hospital personnel to expand care capacity. Dire straits are approaching on the horizon.

Shortly, there may not a sufficient number of currently trained people available to give the Covid-19 vaccines. Bolster the ranks while there is time. With all hands on deck, veterinarians can help to vaccinate the public in an efficient manner and help slow the spread of the surging Covid infections that are currently overwhelming human medical care facilities. But veterinarian must be vaccinated and protected if there is any need to activate these valuable healthcare professionals in the fight against Covid-19. The time to do so is now. The surge is not slowing

and more and more vaccines are on the way. A large number of individuals is needed to administer these critical vaccines.

Please protect all healthcare providers ASAP, including veterinary professionals.

Doreen J. Eger, Veterinarian, Claremont Veterinary Hospital, Oakland

I am writing to solicit your support of Veterinary Professionals to be included in the Phase 1b distribution of the COVID-19 vaccines. We are "workers in essential and critical industries". We have increased risk of acquiring this disease due to the nature of our work. We interface with the public often several times in an hour, and as professionals we work closely within the hospital with each other as animal restraint and treatment requires. Although we wear masks and wash our hands frequently as recommended, we cannot maintain 6 feet from each other. We give exams, draw blood and urine, take radiographs, place catheters and countless other procedures multiple times a day, rarely done with less than two people, and often done with a foot or less between us. Three hospitals within our region have had to close because of COVID. Please help us stay safe and stay open and include us in the Phase 1b vaccination group.

Alisa Blackburn, Highland Park Animal Hospital, Los Angeles

Please consider the inclusion of veterinary health professionals in the distribution of COVID-19 vaccines. I have been working non-stop since a stay at home order went into effect March 2019. Our hospital has been inundated with patients every day. Although we are not allowing clients into the exam room, the hospital staff is constantly interacting with customers face to face. From helping clients with paperwork, receiving pets from their owner's vehicle, to discharging pets after their surgery or visit, the staff is vital and must directly interact with the public. Since veterinarians and their support staff are considered part of an essential industry, I hope we are included and prioritized as COVID-19 vaccines are being distributed.

Jessamine Hernandez

My name is Jessamine and as a veterinary technician that is showing up everyday to work, exposing myself on a daily in order to help animals in need, I am urging that the veterinary community is included in Phase 1b.

Since Covid hit, many hospitals have shut down, limited their hours and have lost many employees due to being at risk of exposure. Hospitals that are still open are seeing double the patients they normally do and the veterinary staff is doing their part by continuing to show up, work long hours to care for all these patients. The veterinary staff deserve that vaccine so they can protect themselves, clients and their families. Thank you for allowing our voices to be heard.

Dr. Deckelbaum

I would like to advocate for veterinarians to get the first phase of COVID-19 vaccinations. It is important veterinarians are healthy and able to continue to provide medical care to pets, as they are not only members of peoples families, but an important front line for human health as well. For example, there is currently a higher incident of Leptospirosis in San Diego, which poses a public health issue. Please keep veterinarians safe so we may keep pets and people healthy.

Erica Koski, DVM

As a practicing Veterinarian that has continued to work during this pandemic, I encourage you to include Veterinary professionals and our staff in the next tier of essential workers to receive the COVID-19 vaccine.

The majority of our doctors, nurses, and support staff, are coming in contact with hundreds of our clients and pets weekly, as safely as we can at this time. Direct contact cannot be avoided in the safe transporting of pets in and out of our clinics. Also, the nature of our work means working in very close contact with co-workers, increasing the risk of spread even with appropriate personal protection measures in place.

Due to these circumstances, I highly encourage you to include our profession in the next tier offered the vaccine, to help protect at risk essential workers, as well as help prevent the spread of the virus

Dr. Hense

I would like to advocate for veterinarians to get the first phase of COVID-19 vaccinations. It is important veterinarians are healthy and able to continue to provide medical care to pets, as they are not only members of peoples families, but an important front line for human health as well. For example, there is currently a higher incident of Leptospirosis in San Diego, which poses a public health issue. Please keep veterinarians safe so we may keep pets and people healthy.

Juliette Veenstra, RVT

I am writing in regards to the California Department of Public Health's Community Vaccine Advisory Committee's January 6th meeting regarding the "Phase 1b" COVID vaccine rollout. I am a Registered Veterinary Technician and Vet Tech Manager who has worked in the animal health industry for over 25 years. I am kindly requesting that you consider veterinary industry employees as part of this next phase of COVID-19 vaccinations.

The veterinary industry is largely made up of true animal lovers who dedicate their lives to the business of caring for people's beloved animal family members. These pets bring joy and comfort to their owners, but never more than in this past year. While pets have brought love,

comfort, solace, and sanity to so many during the pandemic, their medical care now puts the very lives of animal health staff at risk.

While it is logical to think of veterinary medicine as being animal-centric, in truth it involves a great deal of direct human contact. Despite many clinics' transition to "curbside service," the nature of the business requires that many employees deal directly and in close physical proximity to the public. From taking pets from nervous owners' arms, to climbing into cars removing or returning patients, to helping owners lift a large pet into or out of a vehicle, to discussing medications or post-treatment care to a client, we are required to have very close contact with our patients' owners. Behind the scenes, we must work in very close physical proximity with our coworkers as we treat our animal patients; situations that simply do not allow for physical distancing.

Like many businesses, the veterinary industry has been rocked by COVID in ways we could have never imagined. We are busier than we have ever been, far beyond what most hospitals are equipped to handle. Clinics large and small are booked days and even weeks in advance leaving them scrambling to keep up with daily emergencies and appointments that cannot wait an extra day. As we deal with this, we are faced with massive changes to our daily operations as well as staff shortages due to COVID infections or suspected infections. The end result is a lot of very close physical contact with a great many people in our effort to keep the pets and livestock of this state healthy. We daily put ourselves and therefore our family, friends, and loved ones at risk as we do our jobs helping the livestock and beloved animal companions of this state.

I understand that the decisions that you have before you are extremely difficult, and you have many factors to consider without much precedent to follow. While I completely understand and agree with the decision to give front line health care workers, assisted living residents and employees, and those over 75 priority with this vaccine, I kindly ask that you consider the true nature of the veterinary industry for your next phase of vaccine rule out.

I very much appreciate you taking the time to read this. Your consideration is greatly appreciated by all of us who have dedicated our lives to the livestock and animal companions of our great state.

Jane Riner, DVM Candidate, Class of 2022, UC Davis School of Veterinary Medicine

I would like to echo my colleagues in requesting your consideration of the inclusion of veterinary professionals (including students and support staff) in Phase 1B of coronavirus vaccination distribution, as we fall under federal and state classification of essential workers and many of us are working on the frontline.

Same Letter

Heidi Schultz, UC Davis School of Veterinary Medicine, DVM Candidate, Class of 2022

**Rhianne Maxwell, M.S., Doctor of Veterinary Medicine Candidate, Class of 2022,
University of California, Davis**

Jill Huynh, *DVM Candidate / Class of 2022, UC Davis School of Veterinary Medicine*

**Amit Levi, University of California Davis, School of Veterinary Medicine, DVM Candidate,
Class of 2022**

**Canna Takise, University of California, Davis, School of Veterinary Medicine, DVM
Candidate, Class of 2022**

Melissa Evan Rubinow

Anika Rampino

Lisa Ma

Caroline Leichter

Katelynn Ondek, PhD

Adi Chatow

Jenifer Hallock

Grace Woo

Grace England

Sanskruti Potnis

Kaitlin Leung

Anna Duh

Amy Huynh

Mary Zuromskis

Katherine McFarren

Ning-Kit Tang

Kelly Muller

Triona Berger

**Haleh Golestani, MS, DVM Candidate, Class of 2022, UC Davis School of Veterinary
Medicine**

**Rachel Plasterer, DVM Candidate, UC Davis School of Veterinary Medicine, Vice
President, Class of 2022**

**Miranda Stripe, MS, ESMT, DVM Candidate, Class of 2022, TCVM Student Ambassador
for Chi University, UC Davis School of Veterinary Medicine**

As a veterinary student and veterinary working professional interacting with the public, I have witnessed and been in situations where coworkers, classmates, and myself have been exposed to COVID due to the nature of our work. Veterinarians, Registered Veterinary Technicians, and veterinary support staff (which includes veterinary students) are classified as essential workers under federal and state guidelines, and thus are already prioritized for early vaccine distribution by virtue of that classification. COVID-19 vaccination is critical for us to continue to safely provide our essential services. Please include us in Phase 1b of COVID-19 vaccination distribution.

Allison Magee, DVM, UC Davis Veterinary School Class of 2002

Veterinarians are healthcare workers. We provide direct clinical, medical care for all non-human creatures. Animals can potentially contract COVID-19, and other zoonotic diseases for which we provide disease surveillance. In the course of our work as healthcare providers, we must work in close contact with our fellow workers, as well as the human owners of our patients. For example, when performing euthanasia of a terminally ill pet, we might be in very close contact with grieving humans, in some cases in their home.

The veterinary profession is small, and as such, we do not have a very vocal lobby. We would appreciate your consideration in categorizing us along with other healthcare workers in priority for receipt of the COVID-19 vaccination.

Brynie Kaplan Dau, MS, DVM, Medical Director, Aguajito Veterinary, Monterey

I am a veterinarian in California and an essential worker. I interact with the general public in a health care capacity every day. I am urging you to please make sure that I can get the covid vaccine as soon as possible to protect myself as well as my elderly mother and my husband and two small children. I also have a staff that depends on my being well enough to work for their livelihoods. Please make veterinarians a priority.

Dan Foster, Veterinarian, Roseville

I wanted to express my full support in making veterinarians part of the phase 1b vaccine distribution. It is absolutely essential that we are physically at our place of work provide the necessary healthcare for our patients and clients.

Evelyn Sagastume, DVM, Owner of Petsadena Animal Hospital, Pasadena

I am writing to request consideration for the COVID-19 vaccination. I urge you to please consider veterinarians and veterinary health care workers in Phase 1B Tier 1 for the Covid-19 vaccination. Our responsibility to our clients and patients is essential as it cannot be performed remotely. Given that we have to work with multiple patients per day, we are exposed to many people everyday. Even while wearing masks and PPE, we cannot eliminate our exposure to the public. Additionally, we are unable to social distance inside the hospital while working with patients. Currently, our hospitals are overwhelmed with the number of patients needing veterinary care. Having to close our hospital due to Covid-19 illness is devastating for our patients and will result in substandard care as our emergency hospitals try to see our patients while they are beyond capacity. We request to be considered in the earlier phase of the vaccination schedule to protect us and minimize harm to our patients and clients. Please keep the veterinary profession in mind when finalizing the list of Covid-19 vaccine recipients.

Fabiola Ferriz Ashby, MVZ

I request that Veterinarians be included in Phase 1b for the COVID-19 vaccine, sooner if possible. We are considered essential workers. We work with the public and are certainly at risk.

Dr. Jessica Chen

Our team at Covina Animal Hospital have been grateful for the opportunity to serve our community during the pandemic. We have done all we can to minimize contact with clients. However, the nature of our work does not allow for contactless service. Please vaccinate veterinarians and our support staff.

Dr. Chris Lundy, SF SPCA

Please include veterinarians and staff in Phase 1B of vaccine distribution. We have been working with the public every day since the start of the pandemic and also have daily risk of exposure due to a large group of staff members working in small indoor environments. We take as many precautions as possible but social distancing is not possible. I work in a busy emergency service serving the entire city of San Francisco and it is becoming increasingly difficult to avoid exposure to COVID as the case numbers rise in the community.

Barbara Gillette and My Tioga

Please prioritize our veterinarian and veterinarian techs as essential workers in the next rollout of vaccines. They are essential to us. Our pets are keeping us all in better spirits. Vets and vet technicians are essential to maintain their health and likewise our human health. Please help them help and allow them vaccines in the next wave.

Tara Haley DVM

Registered veterinary technicians and other veterinary support staff receive vaccination at the same time as veterinarians. Priority should be given to those who are currently employed in public-facing work environments.

Michellé Mac, DVM, Oakridge Veterinary Clinic

My name is Dr. Michellé Mac and I am advocating that veterinarians are included in phase 1B of covid vaccinations.

Adam Tate, DVM

Veterinarians and their staff should be included in Phase 1b of the vaccination plan. I understand that California already recognizes veterinarians as essential workers; however, there are several considerations that warrant priority access to the vaccine among that group:

1. Veterinarians are healthcare professionals, experts in epidemiology and infectious diseases, and a critical point of access to scientific knowledge for the public. They provide a wide range of services critical to public health including guarding the food supply, surveillance of zoonotic (animal-to-human or human-to-animal) diseases like COVID-19, and routine reinforcement of the importance of vaccination.
2. Most veterinarians come into extensive and close contact with their patients as is necessitated by the reality of restraining, examining, and performing medical procedures on animals. These animals come into regular close contact with their owners and (in the case of dogs) often the public. Furthermore, these animals are rarely bathed and come with collars, harnesses, coats, and other accessories which may all act as fomites. A study in Spain (<https://doi.org/10.1016/j.envres.2020.110223>) found that people who walk their dogs are 78% more likely to contract COVID-19 than the general population. There are, of course, many confounding variables, but it is reasonable to postulate that coming into daily close contact with pets poses an increased risk. Yes, pet hair and skin are porous and trap viral particles to some extent. This is unlikely to outweigh the sheer volume of pets' close contact with human respiratory particles, tears, and other secretions. This volume is even more likely to be high given the emotional nature of many veterinary visits and the state of the public's mental and physical health during the pandemic.
3. Veterinarians and their staff come into close contact with each other on a daily basis. Nurses and assistants are often tasked with restraining non-compliant animals as the veterinarian performs physical examination and other procedures. Often, multiple people are required to restrain the same animal, sometimes for a prolonged period. In many situations, it is quite literally impossible to avoid coming within 1-2 feet of multiple coworkers' faces.
4. Many veterinarians come into close contact with clients daily. Veterinarians have pivoted to telemedicine and curbside service where possible, but there are many situations where this is impractical or impossible. Some patients are not able to be treated or evaluated without the client being present. Conversations about quality of life, diagnosing cancer and explaining it, and performing euthanasia are all best done in-person. Large animal veterinarians often need the assistance of ranch workers or clients to restrain patients.

For these reasons and others put forth by the AVMA and my colleagues, I implore you to include veterinarians and their clinical staff in Phase 1b of vaccination. I know the vaccine supply is limited and your decision is difficult. It is, however, clear that veterinarians are at higher risk than most essential workers and provide services essential not only to the daily life of Americans, but to public health.

Leigh Trout, DVM, Media City Animal Hospital, Burbank

I strongly encourage you to include the veterinarians and veterinary support staff in the 1b classification for the COVID-19 vaccine. Veterinarians have been deemed essential workers since the beginning of the pandemic and are vital to the welfare of humans and animals.

- Their role in public health goes beyond pet care to their expertise in recognizing and managing zoonotic disease (e.g. rabies!) & ensuring the safety of our food supply.
- Staff members are unable to socially distance due to the nature of our job: 2 people work in close approximation to give injections, take x-rays, place IV catheters, restrain for exams- every single piece of delivering health care to animals.
- Most of the staff of veterinary hospitals live with family or roommates, many of whom are essential workers themselves. This results in exponential transmission of COVID-19. Hospitals are closing for 14 day quarantines, overburdening the surrounding hospitals who are already understaffed to facilitate social distancing.

Kelly Byam, DVM

It is disappointing that the guidelines don't list Veterinarians and Vet support staff (who are essential workers and can deal with COVID-related illnesses in cats and zoonotic illnesses that can be transmitted to humans) have not received any sort of recognition in any tier. Please adjust your guidelines to say that you recognize the veterinary profession as essential health care workers. The State does recognize us as essential, but you left us off your list.

It is very apparent that there are disparities. My wife, who has worked remotely for one of the hospitals for nearly a year, has already received a COVID vaccination, whereas I, who continue to go into work with my staff and the public every day, am nowhere on the list. I do not wish my wife was not vaccinated. I only wish that I could be, too. And to not see our profession on any list seems to be a large oversight. Veterinarians are frontline workers in the recognition and prevention of transmission of Zoonotic diseases (LIKE COVID!) to humans.

Tim Walters, DVM

Please include veterinary professionals in Phase 1b of COVID-19 vaccinations.

- Veterinarian administered immunizations and disease prevention in animals is critical to prevent human illness (Rabies, parasitic disease, tuberculosis, fungal infections, etc.)
- Veterinary practices typically operate within a relatively small facility with a low number of employees. Infection of a few employees forces shutdown of an entire hospital.
- Veterinarians are under disproportionately high stress with a higher rate of suicide relative to human healthcare professions and the general population. COVID-19 adds to

the stress and uncertainty within the veterinary profession. Early vaccination would help alleviate the added burden of COVID-19 stress.

Same Letter

Jade Davison

Logan Maher

Ashley Muller, Veterinary Assistant

Natalie Savic, Veterinary Assistant

Kate Valdez

Julie Pattaphongse

Taralyn Meusel, DVM

Erika Schaeffer, RVT

Skylar Saik, Animal Care Clinic

Natalie Borgardt, Animal Care Clinic

Ryan Romero, Animal Care Clinic

Karla Piazza, Veterinary Nurse, Animal Care Clinic of San Luis Obispo

Alyssa Queen, Veterinary Assistant, Animal Care Clinic

In making early COVID-19 vaccine distribution prioritization decisions, I urge you to include the veterinary professionals in the highest priority group possible. I understand the state is using several criteria, including the necessity of the job to society, the impact on already disadvantaged communities and the risk of occupational exposure. We meet the criteria of all three of these. As veterinarians and veterinary professionals, we provide urgent care to companion and service animals, prevent zoonotic disease spread, ensure the nation's food supply is healthy, and work diligently to do our part in promoting public health. Our work involves coming within 6 feet of the members of the public, many of whom are considered high risk or are part of disadvantaged communities. We are within inches of each other while we do our jobs and work in a mixed age group setting - college students mixed with much older or immunocompromised individuals. It is impossible to social distance while doing our work. We do our jobs because of our loyalty to our patients and our profession, but in times such as these, we are risking our lives and those of others.

The veterinary profession is part of the essential workforce and early vaccination of the profession is critical. I plead to you and the Community Vaccine Advisory Group asking for consideration of early vaccination prioritization for the veterinary profession.

**Lauren Evans, Doctor of Veterinary Medicine, Feline Veterinarian, UC Davis
School of Veterinary Medicine, Class of 2016**

Thank you to your team for the time and effort that you have been providing throughout the pandemic. My name is Dr. Lauren Evans, and I am feline-only 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 veterinarian'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; this creates a larger burden on the small animal practitioner, who have limited capabilities in both time and equipment of providing sufficient care for these patients. 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. Lastly, cats in particular are proving to be more susceptible in contracting the virus - I work with cats only, and I do worry about potentially spreading COVID to my own patients (luckily at the time of this letter, their clinical signs are mild). 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.

Allison Brooks

Please include Veterinary Professionals to Phase 1B vaccinations. They work long hard hours caring for our pets and are constantly put at the backend of medical inclusions.

Sidrah Nisar, DVM

Veterinarians and veterinary staff should be included in phase 1B of getting vaccinated for COVID 19. We have been open the entire time, regardless of the countrywide shutdown and quarantine, working effortlessly and tirelessly. We are continuing to put ourselves on the frontline to provide the best care for our patients.

Dr. Brianna Campbell, DVM

I am a Veterinarian in Southern California. I am requesting that Veterinarians and our staff be included in Phase 1 distribution of the COVID-19 vaccine. I have worked through this entire pandemic while homeschooling my kids, with no ability to work remotely or receive financial aid.

Anonymous

I sincerely believe veterinarians should be included in the 1b tier of the COVID-19 vaccine protocol.

Lucille Cheung

I am in support of veterinary care workers getting the COVID vaccine because they are essential workers. The vaccine provides us protection when we don't have a choice to stay home and stay safe. It also provides protection to our families who we come home too and prevents us from bringing COVID home to them. And allows us to safely do our jobs and provide essential care to the community.

Dr. Marie Benitez

I am writing to you after a 12 hour shift as a small animal veterinarian. I need your help.

The veterinary industry has been non-stop busy since quarantine started last March. Closures of other clinics and specialty hospitals means increased workload for us. We need to stay open to meet client demands.

Although we are curbside service, the nature of our work requires we still have close contact with our co-workers, which puts us at risk despite mask and cleaning protocols. We also have to be in a small room with crying clients during humane euthanasias. Clients often remove their mask during their good-byes to their pets.

Seven of my colleagues at my hospital of 49 employees have already contracted COVID. Working in close quarters may increase our risk for exposure if working with someone before they start to show clinical signs.

Please protect me and my family as I have protected your pets for the past 14 years.

Emma Ting Zhang

I am writing to urge your committee to consider the inclusion of veterinary professionals in Phase 1b of COVID-19 vaccination distribution.

As a veterinary student and veterinary working professional interacting with the public, I have witnessed and been in situations where coworkers, classmates, and myself have been exposed to COVID due to the nature of our work. Veterinarians, Registered Veterinary Technicians, and veterinary support staff (which includes veterinary students) are classified as essential workers under federal and state guidelines, and thus are already prioritized for early vaccine distribution by virtue of that classification. COVID-19 vaccination is critical for us to continue to safely provide our essential services. Please include us in Phase 1b of COVID-19 vaccination distribution.

Shannon Leggieri, DVM, MS Owner, Claremont Veterinary Hospital, Oakland

As a Veterinarian and small business owner the past 6 months have been overwhelming. Currently it feels like COVID-19 is circling all around us, as if we are in a foot race with the virus until vaccine distribution. On behalf of myself and our 25 other employees I ask you consider distributing the vaccine to California veterinary professions as quickly as possible.

Stephanie Culhane, Claremont Veterinary Hospital, Oakland

My name is Stephanie Culhane and I am a Veterinary Technician. During this unprecedented time the field of Veterinary Medicine has continued against impossible odds. Everyday my co-workers and I get up and save lives. Oh sure, those lives are furry and four legged, but that animal goes home and plays an intricate part in the family life, helping calm the fear and anxiety so rampant in the world today.

Not a day goes by where I do not interact with a concerned parent or terrified child. One little girl asked me if her puppy had the "sickness" and feared her whole family would break apart if we could not save her dog.

I request that the essential workers of Veterinary Medicine be considered for early vaccination against Covid - 19, minimizing our exposure risk will allow us to continue to save lives. The vaccine will allow us to be a ray of hope in this dark time for that little girl and countless others.

Nina Yabut

My name is Nina Yabut and I think it would be essential for veterinary staff to be apart of Phase 1B as we are interacting with multiple clients per day. It is also difficult for us to maintain a 6

feet distance due to the nature of our duties. Everyone wears mask while at work but we would be more at ease once we start getting vaccinated against COVID-19.

Julie Grosman

I think it is safe to say that our pets are important members of our families. More than half the population in Los Angeles owns pets. Pet owners will do anything necessary to keep their pets healthy.

I work as a Registered Veterinary Technician in a very busy 24 hour emergency and specialty hospital. We employ over 200 people in order to meet the public's demand for pet care. We have really been struggling with members of our teams being out due to COVID. We, unfortunately, had to limit our emergency intake due to the fallen number of staff members. I fear we will be closed down soon as other nearby hospitals have had to do. If our hospital closes then there will be patients who will suffer from it. Many of our clients are very critical pets seeking guidance from specialty Cardiologists and Internists.

I am afraid of going to work and contracting COVID. This profession requires being close to one another to perform even the simplest procedures (temperature, blood draw, or catheter placement). I would not go to work right now except I care too much about my patients and coworkers. I know my staff all feel the same way. Please give us the vaccine sooner than later as our proud camaraderie and compassion to animals will unfortunately cause many of us to contract covid. I say when as it is already spreading through veterinary hospitals.

We are medical professionals. We share a common bond of doing whatever we must to help our patients. Please I beg of you to keep us safe while working and allow us a vaccine as soon as possible. We play a vital role in this community and we need the support now. Please recognize the importance of veterinary professionals and our pets in our community.

Dr. Mariana Juarez

As a veterinary professional, I agree that there are many protocols and parameters to take in account for selecting the way the vaccine is made available to the public, but not the fact that we ARE essential workers just like our counterpart in the human field. It does not just include animal medicine but human health as well since we provide all to needed medical and sanitation issues for companion and food animals which affects directly the public, so that is part of the reason I request that veterinary profession be included in the next phase.

Terri Becker, DVM

I am a veterinarian in Southern California, and my team of veterinary technicians and I have been working throughout the pandemic helping people and their dogs, cats and horses. We would like to be considered as 1b on the vaccine tier.

We have been very busy with nonstop patients and their owners. A few states consider veterinarians as healthcare workers. We just would like to get the vaccine as soon as is fair.

Same Letter

Joanne Bak DVM, CCRT, Medical Director/Practice Owner, Paw Rehab, Pacific Animal Wellness Rehabilitation Center, Sherman Oaks
Maria Cristina Areyano, Veterinary Assistant, Paw Rehab, Pacific Animal Wellness Rehabilitation Center, Sherman Oaks

I am a California licensed veterinarian in good standing with my board and am a member of the AVMA, CVMA and SCVMA. I am a veterinary practice owner and advocate for preventive medicine, safety in the work place and public health.

I'd like to submit my opinion of support for the inclusion of veterinary professionals including veterinarians, veterinary technicians and veterinary support staff for consideration of Covid-19 Phase 1b vaccination distribution.

The veterinary profession is considered as part of the essential infrastructure. The veterinary community takes party in the responsibility of public health, food safety as well as the preventative health of food and companion animals and the prevention of infectious disease. Additionally, we provide needed care to pets for pet parents who may additionally need emotional support from their companion animals especially during this unprecedented time of the Covid pandemic. We provide urgent care, treat illness and injury as well as provide pain relief for companion animals and other species.

Veterinarians and their support staff are here to serve the public and potentially put themselves at risk when servicing their patients and clients. We should have the option of protecting ourselves as best possible and with whatever resources are available to us.

Additionally, I do not feel this should be required yet be each individuals choice in terms of whether they would like to participate in receiving the vaccination. I do feel we however should be given the option as soon as it is available to us.

Karina De La Riva

Please include veterinary staff along with other essential/frontline workers in the early vaccination roll out. Veterinary clinics have been working to make sure that they can stay open and take care of all the pets and pet parents who need them. Even with all of the Covid protocols in place, the staff are still exposed to the general public every day. They can't socially distance from other staff members; their job usually requires multiple people to be holding the same pet. Some clinics have had to close or reduce hours due to staff getting sick or being high risk. If you want your vet to be there when your pet needs to be seen (or if you don't have a pet but don't

want your veterinarian friends/family to get Covid), please consider veterinary staff for early covid vaccination.

Desiree Hernandez

I work in the veterinary field as a veterinary technician and I urge you to consider us as health care professionals, and as first priority group to get vaccinated . We put ourselves at risk every single day seeing more than 30 clients and patients daily. Of course we follow CDC guidelines to prevent the spread. However, being on the frontline and having interactions daily with clients does put us at greater risk. We try to minimize the conversations we have with clients, but some clients take more of our time than others due to in depth cases. Sometimes we have 20 minute conversation face to face. As a result we should be consider to get this vaccine as first priority just like other healthcare professionals.

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 populatin 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.

Irene Martinez

I have been part of the Animal Care field for 16 years, and have never seen so much strain on the Veterinary community as I have this past year of 2020. I feel the Veterinary Medical Field is often overlooked by media as an Essential Business. We are never mentioned however, we are still an important part of the Healthcare community. Yes, we work with animals, but people often forget, we work with **people** most of all. Clients, co-workers, delivery individuals, laboratories, and we work in close relations to one another. It is required to have 2 people to one pet for safety purposes, sometimes needing as many as 4 people in close proximity. Maintaining a 6 foot distance at all times is impossible.

Moreover, this past year has seen a large increase in the adoption of pets. People have been struggling with Anxiety, and having a pet has aided in better mental health and companionship. We are a profession that needs to be open and working because we actually have lives in our hands. Pets that need medical assistance for standard medical care, vaccinations, medications, surgeries, cancer treatment, emergencies, etc. Closing is not an option for us. We have done our best to distance, disinfect, provide curbside assistance, however we are now seeing positive

COVID-19 cases coming into the clinic from outside sources. With demands to working closely with one another, we are fearful this virus will be spreading more quickly through our clinic, especially since we have already had multiple employees and their family members test positive for the virus. Our clinic alone has 50 employees. And those 50 employees each have families, room mates, secondary jobs, which if exposed, could expose at least another 100-150 people or more. We are just 1 clinic out of many experiencing this same issue.

Lastly, the Veterinary field is often the first step in diagnosing pets with potential Zoonotic diseases, making us even more important to the human healthcare field. We are essential for the diagnosing and the notification of any potential concerns to humans/families. Unfortunately we have had a recent outbreak in our County with Leptospirosis. We have acted quickly to alert the county, get dogs vaccinated, and to provide additional lab testing and treatment to any pets presenting potential symptoms. Same goes if any pet were suspected of more concerning Zoonotic diseases, such as Rabies. Human healthcare relies on the Veterinary field to catch these issues before they become a problem for the human population and the Healthcare system.

My request is to please consider including the Veterinary profession into the Phase 1b of vaccinations against this virus. We are still part of the Healthcare field, and even though we are often overlooked, are very important to Human healthcare and safety.

Caitlin Phillips

I am reaching out on behalf of myself and every person who works in the Veterinary field. Honestly when the vaccine came out I figured that getting it to us in the Veterinary field was going to be a fight. My field is always looked down upon and we are seen as less because the patients I work on are seen as less important because they are not people.

All of that besides I am a Health care provider. I provide health care to animals such as vaccinations and exams all the way to CPR and life saving surgeries.

If that doesn't make us apply for vaccinations first, then that fact that we were marked as essential workers under the isolation orders should.

We as Registered Veterinary Technicians interact with both people and their animals all day long. We are constantly exposing ourselves to risk every time we work. I think we deserve to be recognized as the healthcare providers and the essential workers we are. The Vaccine should come to us ASAP.

Dr. Max Salinas, Clinical Director

Veterinary industry members are often unable to socially distance while performing their duties in making and keeping pets and our food supply healthy. It is clear that the Veterinary industry serves an essential function in today's society. The association between human and pet health is

well documented. As well, the veterinary industry has a large part in keeping America's food supply intact and safe.

Additionally, the veterinary industry acts as a protector of human and animal health through constant surveillance of the contagious diseases that plague our world. As protectors, the veterinary industry helps lead the way in promoting vaccines as a way to stay healthy. A message that is important to re-inforce at this time and in the future.

For these reasons it is imperative that the Veterinary industry be considered a priority in the 1b phase of the COVID-19 vaccination distribution plan.

Priscilla Suen

In making early COVID-19 vaccine distribution prioritization decisions, I urge you to include the veterinary professionals in the highest priority group possible. I understand the state is using several criteria, including the necessity of the job to society, the impact on already disadvantaged communities and the risk of occupational exposure. We meet the criteria of all three of these. As veterinarians and veterinary professionals, we provide urgent care to companion and service animals, prevent zoonotic disease spread, ensure the nation's food supply is healthy, and work diligently to do our part in promoting public health. Our work involves coming within 6 feet of the members of the public, many of whom are considered high risk or are part of disadvantaged communities. We are within inches of each other while we do our jobs and work in a mixed age group setting - college students mixed with much older or immunocompromised individuals. It is impossible to social distance while doing our work. We do our jobs because of our loyalty to our patients and our profession, but in times such as these, we are risking our lives and those of others.

The veterinary profession is part of the essential workforce and early vaccination of the profession is critical. I plead to you and the Community Vaccine Advisory Group asking for consideration of early vaccination prioritization for the veterinary profession.

Allison Ten, Doctor of Veterinary Medicine

Thank you to your team for the time and effort that you have been providing throughout the pandemic.

My name is Dr. Allison Ten, and I am a 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 general practitioner'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. Our hospital almost daily has reached overcapacity and subsequently been obligated to turn away many patients to focus on the most critically ill while trying to refer to specialty hospitals or critical care facilities.

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. We can't do our jobs effectively by working at home from behind the safety of a screen. The nature of our profession makes it practically impossible to maintain 6 feet social distance at all times between staff members. Additionally, veterinarians and staff do have multiple daily interactions with the public even with curbside service to retrieve the pet from the owner, demonstrate at home treatments, go over post-surgery discharge instruction etc.

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 hospital, 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.

Keith Hackbath

Thank you for the important work you are doing. I am writing today as a member of the veterinary profession to ask for your strong consideration for including veterinarians and veterinary staff members in the Phase 1b group of COVID-19 vaccination distribution.

Veterinary is often overlooked as part of the critical frontline workers and overall contribution to healthcare. However, at the same time, pet adoption and ownership has had a surge during the pandemic. The overall veterinary system does not have capacity to support this increased capacity. In addition many clinics and hospitals are getting shut down because of stricter rules and regulations.

There is a many week backlog for care right now and both animals and their owners are suffering.

I urge your strong consideration for the veterinary team members of California as you work through this important topic.

Same Letter

Cathy Chase, Member Ambassador, Modern Animal, Los Angeles

Jessie Parks, DVM, Associate Veterinarian, Modern Animal, Los Angeles

Melissa Perez, Veterinary Assistant, Modern Animal, Los Angeles

Julia Herrera, Operations Administrator + Veterinary Assistant, Modern Animal, Los Angeles

Diana G McNeil, DVM, Associate Veterinarian, Modern Animal, Los Angeles

Thank you for the important work you are doing during these unprecedented times. I am writing today as a member of the veterinary profession to ask for your strong consideration for including veterinarians and veterinary staff members in the Phase 1b group of COVID-19 vaccination distribution. Our small animal general practice opened in the midst of the pandemic, in April of 2020. Since then, we have been open every day (except for holidays), caring for thousands of pets and their owners, during an unprecedented rise in the number of animal adoptions, fosters, and acquisitions. I am proud to say that our team has performed in an exemplary manner throughout, wearing masks, adhering to strict cleaning protocols, and abiding by CDC and OSHA guidelines throughout. I feel that because we provide such an important function to public health in California, we should be given access to this critical protection, which will allow us to continue to do our jobs in a safer manner for all concerned. I urge your strong consideration for the veterinary team members of California as you work through this important topic.

Allison X. Oakes, Veterinary Technician / Veterinary Student, MODERN ANIMAL, Los Angeles

Thank you for the important work you are doing during these unprecedented times. I am writing today as a member of the veterinary profession to ask for your strong consideration for including veterinarians and veterinary staff members in the Phase 1b group of COVID-19 vaccination distribution.

Our small animal general practice opened in the midst of the pandemic, in April of 2020. Since then we have been open every day (except for holidays), caring for thousands of pets and their owners, during an unprecedented rise in the number of animal adoptions, fosters, and acquisitions. I am proud to say that our team has performed in an exemplary manner throughout, wearing masks, adhering to strict cleaning protocols, and abiding by CDC and OSHA guidelines throughout. I feel that because we provide such an important function to public health in California, we should be given access to this critical protection, which will allow us to continue to do our jobs in a safer manner for all concerned.

I urge your strong consideration for the veterinary team members of California as you work through this important topic.

Brianna Bergen

I am writing to advocate that members of the veterinary medical profession as essential workers and should be included in the distribution of the COVID-19 vaccine within phase 1b in the state of California. With mounting cases many hospitals are in danger of having to close or severely limit caseload, placing the welfare of many pets and emotional welfare of owners in danger.

Sarah Cocker-Scott, DVM, DACVIM

I would like to advocate for Veterinarians, Veterinary technicians and other staff at veterinary hospitals be included in the distribution of the COVID-19 vaccine within phase 1b in California. As in the human medical field we are forced to work in close quarters with each other and have been much busier since the start of COVID. Veterinarians are vital for providing herd health and keeping the food industry safe as well as caring for some of the only companions people have while in quarantine. Please consider this when deciding who will be included in the phase 1b roll out in California.

Sean Aiken, DVM, MS, Diplomate, American College of Veterinary Surgeons

Thank you for your work with vaccine distribution in the state of California. Veterinary medical professionals have been considered essential workers throughout this pandemic. This is at a time that veterinary services are in great demand and have placed increased risk and stress on the profession. The increased risk has been evident during the current spike in cases in California

resulting in the inability to provide emergency and essential care due to lack of available staffing due to exposure. These essential employees that provide healthcare to our pet companions are essential not only for the pet population but for the well-being and mental health of the people of California.

Please consider front line veterinarians and veterinary hospital staff for distribution of the COVID-19 vaccine within phase 1b in the state of California.

Joshua Stern, DVM, PhD, DACVIM (Cardiology), Associate Professor & Chief of Service: Cardiology, Department of Medicine & Epidemiology, University of California Davis

I am writing to express my opinion on the Covid-19 vaccine distribution and to request the inclusion of veterinary professionals in Phase 1B. Veterinarians represent essential workers across California communities. We serve the community treating sick or injured pets, livestock and wildlife. We protect our communities through preventative medicine and crucial disease surveillance. Practicing veterinary medicine throughout the pandemic has been a challenge, but the essential nature of this work has mandated that the veterinary healthcare teams adapt and persevere. Veterinarians are thus exposed to the public and frequently unable to social distance from other team-members while administering care. The opportunity to receive vaccinations in Phase 1B is crucial to our continue service in the community. The opportunity to be vaccinated is critical to maintaining appropriate clinical training of veterinary students at UC Davis Veterinary Medical Teaching Hospital. Veterinarians have helped alongside first responders in all of California's natural disasters and the Covid-19 pandemic is no exception. Other states have already moved to recognize veterinarians in their Phase 1B vaccinations, and I am relieved to see colleagues across the country having access to this critical protection to support the veterinary healthcare industry. I recognize that the requests for prioritization are numerous and thank you for your consideration of this critical need in California's veterinary healthcare sector.

Autumn Davidson DVM, MS, DACVIM

Thank you for taking our comments. Veterinarians may be asked to assist in administering COVID vaccinations to humans, another reason we should have early access to the vaccination.

Carrie Journey DVM Diplomate ACVIM (Neurology), Redwood City

First, I would like to thank this committee for their hard work in a difficult time. Yours is a challenging task, and I appreciate your service to our community.

I am writing to ask that veterinarians and our staff be included with other essential workers in stage 1b of vaccination. Due to the need for PPE for our frontline colleagues at the human hospital, we are often operating without the equipment we need to keep ourselves and our employees safe. We are doing our best, but unfortunately it is not always enough. I myself

contracted COVID at work, and I have had numerous colleagues suffer the same, so our exposure risk is real. We cannot adequately socially distance in the hospital- two people working on a cat cannot be six feet apart. And the very nature of our work requires contact with the public.

While COVID has thus far been primarily a human disease, with human to human transmission, transmission to cats, dogs, tigers, lions and minks has also been reported. The Denmark mink infection was particularly concerning, as the virus acquired mutations in the spike protein as it passed through minks. That mutation is of particular concern as this spike protein is the target for our new vaccines. (reference: [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30912-9/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30912-9/fulltext)). As we face new variants of this disease, the veterinary community is an essential resource in animal health surveillance to protect the public. While we have shown this virus can infect both dogs and cats, thankfully as of yet we have not seen transmission to humans from these species, nor widespread infections in our pet population. 52% of California households have pets. Should a mutation happen and the virus become more virulent in those species, furthering transmission or conferring resistance to our vaccines, the results could be truly catastrophic. Right now, our vet hospitals are strained to the limit. As our employees become sick and must quarantine, we are stretched thinner and thinner.

Upon completing veterinary school, I took a solemn oath to protect public health. I take that seriously. I have worked diligently as an essential worker in this pandemic and will continue to do so. Please help me protect myself and my employees so we can continue to protect the public.

Furthermore, should it become necessary, I would like to suggest that veterinarians and our technicians be considered to assist with vaccination. We are trained medical professionals and many of us give vaccines regularly. We are familiar with drug handling, biosecurity and vaccine reactions. I and the numerous colleagues that I have spoken to on this subject would happily volunteer to help vaccinate our communities faster.

Allison Leuin, DVM, DACVIM (Diplomate, American College of Veterinary Internal Medicine, Small Animal Internal Medicine), Veterinary Specialty Hospital - North County

As you evaluate groups of essential and critical employees to be considered for inclusion in phase 1b of COVID-19 vaccine distribution, I strongly urge that you include members of the veterinary medical profession.

Veterinarians and their staff (veterinary technicians, assistants, and associated support staff) have been categorized as essential workers during the COVID-19 pandemic. During this time, veterinary medical staff have continued to provide ongoing on-site medical care. The veterinary industry has seen a precipitous surge in the number of patients requiring medical attention during the pandemic. I work at a top tier multi-specialty and emergency hospital for cats and dogs located in northern San Diego County, and in my line of work, these patients are thought of as cherished family members. This increase in pets requiring routine and advanced veterinary care has resulted in many veterinary practices (general, specialty, and emergency alike) having a marked increase in demand for continuing to provide in-person care (albeit, physically

distanced). This is all while attempting to balance necessary changes to staffing and personnel to maintain a physically distant yet safe environment for employees within the hospital as well as for clients and pet owners bringing their pets to these hospitals.

Just as healthcare workers in human medicine now have to explain the severity of a loved one's hospitalization status or diagnosis over the phone rather than in person, we face the same challenges of having to admit and treat patients requiring critical care treatments and emergency surgeries and diagnoses of cancer completely over the phone with the loss of ability to relay this news in person. Veterinarians are not only essential for the household pets that we treat and care for, but also are essential within the infrastructure of agriculture and our food industry.

Yet, in Massachusetts, for example, veterinarians have been assigned to phase 3 of vaccinations, which is the same phase as the general population, despite the fact that veterinarians are classified as essential and critical employees. In Arizona, on the other hand, they have thoughtfully included veterinarians in phase 1b. I hope you will not make the same mistake that Massachusetts has made, and rather will act similarly to Arizona, and will assign veterinarians and their staff to phase 1b here in California.

Please help us to continue to provide excellent quality medical care to your pets by helping us to safely continue to operate our veterinary practices.

I implore you to provide veterinarians and veterinary medical staff with the tools to continue to keep our doors open for our communities by including us in phase 1b.

Natasha Loy Son, DVM, Residency-trained in Small Animal Internal Medicine

I would like to advocate for veterinarians, veterinary technicians and supportive staff at veterinary hospitals to be included in the distribution of the COVID-19 vaccine within phase 1b in California. While we are not directly working with COVID patients, due to the nature of our work we are forced to work in close quarters with each other and have been much busier since the start of COVID. Veterinarians are vital for providing herd health and keeping the food industry safe as well as caring for some of the only companions people have while in quarantine. Please consider this when deciding who will be included in the phase 1b roll out in California.

Catherine Outerbridge DVM, MVSc, DACVIM , DACVD, Professor of Clinical Dermatology, Vice-Chair of Medicine and Epidemiology, School of Veterinary Medicine, University of California Davis

Veterinarians are deemed essential workers. In order for them to continue to work and not have practices closing doors or reducing hours of operation due to staffing issues when individuals contract COVID 19 or have to self isolate due to known exposure it is imperative that veterinarians and veterinary staff are prioritized along with front line workers in health care, retail and service industries. Veterinarians and veterinary staff cannot work from home, they

cannot social distance while working with their patients and the welfare of animals and human health is dependent on them being able to safely do their jobs

Fiona Kilby

I am writing this email to ask that you please consider the essential workers of the veterinary medical profession to be included for the distribution of the COVID-19 vaccine during the phase 1b in California. Those of us across this state have put in countless hours during this pandemic to take care of our patients and clients. We are part of the public health sector, and I believe we should be included in the prioritization of the vaccine distribution. It would improve safety not only in our workplaces, but in our communities as well.

Midori Najarian, Veterinary Assistant, Governor Animal Clinic

As this pandemic hit and many places closed, we have continued being open to help the needs of our patients and also taking on new patients as the rise in adoptions and acquiring new kittens and puppies was needed. While other businesses closed down or slowed down immensely, we have actually gotten busier. We have been working nonstop since last March. There have been closures of other clinics and specialty hospitals - this has caused an increased workload for us. We need to stay open to meet the needs of our clients.

Despite doing curbside service and adding in all the ppe and cleaning protocols we still work in close contact with co-workers due to the nature of our work. Unfortunately, several of our colleagues have already contracted COVID due to outside influences of work. yet before they have clinical symptoms, we are working in close quarters with one another. This increases our risk of exposure unintentionally.

We would be very appreciative if you could include us as part of the phase 1 roll out for vaccinations.

Dennis Spann, DVM, DACVIM, Sacramento Area Veterinary Internal Medicine, Inc.

I want to take a moment to mention that many veterinary personnel have been engaged with the public at large caring for their animals through the COVID19 pandemic. We have generally interacted with people when collecting and discharging their animals and more directly during humane euthanasia. We will continue to care for animals as we always have provided public health authorities allow.

I would like to remind the committee that we are numerically a small group but ask that we be considered for relatively early vaccination to enhance our ability to serve safely. Consideration should also be taken to enlist us for human vaccination since we have extensive experience with vaccination and can help speed up the vaccination efforts.

We are eager to receive vaccination as a group, but we also recognize that there are people in more tenuous and pressing situations that should precede us in the schedule.

Jane Maker

Please include veterinary staff along with other essential/frontline workers in the early vaccination roll out. Veterinary clinics have been working to make sure that they can stay open and take care of all the pets and pet parents who need them. Even with all of the Covid protocols in place, the staff are still exposed to the general public every day. They can't socially distance from other staff members; their job usually requires multiple people to be holding the same pet. Some clinics have had to close or reduce hours due to staff getting sick or being high risk. If you want your vet to be there when your pet needs to be seen (or if you don't have a pet but don't want your veterinarian friends/family to get Covid), please consider veterinary staff for early covid vaccination.

Artem Kutikov, PhD, Concerned husband of a wonderful veterinarian

Please include veterinary staff along with other essential/frontline workers in the early vaccination roll out.

Veterinary clinics have been working to make sure that they can stay open and take care of all the pets and pet parents who need them. Even with all of the Covid protocols in place, the staff are still exposed to the general public every day. They can't socially distance from other staff members; their job usually requires multiple people to be holding the same pet. Some clinics have had to close or reduce hours due to staff getting sick or being high risk. If you want your vet to be there when your pet needs to be seen (or if you don't have a pet but don't want your veterinarian friends/family to get Covid), please consider veterinary staff for early covid vaccination.

Rey Eloriaga

Please add the veterinary medical profession to receive the Covid-19 vaccine first. They are also first responders that help our pets. They work tirelessly day and night to help our pets and they also support our well-being. Healthy pet, happy family.

Elizabeth Ellis, VMD, Head of the Veterinary Team, Adobe Animal Hospital, Los Altos

Thank you for all that you do to keep all the residents of the state of California as safe as they are willing to be. Thank you for grappling with the challenging question of how to effectively and fairly distribute COVID Vaccines.

I am writing to make the case that Veterinary staff belong in the Phase 1 b group of vaccine recipients. We are already classified as essential workers. We protect human health by treating and preventing transmission of zoonotic disease. We also provide essential medical care for animals and relieve animal suffering. You may have seen articles in the popular press about the high demand for veterinary care during the pandemic and overwhelming caseloads at veterinary Emergency Clinics. Our own hospital treats on average 50 urgent and emergency cases every day while managing COVID related restrictions and with often limited staff. While my hospital provides care primarily to family pets, my colleagues in production medicine are caring for our animal food chain. All of these are critical services for the physical and emotional health of our human and animal communities.

We are uniquely at risk for COVID because we cannot socially distance while providing care to our patients. While we can and do disperse staff to different offices and exam rooms, it takes two people standing less than 6 ft apart to draw blood, give injections, place a bandage or clean a wound on a cat or dog. A nurse monitoring anesthesia may not be able to stand 6 ft away from the surgeon performing a procedure. A technician restraining a cat for an ultrasound can't stand 6 ft away from the doctor performing an ultrasound. Like the vast majority of essential workers, we do not qualify for distributions of N95 masks. We have kept ourselves safe by following mask mandates, wearing eye protection, cleaning our workspaces, requiring our clients to stay outside of the building while we treat their pets (which they hate, by the way) and following County social distancing requirements when at all possible. At the end of the day, we can't maintain distance while we do our job. We are grateful that the public health officers in Santa Clara County have managed to keep the incidence of COVID as low as they have but we need more robust protection on the job. Multiple Veterinary clinics in our area and even an Emergency and Specialty center in San Jose have had to close for a period of time due to COVID+ staff members. These closures affect the entire local veterinary and human communities when they occur. We have had to quarantine significant numbers of veterinarians and staff when a colleague is COVID+. The consequences of illness and exposure in our staff limits our ability to deliver essential service and care. Please help us continue to safely and reliably care for our communities.

Richard Tao DVM

I am writing on behalf of the hardworking people in the veterinary field to advocate for a prioritized allocation of the COVID-19 Vaccine. Veterinarians and veterinary professionals play a unique and critical role in protecting the health and well-being of animals in a variety of settings including areas of agriculture and our own companions at home. While our patients are not currently viewed as playing a large role in transmission of SARS-CoV-2 veterinarians are still at an increased risk of exposure in their day-to-day operations. Veterinarians meet face to face with animal owners or caretakers and work in close proximity to their coworkers. Data compiled by the US Department of Labor place veterinarians in a moderate risk of exposure alongside other frontline healthcare workers like pharmacists and nurse practitioners. <https://www.weforum.org/agenda/2020/04/occupations-highest-covid19-risk/> Veterinarians also form a critical role in the One Health initiative linking them as part of the collaborative effort in

public health. Please give careful consideration to veterinarians when allocating the next phase of vaccine distribution. Thank you for your time and consideration.

Leanne Walters, Customer Service Rep, Governor Animal Clinic

- 1) The veterinary industry has been non-stop busy since quarantine started last March. Closures of other clinics and specialty hospitals means increased work load for us. We need to stay open to meet client demands.
- 2) Although we are curbside service, the nature of our work requires we still have close contact with our co-workers which put us at risk despite mask and cleaning protocols.
- 3) Several of our colleagues have already contracted COVID outside of the clinic. Working in close quarters may increase our risk for exposure if working with someone before they start showing clinical signs.

Jan Russell, Governor Animal Clinic, San Diego

I would like to bring to the attention of the veterinary community, who oftentimes has only a partial staff due to COVID. There has been an influx of adopting dogs/cats during the quarantine, which has greatly affected the veterinary clinics, hospitals, and emergency businesses.

The veterinary industry has been non-stop busy since quarantine started last March. Closures of other clinics and specialty hospitals means increased work load for us. We need to stay open to meet client demands.

Although we are curbside service, the nature of our work requires we still have close contact with our co-workers which put us at risk despite mask and cleaning protocols.

Several of our colleagues have already contracted COVID outside of the clinic. Working in close quarters may increase our risk for exposure if working with someone before they start showing clinical signs.

It would be of benefit to the owners of these newly adopted pets to have a full staff to care for the new additions, and greatly benefit the staff of the veterinary community to be in a safe working environment.

Please consider the veterinary community when deciding the Phase 1b rollout.

Rachel Szumel, DVM, Alpine Animal Hospital, South Lake Tahoe

I am writing to express my opinion that veterinarians, and associated staff (RVT's, reception, nursing staff) should be included in early COVID-19 vaccination groups. We have been struggling to stay open and provide care for our community pets, while providing for the safety of our workers and families. Our caseload has been overwhelming since the pandemic started - cutting back to reduce exposure would place even more stress on our clients, not to mention impact our employees' incomes. I know of many hospitals that have had to close entirely for 2 weeks due to COVID infections or exposure (including my place of employment), which then

puts even more stress on surrounding practices to see the patients we cannot. In some cases, our patients have had to go without care.

Once health care workers and high-risk individuals have been vaccinated, it seems only prudent to include workers in businesses such as ours which are considered essential to the community.

Elana Scheindlin, DVM

I am a small animal veterinarian working in Sacramento and wanted to add to the conversation about how strongly I feel that my field should be included in 1b for covid vaccines. We have been essential workers from the start of this and have significant direct contact with our clients, without having the extra PPE resources that are provided to human healthcare professionals. Even with measures to reduce our contact to clients (which is very difficult in a time where vets are extremely busy and overbooked), we still face more exposure than many of us are comfortable with, yet continue to do our jobs to keep our patients healthy. We are medical professionals who are crucial to keeping society running during this time, and we need to be treated as such.

Travis Thayer, DVM

I am writing to express my support for inclusion of veterinary professionals and paraprofessional staff in the "phase 1b" COVID vaccination distribution. Veterinary hospitals, both large and small animal, are crucial businesses with essential workers at high risk of contracting and transmitting COVID, due to close quarters work environments and daily contact with the general public. These small businesses are crucial to the community, and a positive COVID case in a veterinary hospital could compromise their ability to operate their business and, as a result the welfare of animals and the humans caring for them.

Thank you for your consideration of this important topic.

Julie Cho, DVM, ACVB Resident in Private Practice, VCA West Los Angeles Animal Hospital

I would to request that veterinarians and all veterinary staff members (veterinary technicians, veterinary assistants, CSRs, janitorial staff, etc) be included in 'Phase 1b'.

Veterinarians and related staff members are considered essential workers and have been working throughout the pandemic. There has been an increased demand in veterinary care during the pandemic which has put a strain on our local veterinary hospitals. A single outbreak can shut down a veterinary hospital for weeks. This not only impacts veterinary staff but also our clients and patients. Furthermore, we have been putting ourselves and our families at risk in order to perform our essential duties. I believe that the veterinary field is a critical part of our social and economic infrastructure and it should be protected after our frontline workers and high-risk people are vaccinated.

As you may know, veterinary staff need to work in close proximity to each other due to the nature of our work. We practice social distancing and curbside service to minimize risk, but we need more protection. We do not have access to the same PPE as our frontline workers which puts us at further risk. We have to interact with our clients in person to establish and maintain veterinary-client-patient relationships.

I respectfully request that the Committee include all veterinary staff in 'Phase 1b' for the COVID-19 vaccine. Thank you for your time.

Michael Huber, DVM, MS, Diplomate, American College of Veterinary Surgeons, VCA Animal Specialty Group, Los Angeles

As a member of California's veterinary community, 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 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 critical" 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".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.

Tammy Nishimura

I am writing to you today to urge you to include veterinary professionals in "Phase 1b" early receipt of the California COVID-19 vaccination plan.

As the spouse of a Registered Veterinarian Technician at the San Francisco SPCA, my wife has dedicatedly gone to work each day throughout the pandemic to help pets needing health care. My wife, along with other technicians, doctors, and support staff have been there tirelessly throughout the pandemic serving people and their pets. The caseloads have increased and been heavy throughout 2020, especially with more people acquiring pets while they are at home.

Due to the nature of veterinary care, the staff are required to work closely together to hold and treat animals. There is no way to physically distance in these situations, in surgery, and during procedures.

Although the staff has been very diligent in practicing safety measures, staff and/or their family members have become infected with COVID-19. In such cases, all staff that have worked with the person must be tested. My spouse has had to isolate and test multiple times, including twice this week.

There is a palpable fear that is experienced by the staff and their families when we hear of a work-related case, and as we isolate and wait for test results to come in. I fear for my wife, myself, her elderly high-risk parents, and all those in our “bubble” that may have been exposed to my wife. It is very stressful for all of us each time we go through this.

Therefore, I am asking that in accordance with guidelines from the Centers for Disease Control (CDC) which state:

Veterinarians, Registered Veterinary Technicians, and veterinary support staff are classified as essential workers under federal and state guidelines, and should be prioritized for early vaccine distribution by virtue of that classification.

Please include veterinary professionals in the Phase 1b early receipt of the Covid vaccination plan.

Brittany Lampman, DVM

I would like you to consider the veterinary professionals in 1a or 1b category for the vaccine. Our daily tasks cannot be performed maintaining a 6 foot distance from other team members due to the need for animal restraint for exams, blood draws, injection administration, etc. Much of what we do needs at least 2 people to complete.

Elizabeth Lau

Please include veterinarians in Phase 1B.

Vanessa Aberman, DVM, DABVP, Larchmont Animal Clinic

I am reaching out to plead that those in the veterinary profession be classified as Group 1B for Covid vaccines. We are classified as essential workers and, as such, we were unable to close during Covid. We are exposed to the public everyday and, due to this, multiple people in my practice have contracted Covid. We have been working tirelessly during these difficult times and deserve to be protected.

Sara Harrison, DVM, MPVM, MS, Forensic and Relief Veterinary Services, Sacramento

I am writing to ask that you please recognize veterinarians as the essential workers they are and include them in Phase 1B Tier 1. Veterinarians have continued to provide care to beloved pets that have been the only source of companionship for many people this past year. We have continued to maintain the health of animals used to produce the food you eat. We are at the forefront at recognizing and preventing zoonotic diseases, such as COVID-19. The State Public Health Officer rightfully recognized veterinarians as Essential Critical Infrastructure Workers following the Governor's Executive Order N-33-20 issued on March 19, 2020. Please continue that recognition as we move forward with the distribution of vaccines.

Our profession is one of the few that have been lucky to experience tremendous growth as a result of the pandemic. People have adopted new animals to help clear the shelters as well as purchased new pets to help provide a necessary distraction while stuck at home for months. Owners are now spending more time with their pets and observing abnormal behaviors and symptoms they would have previously overlooked. As a result veterinary clinics have been absolutely swamped with patients for the last year. Our clinic schedules are overbooked and emergency clinics are having to periodically close due to insufficient resources.

Pet owners are understandably under extra stress not only with the increased difficulty of getting timely veterinary care, but they are also experiencing more severe financial constraints as well as other stresses raised over the last year. This has made our very long work days that much more challenging as we work to provide excellent care to our patients as well as listening to our clients who, to be honest, are not always very nice. We are used to working hard but the last year has brought my profession to the breaking point and many are choosing to leave. There was a veterinarian shortage before COVID-19, it has only gotten worse.

We work in close quarters where social distancing is not possible. It is not always possible to maintain your mask when you have three people wrestling with a large aggressive dog and forget about staying 6 feet away when trying to place a bandage on a wiggly 3 pound kitten. Still, we mask and wash hands. We clean continuously and sanitize every surface. We take temps and have rules about travel and off work exposures. And still we have cases coming through clinics. Some folks have elected not to work due to the concern of getting sick or spreading the virus to someone they love. While I support their decision, we really could use them back in the work force. The pets and their owners would appreciate it too.

Additionally, I am part of a growing number of relief veterinarians. I provide temporary coverage for veterinarians at multiple clinics all over the Sacramento and Bay Area regions. I am exposed to multiple working groups (bubbles) with no possibility of downtime in between. I isolate when not at work, I mask, I limit close contact when possible, and I test regularly. I know that I am putting myself at greater risk and am just hoping to stay lucky as there is not a reasonable alternative. As case counts rise I know that my luck is likely to run out despite the precautions and months of social isolation. If I get sick I won't be able to work. I can deal with that and hopefully I will not be too severely affected or infect any one else. But if I can't work the effects will be far-ranging: the clinic that I would have been providing relief for will be short-handed (ex. 2 already overworked vets doing the work of 3 because appointments are booked weeks in advance), fewer animals will receive necessary care when appointments are inevitably cancelled or emergencies turned away, and if it is a solo practice the clinic may need to close entirely which not only negatively impacts patient care but also creates missed wages for support staff and loss of revenue for small business owners.

If you have read this far, thank you so much for your kind attention. Please help me and other veterinarians as well as our severely underpaid and overworked support staff. Timely vaccination is the only way for us to continue to help animals and their owners without risking our health and our lives.

Rose Francisco

Veterinary Professionals: Please include them in the next phase of Covid19 vaccine

Manny Martinez

I am sending this email to ask that you consider moving veterinary works up to Tier 1B or 1C. These people provide a necessary service. They work indoors in close quarters with limited ability to social distance.

Paula Martinez

Veterinarians and their staff need to be vaccinated in Tier 1B or 1C in California. Currently veterinarians are not on the list. They work indoors in close quarters with limited ability to social distance. One of the few professions of essential workers that wasn't included in early vaccination. They provide essential services.

Reina Moreno

Please put veterinarians and the workers in the hospitals and clinics on the priority list for the vaccine! Thank you!

Michelle Smith, DVM

I am writing in support of including veterinarians 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.

Veterinarians 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-borne diseases such as Bartonella (causative agent of cat scratch disease) and tick-borne diseases such as Lyme disease, etc.

The veterinary profession 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.

Kristy Chyun, RVT, Northwood Animal Hospital

My name is Kristy Chyun, and I am a Registered Veterinary Technician who works in Irvine, California. Since the beginning of this pandemic, our profession was deemed an essential business and we have remained open through the ups and downs of the Covid surges. We have done our best with PPE and distancing (as best we can) to continue to help treat and care for sick and injured animals. But during our work day, we must get closer than 6 feet to clients to retrieve their animals from them— a risk we must take. Our job cannot be done virtually. These animals belong to people, people who have the potential of carrying the COVID-19 virus.

I am writing this email to ask you to reconsider putting the Veterinary field and their supporting veterinary staff on the Phase 1B tier. Please, we are exposed and work in an enclosed environment on a daily basis with, not only our coworkers, but with clients who potentially could carry COVID-19. Please, please, please, help us stop the spread by vaccinating our Veterinary team!

Kanwarjit Singh Boparai, DVM,Lathrop

As a practicing companion animal relief veterinarian, I experience and witness constant close contact between personnel in the normal course our work with animals. Despite taking social distancing and mask precautions, we must regularly be within inches of each other during handling and treatment of our patients and often times during the transfer of small patients directly from a client's arms. Our profession is well-versed in limiting highly communicable diseases in our patients, such as parvo virus and "kennel cough". We see that we are put in less than ideal circumstances in order to continue to protect animal health, including zoonotic disease that may transmit to humans. Remote work is quite limited (currently we cannot diagnose or prescribe medications to a patient we have not already seen in person in the past year) and close interaction is needed for examination, and obtaining blood and urine samples. Many practices have multiple staff members of various age groups in often crowded clinics. These circumstances put us at higher risk for Covid transmission as PPE rarely includes N95 or equivalent masks. Veterinary personnel need to be consider as a priority for receiving the COVID-19 vaccine so we may continue to serve the public by ensuring animal health and protect people from zoonotic diseases.

Grant R Miller, DVM, CVA

Please consider veterinarians and veterinary staff for phase 1B priority COVID-19 vaccination.

Veterinarians and their staffs make up nearly 40,000 individuals who provide important healthcare services to family member pets.

We do not have the option of working from home and we have a high interface rate with the public, often in close proximity to others due to the nature of our work.

Caroline Murray, Doctor of Veterinary, Medicine Medical Oncology Resident II, William R. Pritchard Veterinary Medical Teaching Hospital 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. Caroline Murray, and I am a current Medical Oncology resident veterinarian that has continued to work relentlessly throughout the COVID-19 pandemic at the University of California, Davis Veterinary Medical Teaching Hospital. Similar to my colleagues, I continue to make every effort to concurrently support my resident mates, technical staff, receptionists, students, and other coworkers both inside and outside of the hospital during this extremely challenging time in veterinary medicine.

I am writing to you in an effort to advocate for the veterinary community, while also hoping to

provide some context from a veterinary resident 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 like UC Davis have often reached overcapacity and continued to care for each patient despite this fact. Additionally, we at UC Davis continue to educate our students, interns, and fellow residents in increasingly creative ways given the constraints by the pandemic.

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. Their impatience with our protocols and unwillingness to comply with simple requirements such as wearing a facemask or limiting the number of individuals for hospital visits continues to put our staff and students at risk multiple times per day.

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.

Catherine Strong

Please consider Veterinary staff for the vaccine. We have been open and working endlessly serving the public and caring for their pets.

Fred S Jacobs DVM, Willits Animal Hospital

I would support veterinarians and veterinary hospital staff being able to receive priority in COVID-19 vaccination as we are daily dealing with the public and their pets.

Lynn McEwan DVM

As essential healthcare professionals for animals please include our senior veterinarians in phase 1b. I am a full-time veterinarian working in my veterinary hospital and am 71 years old, desiring to be vaccinated as soon as possible.

Michael Karle, D.V.M., Mid-Valley Veterinary Hospital, Orland

I would like to encourage the committee to include veterinary professionals in the Phase 1b plans for COVID-19 vaccine distribution.

Veterinary professionals play a critical role not only in maintaining the health of the human-animal bond, but we play an essential role in the safe food supply of this country.

Dr. Anna DeVincenzi, DVM

Please include the Veterinary profession in the Phase 1b of the COVID 19 vaccine distribution. We are essential workers. We have remained open and continue to serve the public every day. We cannot do our jobs from home - we are required by the veterinary licensing board to perform in-person physical exams on ALL of our patients. We must interact with the public in order to treat our pet patients. Veterinary hospitals are continuously being affected by COVID 19 spreading throughout clinics, despite following CDC protocols to the best of our capability.

Due to all of these factors, it is imperative to include the Veterinary profession in the Phase 1b of the COVID 19 vaccine distribution.

Elizabeth MacDonald, DVM

Veterinarians are essential workers that by nature of their jobs are in contact with 30-200 people daily depending on the size of their hospital. Their work cannot be accomplished with social distancing and they should be high on the list of vaccination priority.

In addition, veterinarians could vaccinate their own staff if given the opportunity.

Lastly, most veterinary hospitals are set up to vaccinate patients and are closed on Sundays. It may be something to consider using veterinarians and dentists and other medical professionals to mass vaccinate if needed on days their facilities are not in use.

Jenny Edwards, BVMS (DVM), CVMA member, Abby Pet Hospital, Fresno

As an essential worker in Fresno, I have seen first hand how COVID has impacted our workplace and our patients. Despite our PPE, increased cleaning and hand washing, we have had multiple employees (including myself) get sick from COVID-19.

Our hospital is inundated with patients from the surrounding area, having been turned away by their primary veterinary clinics being too busy or closed doors.

Because many employees are out sick, are quarantining, or are staying home due to risk, we are functioning on a skeleton crew, and animals are suffering because of it.

Please, I urge you to have people in the veterinary profession as part of the 1b COVID-19 vaccination group.

Chelsea Davidson, DVM

Like millions of people around the world, I am excited by the new availability of vaccines to protect us against COVID-19. My friends in healthcare are receiving their first doses now, and I am filled with relief for them, as they work hard on the front lines of human medicine. I am also a healthcare worker, but I do not know when I will be given the opportunity to be vaccinated. I am a veterinarian. I am writing you to ask that veterinarians and veterinary support staff be included in the higher tiers of phase 1b.

With the exception of slightly reduced hours during the early days of California's lockdown, my colleagues and I have been working every day of the pandemic. Many people have brought new pets into their lives during this time, so we have been incredibly busy. Our patients are brought into the clinic, while their human owners wait outside, but our staff must interact with those human owners, and all of us work in very close contact with one another. It is frankly impossible to stay six feet away from each other when working together with a patient. Even the most docile dog must be held in place by one person while the other vaccinates it. Now imagine a wiggly puppy who needs a blood sample drawn, or worse, a cat in crisis who needs multiple people working to save its life. We wear our masks, and we are very cautious in our personal lives to mitigate risk, but every day at work, as we focus on the health of pets, we are in close contact.

River May, DVM, Medical Director, Capitola Veterinary Hospital

Please consider prioritizing COVID vaccines for the veterinary profession. As essential workers vital to the physical health of our patients and the mental health of their owners, we continue to work together on a daily basis. In fact the demand for veterinary services during the pandemic is higher than ever. Due to the nature of working with animals, it is impossible for us to effectively provide care while maintaining social distance with each other. We are often

working in small buildings very close to one another for extended hours. It is also very difficult to continually maintain social distance from pet owners who rely on us for logistical and emotional support. These factors put us at much higher risk as we continue to meet the unprecedented demand for the essential services of the veterinary profession.

Dr. Emily S. Talwar, D.V.M

My name is Dr. Emily Talwar. I am a practicing small animal veterinarian in Los Angeles. Even though we are not allowing clients inside at the moment we are still coming into contact with them routinely. Some forget their phones, some don't answer their phones and as a result we have to go outside to talk to clients in person.

The technicians are in direct contact with clients daily as well when they have to bring the pets in from the owners, collect payment, and explain medication.

We are an essential service to the community as many people have pets who are still getting sick and need treatment. It is therefore imperative that veterinarians and veterinary staff remain healthy in order to continue to serve the community.

I therefore request that veterinarians, veterinary receptionists, and veterinary technicians be included in phase 1B for vaccine distribution.

Renee Dippon, DVM, Adobe Animal Hospital, Los Altos

I am a veterinarian who has been working throughout the pandemic along with other veterinarians and support staff. We do not have the luxury of working from home, and our jobs frequently require us to be within 6 feet of each other.

Together we provide not only essential wellness care to pets such as vaccines and parasite prevention, we also provide emergency and critical care for sick and injured pets. If we were to have to shut down the hospital due to COVID19, this would be devastating to the community. Please include us in the same category as other essential workers when planning vaccination for COVID19.

Anna Biesbrock, DVM, MS, Associate Veterinarian, Modern Animal, Los Angeles

I am writing today as a member of the veterinary profession to ask for your strong consideration for including veterinarians and veterinary staff members in the Phase 1b group of COVID-19 vaccination distribution. Our small animal general practice opened in the midst of the pandemic, in April of 2020. Since then we have been open every day (except for holidays), caring for thousands of pets and their owners, during an unprecedented rise in the number of animal adoptions, fosters, and acquisitions. I am proud to say that our team has performed in an exemplary manner throughout, wearing masks, adhering to strict cleaning protocols, and abiding

by CDC and OSHA guidelines throughout. I feel that because we provide such an important function to public health in California, we should be given access to this critical protection, which will allow us to continue to do our jobs in a safer manner for all concerned. I urge your strong consideration for the veterinary team members of California as you work through this important topic.

Karen Lee, DVM, Medical Director for Inland Valley Humane Society & S.P.C.A.

I am writing this email in regards to the status of where veterinarians and their staff are for early COVID vaccinations. Veterinarians and their staff have been essential since the beginning of the COVID pandemic. We are frontline when it comes to animals and their owners since animals continue to need medical and surgical care during the pandemic.

I am specifically a shelter veterinarian and we also come into contact with animals who come from COVID positive homes when their owners get sick and have no one else to care for these animals.

The animal control officers at my shelter deal with interacting with the public on a daily basis. They too should be given priority for vaccine distribution as they come face to face with the public numerous times per day.

I hope veterinarians, our staff and animal control officers can be considered for early vaccine administration.

Peter J Mangold, DVM, Medical Director, Alamo Animal Hospital

Just as in human health, illness can strike our pet patients at anytime. When it does owners bring them to veterinary hospitals for care. Owners bring them at all hours of the day and night and, most importantly, owners bring them regardless of their personal health condition.

As a result, just like frontline human healthcare providers, veterinary care providers are at far greater risk of COVID-19 exposure than most other groups. As with human healthcare providers, exposure to this virus presents a risk of SARS-CoV2 to them and their families. But more importantly to public health, it poses a risk to every other pet owner that comes in for care of their pet.

With this virus, veterinary practices have seen unprecedented increases in people seeking care for their pets. This increased traffic, coupled with the greater risk of contact with a pet owner that might be sick while presenting a pet, poses a significant and far greater risk to the overall public health and should be urgently considered.

I urge you to consider veterinary personnel as the frontline healthcare workers they are and prioritize them highly in the vaccination allocation planning currently in deliberation.

David Lipsitz DVM, DACVIM-Neurology

I am in favor of veterinarians being placed on the 1B list for Covid vaccinations.

Christopher Rodi, DVM

It is imperative that those of us who provide essential health services to be considered as a priority for vaccination. Providing health care to animals and pets is not a convenience but a necessity. Furthermore, it is a service that does not allow the luxury of “distancing”; it takes at least 2 people often working within inches of one another to properly restrain and treat or patients- it is impossible to practice with plexiglass or maintain 6’ of distance. We are 100% relying on masks to prevent internal spread of Covid which we know is not sufficient.

Same Letter

**Mercy McClendon, CVPM, Hospital Administrator, Animal Care Clinic, San Luis Obispo
Bonnie Markoff, DVM, ABVP, Animal Care Clinic, a Veterinary Corporation, San Luis Obispo**

In making early COVID-19 vaccine distribution prioritization decisions, I urge you to include the veterinary professionals in the highest priority group possible. I understand the state is using several criteria, including the necessity of the job to society, the impact on already disadvantaged communities, and the risk of occupational exposure. We meet the criteria of all three of these. As veterinarians and veterinary professionals, we provide urgent care to companion and service animals, prevent zoonotic disease spread, ensure the nation's food supply is healthy, and work diligently to do our part in promoting public health. Our work involves coming within 6 feet of the members of the public, many of whom are considered high risk or are part of disadvantaged communities. We are within inches of each other while we do our jobs and work in a mixed age group setting - college students mixed with much older or immunocompromised individuals. It is impossible to social distance while doing our work. We do our jobs because of our loyalty to our patients and our profession, but in times such as these, we are risking our lives and those of others.

The veterinary profession is part of the essential workforce and early vaccination of the profession is critical. I plead to you and the Community Vaccine Advisory Group asking for consideration of early vaccination prioritization for the veterinary profession.

Stephanie Ruggerone, Veterinary Assistant, Animal Care Clinic, San Luis Obispo

As we move ahead to contain the COVID-19 pandemic via vaccination, I urge you to include the veterinary professionals in the highest priority group possible. Veterinarians and veterinary professionals provide urgent care to both companion and service animals. We are front line educators to prevent zoonotic disease spread and ensure the nation's food supply is healthy. As companion animals are even more important to people during this pandemic the veterinary

professionals are essential in promoting public health. While performing our duties we must come within 6 feet of the members of the public, many of whom are considered high risk. We must work in close contact of each other while performing medical procedures and we work in mixed age groups ranging from college students to older or immunocompromised individuals. It is impossible to social distance while doing our work. We do our jobs because of our loyalty to our patients and our profession, but in times such as these, we are risking our lives and those of others.

The veterinary profession is part of the essential workforce and early vaccination of those in our profession is critical. I urge you and the Community Vaccine Advisory Group to consider early vaccination prioritization for the veterinary profession.

Jennifer Glavis DVM, MPVM

I am an emergency veterinarian and am writing in regards to the veterinary inclusion in phase 1b. While veterinarians do not treat people directly, we are in contact with clients daily as certain procedures like euthanasia's require owners to be present, within 6 feet, and often with increased respiratory secretions and minimal PPE.

As an emergency veterinarian I am treating critical patients daily and we are overwhelmed as an industry due to staff reduction from covid illness and exposures. I have personally been tested 7 times after exposures, and twice have had to shut down our 24 hour clinic. This required either transferring out critical and oxygen dependent patients to other hospitals, who are also overwhelmed, or euthanizing them. When trying to find clinics in the Sacramento County last week when shutting down the hospital, all were full and even UC Davis was not admitting patients into their ICU.

The veterinary field is severely impacted and crippled by this pandemic. While the struggle of human medical field is what is seen in the news headlines (and rightly so, without question), our animal companions are also being left with inadequate care and are suffering the consequences. By vaccinating the veterinary workforce, at the very least the emergency veterinary work force, it would be one step towards being able to provide much needed medical treatment and care for our animal family members and companions.

Shelly Adrian, DVM

I am writing this email to request that veterinary staff be included in phase 1b for vaccination against covid-19. We have been deemed essential and we cannot socially distance. It's literally impossible to maintain 6 feet of separation while trying to draw blood from a cat. We have no choice but to be in close contact with each other, even as we perform curbside service. If one of us becomes infected, we all will, and that places everyone around us in danger. But we must be able to be available to save animals' lives. Please consider us as the essential workers that we are.

Jill Willemsen

I am an essential worker that runs a very busy veterinary practice. We are repeatedly exposed to the general public. I urge you to consider our field for priority vaccination for Covid 19. We often can not social distance with the nature of our work. We need your help to stay safe!

Brittany E. Clark, Practice Manager, AllCare Veterinary Hospital of Pacifica

I am writing to implore you to include veterinary professional in your list of essential workers in the 1b list for vaccination.

Veterinary workers have fallen under the heading of essential workers and have been since the start of the pandemic. I have been working non-stop since March, aiding in the care of animals, animal health, and the prevention of zoonotic diseases. While we have switched to a minimum contact method, we are still required to interact with our clients every day.

I work for a one-doctor practice. Our staff is small, currently at 8 people. But one positive COVID case could cripple our entire team, and if our doctor falls ill our entire office would be unable to work for a minimum of 2 weeks. That is 2 weeks of not only missed income, but two weeks of animals unvaccinated, infections untreated, and sick pets unable to receive care. This year has already strained the veterinary industry as so many people have adopted pets to soothe the loneliness of lockdown. Adding the strain of picking up slack from closed hospitals will only further stress our industry.

As we've seen this year, there are so many industries that go into make our daily lives function. And I heartily believe we should be considered in their ranks for the next round of COVID vaccines.

Kevin Nagel, DVM

I strongly support allowing Veterinary professionals to be included with other essential workers to be vaccinated for COVID-19 in the 1b tier. We are still dealing with the public in providing essential care for pets. Curbside changes are not enough to protect our staff and clients fully.

Jaime Presley, DVM

Please include veterinarians and veterinary hospital staff in phase one of the vaccine rollout. We are considered essential workers and should be vaccinated as such.

Jennifer Folger, DVM

I am writing to express the importance that veterinarians and veterinary technicians receive priority in vaccination distribution decisions.

Not only do we treat pets, but we also prevent spread of diseases to humans from animals and care for food animals to keep our food safe.

We cannot do these jobs from home and are therefore putting our safety at risk every day. We must work very closely to perform our jobs safely and although we wear masks, we are not able to socially distance at most times. In many areas, there are not enough veterinarians or technicians already, and Covid illnesses and quarantines are putting a larger stain on the system.

Please consider us essential and prioritize us in the vaccine distribution decisions.

Rhonda Schulman, DVM, Diplomats, American College of Veterinary Internal Medicine

Veterinarians and staff need to be included in the essential employee category and be eligible to receive vaccines as part of group 1b. Since the pandemic has begun, veterinarians have been working ceaselessly in a variety of roles. The nature of our job requires close proximity to other people and we cannot work remotely. Veterinarians are obviously important for food safety and agriculture. I can speak from the perspective of a small animal veterinarian. My patients cannot wait until COVID is contained to receive treatment for potentially life-threatening illnesses. In this incredibly stressful time, my clients depend upon their pets for emotional well being. I have been working longer hours every day and more hours every week since this began. Every day that I go to work, I worry that this will be the day that I get exposed. The risk terrifies me but my patients need me. Please help me be a little safer at work.

Kristin Jankowski, VMD, CCRP, Health Sciences Assistant Clinical Professor of Community Practice, Affiliated Faculty, One Health Institute, School of Veterinary Medicine, University of California, Davis

I am faculty at the UC Davis School of Veterinary Medicine. I teach veterinary students and see veterinary patients and have done so throughout the pandemic.

I am writing you to advocate for prompt vaccination of the veterinary community, as a part of group 1b. Throughout the pandemic, veterinary clinics and hospitals have remained open and continue to take on a heavy caseload with increasingly limited staff and resources.

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 euthanasia.

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 being exposed to COVID and being quarantined. The additional workload created by reduced staffing, combined with the constant level of stress knowing that we are at 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 wellbeing 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.

Shen Li, Doctor of Veterinary Medicine, Emergency and Critical Care Clinician, Iowa State University, School of Veterinary Medicine, Class of 2017

Thank you to your team for the time and effort that you have been providing throughout the pandemic. My name is Dr. Shen Li, 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 aerosols throughout the ICU.

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. There are many other veterinarians who have played key roles 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.

Rachel Knapp, DVM

I am writing to urge you to include veterinarians in phase 1b distribution of covid 19 vaccinations.

My job as a small animal veterinarian, along with the jobs of my staff, are essential and put us in positions where we are unable to socially distance ourselves from others. We have been considered essential workers from the beginning of the pandemic, and the majority of veterinarians do not have the option of working from home. My examinations, treatments, and surgeries all typically require restraint or assistance by other staff members - often very close together (within inches of each other). In veterinary medicine, we often have direct interactions with the owners of our patients, as well. Our exam rooms are also small - making social distancing nearly impossible within a room.

Veterinarians are an essential component of maintaining public health, particularly with zoonotic disease. I have been working in the veterinary field for over a decade and have never seen the

demand for veterinary services be as high as it has been this past year. Because of covid-related issues, many clinics have been short staffed, with many hospitals forced to close. This means that animals are going without necessary care and treatment - including vaccinations, diagnostics, and treatments for zoonotic illnesses that affect public health.

The hospitals I have worked at in the past year have all struggled to stay open during the pandemic (except when we were forced to close due to all the clinicians needing to quarantine due to exposure). We should be included in the next phase along with other essential workers who cannot appropriately socially distance in their jobs.

Dr. Petra Mottishaw

Please put veterinarians, veterinary staff, veterinary students and other animal health professionals at the top of the list to get COVID vaccines.

I am a small animal clinical veterinarian who is a locum - I travel from vet hospital to vet hospital putting myself and my crews at risk. I try to lead by example, and (check my return email!) I have just returned for my next science degree in public health and epidemiology at UC Davis.

Use veterinarians as the "other" family health practitioner who teaches the public about science of vaccines, please!

Deborah Kopit, President/CEO, Healthcare & Emergency Animal Rescue Team ("HEART")

As providers of essential services, veterinarians and support staff should be recognized and approved to receive COVID-19 vaccinations immediately. Approval of this request will enable veterinarians to continue providing essential medical care to companion animals, wildlife, Service Animals, Emotional Support Animals, K9 Units, and food animals which, in turn, will help protect everyone.

Not only are these healthcare services essential for the health of animals, but also play a vital role in the health, safety and welfare of people, as they are crucial in helping protect the public at large against many zoonotic diseases.

Our organization's veterinarians and support staff provide free medical services for pets owned by the homeless in Orange County, California. These services are performed at many homeless shelters as well as at parks and other locations.

In addition to those services, we hold mobile vaccine & healthcare clinics in multiple communities through our partnerships with several municipalities and counties. As such, we personally care for hundreds of pets each month and come in contact with just as many pet owners, if not more.

The enormous need for additional, immediate, and greater protection for veterinary staff through the acquisition of COVID-19 vaccines is not only obvious, but should be addressed with the utmost concern and in an expeditious manner.

Dirk B. Yelinek, DVM, CVA, CVSMT, President, California Veterinary Medical Association Owner/Director, Redondo Shores Veterinary Center

I write in my capacity as the President of the California Veterinary Medical Association (CVMA), representing over 7,800 member veterinarians, registered veterinary technicians, and veterinary students statewide to urge that veterinarians and veterinary staff be included in your Phase 1b recommendations for COVID-19 vaccination.

Veterinary professionals are designated as critical/essential by the Centers for Disease Control (CDC), the Federal Cybersecurity and Infrastructure Agency (CISA), and the California State Public Health Officer. From the beginning of this pandemic, veterinarians and their staff have been providing for societal needs in the following ways:

- Veterinarians provide medical and surgical acute and chronic care of companion animals to help ensure the health and wellness of the pets that share our homes. These pets in turn play an important role in supporting their owners' physical and mental wellbeing during the pandemic. Indeed, there has been an unprecedented demand for companion veterinary services during the pandemic shutdown.
- Veterinarians contribute directly to supporting the food and agriculture industries, providing services essential to the production of resources crucial to our infrastructure. In addition to providing support for the production of our nation's food supply, veterinarians are involved in the detection and surveillance of biosecurity threats to this same food supply, and the detection of the threat of emerging foreign animal diseases that may come across our borders. We continue our surveillance function of SARS-CoV-2, as well as the detection of other potential zoonotic and non-zoonotic diseases.
- Veterinarians and their staff are involved with law enforcement canine and equine teams serving our nation's security needs as well as in search-and-rescue efforts in times of disaster response.

Through veterinarians' above-mentioned responsibilities, and others, we are at risk of exposure. Unlike other sectors, the nature of our work is such that we must work onsite and not from home, thus increasing that risk. Although the veterinary profession has been creative in implementing important risk management controls during the pandemic, maintaining physical distance from our clients and fellow staff members can be difficult when handling animals or performing medical procedures. To ensure animals receive appropriate care, we may be regularly exposed to members of the public who are symptomatically or asymptotically ill. Despite the risks, our veterinarians and staff continue to come to work of their own accord. Accordingly, it is our greatest responsibility and challenge to keep ourselves—as well as the clients that we serve—safe. Relatedly, and as a matter of the high degree of trust the public has in the veterinary profession, we can message to the public

about the importance of vaccination from a public health standpoint. Such messaging is most effectively conveyed if veterinarians and veterinary teams themselves have received the vaccine.

In light of the above, and so that we may continue to support the efforts of others during these challenging times, we respectfully request the inclusion of veterinary medicine in the 1b vaccination phase.

Sarah Depenbrock, DVM, MS, DACVIM, Assistant Professor of Clinical Livestock Medicine, Department of Medicine and Epidemiology, School of Veterinary Medicine, University of California Davis

Thank you for considering veterinary professionals in your COVID19 vaccine planning. I wanted to comment in agreement with the CVMA that veterinarians should be considered for early COVID19 vaccination. Specifically, I wanted to comment on the importance of livestock veterinarians for consideration of priority vaccination. Livestock veterinarians provide an essential role in maintaining the health and safety of our nation's food supply and we must interact, often very closely during animal procedures, with various people daily. We do our best to keep physically distant when possible, wear masks and follow hand hygiene recommendations, however many animal handling activities require very close contact or a shared airspace for more than 15 minutes. Losing large numbers of members of our veterinary profession could seriously impact animal care and food safety in our state (and beyond). I am sure the decisions regarding vaccine priority are not easy. I am not advocating for veterinarians to 'line jump', rather simply that our inability to isolate due to responsibilities for animal care and food safety be considered

Rebecca Hersh-Boyle, DVM, Small Animal Surgery Resident Veterinarian, University of California-Davis, School of Veterinary Medicine, Davis

I am writing to ask that Veterinarians and Veterinary Professional Personnel be included in the Phase 1b COVID vaccine distribution.

As veterinarians we cannot perform our service to the community from the shelter of our homes and have therefore been risking our personal safety every day throughout the last 8 months of the pandemic to provide care to patients and a service to our clients. This profession is an integral part of California's agricultural and economic health. We should be considered in the same category as liquor store attendants and grocery store personnel. Colorado and Pennsylvania have already recognized Veterinarians as essential and have included them in the Phase 1b vaccine group and I am hopeful that you will as well so that we can continue to provide our service to California without risk to our own health and safety.

Gary Magdesian DVM

Veterinarians and veterinary assistants/technicians are essential workers and should be included in the 1b category. We work with large numbers of people, often very closely because it is impossible to physically distance while working on a sick animal for diagnostics, therapeutics, surgical procedures and triage. We often work in close groups. In addition, we have to work with the general public (animal owner), with large numbers daily.

Dr. Petra Mottishaw

Please put veterinarians, veterinary staff, veterinary students and other animal health professionals at the top of the list to get COVID vaccines.

I am a small animal clinical veterinarian who is a locum - I travel from vet hospital to vet hospital putting myself and my crews at risk. I try to lead by example, and (check my return email!) I have just returned for my next science degree in public health and epidemiology at UC Davis.

Use veterinarians as the "other" family health practitioner who teaches the public about science of vaccines, please! Vaccinate us lots, vaccinate us early! We will lead by example and we are a group that excels in communicating science to the public and interacts with them more than other scientists so we will help alleviate "vaccine hesitancy" (we will also show up for you if you put us on call for lists to not waste vaccines - we will be very forgiving of scheduling nightmares, too, because our hospital skills are living it right now, too)

(we will also show up for you if you put us on call for lists to not waste vaccines - we will be very forgiving of scheduling nightmares, too, because our hospital skills are living it right now, too)

Dr. Kimberly Conway, DVM, Master of Preventive Veterinarian Medicine, UC Davis School of Veterinary Medicine, Candidate, Davis Pet Advocacy and Wellness Clinic: A Clinic for Pets of the Homeless, Assistant Director, VIP Pet Care, Contract Veterinarian

My name is Dr. Kimberly Conway, and I am a veterinarian in West Sacramento, CA. This letter is to express my request that veterinarians be considered for priority Covid-19 vaccination (Phase 1B) due to our frontline response in pet care and our profession's invaluable contributions toward the Covid-19 response.

Over 75% of emerging infectious diseases (such as Ebola, influenza, Lyme, West Nile virus, and many more) come from animal populations, and Covid-19 is no exception. As more countries around the world have adapted a One Health approach (the recognition of the interlinkage between animals, humans, and their shared environment) to their pandemic preparedness, veterinarians are now, more than ever, one of the key resources in both preventing future pandemics as well as controlling the current one. Additionally, approximately 67% of U.S.

households own pets, making companion veterinary medical services an essential service for over 2/3 of Americans. Even individuals who do not own pets still benefit from the essential services that veterinarians provide, as they contribute significantly to our nation's food security by ensuring safe and humane food animal production for the entire country.

Veterinarians have been working on the front line to provide emergency and essential services to pets in need throughout the entire pandemic, which alone justifies why veterinarians are classified as essential workers. However, it is important to recognize how veterinarians have also been directly involved in the control and treatment of Covid-19. For example, it was veterinarians who first used GS-441524 (a medication nearly identical to the medication Remdesivir) to experimentally treat FIP (a disease caused by the feline coronavirus specifically in cats), which helped lead and support the use of Remdesivir now being used to treat human Covid-19 patients. Additionally, it was a veterinarian who diagnosed the first Covid-19 case in a tiger at the Bronx Zoo, which provided critical information regarding the scope of transmissibility of the SARS-CoV-2 virus. Shortly afterwards, certified veterinary diagnostic labs stepped up to perform human Covid-19 diagnostic tests at a time when testing ability was critically low. Lastly, yet most notably, the CEO of Pfizer is a veterinarian, who no doubt has used his extensive veterinary expertise to oversee the Covid-19 vaccine clinical trials. Veterinarians have already been diagnosing and treating species-specific coronaviruses in cats, dogs, poultry, and livestock for decades, and our research in this area is evident at the diagnostic, treatment, and vaccination level.

Multiple states in the U.S. have recognized the medical expertise of veterinarians during a time of crisis by recruiting them for potential emergency treatment of human Covid patients in the event that human health care workers became overwhelmed. Other states, such as Connecticut, are currently recruiting veterinarians to administer Covid vaccinations to humans. These actions highlight the nationwide recognition of veterinarians as essential medical professionals who possess the necessary skills to truly treat any species.

In addition to the roles described above, hundreds of thousands of veterinarians and veterinary workers are putting themselves at risk every day to treat families' pets throughout the pandemic. Anyone who has tried to schedule a veterinary appointment for their pet at any point during the pandemic will understand the immense burden that veterinary clinics are facing during this time. Some pet owners are working from home, spending more time with their pets, and thus picking up on more subtle signs of disease that need attention. Other pet owners have finally found the time during their quarantine period to finally address a mild health concern they've had with their pet for a few months. And lastly, many individuals have found themselves at home, lonely, and have adopted their "quarantine puppy" that needs its vaccinations. All three of these scenarios have put an increased demand on veterinary clinics, which are more overwhelmed than they have ever been. The uptick in appointment requests, combined with longer wait times due to curbside services and staff shortages due to exposure and quarantining protocols, have created an overwhelmed, exhausted, burnt out, and discouraged group of veterinary professionals who already have the highest rate of suicide among all health professionals due to the incredibly demanding nature of the job with often little recognition for our efforts. This has created increasingly frustrating experiences for the client, patient, veterinarian, and veterinary staff

members that would be significantly alleviated if veterinary workers were vaccinated against Covid-19.

Personally, as a veterinarian working on the frontline of a high-volume veterinary vaccine clinic and as the assistant director of a new veterinary clinic for pets of the homeless in Davis, CA, I can speak first-hand at how valuable a Covid-19 vaccine would be. My work as the veterinarian at a vaccine clinic makes it impossible to socially distance from my co-workers and pet owners, since we do not operate in a private clinic setting. Instead, we set up at various pet and feed supply stores, where pet owners bring their pet directly to me and my staff for services. Despite multiple attempts to socially distance ourselves from the pet owners, nearly half of the pets I see are anxious or aggressive and need their owner directly at their side to feel comfortable. On average, I see 50- 75 clients a day, many of whom remain within 6 feet of me while I am performing services on their pet. Many of my patients are pets that are significantly overdue for core vaccinations, such as rabies, because they could not get an appointment with their overbooked, regular veterinarian. I am also the sole veterinarian at each clinic, so if I become sick or exposed and cannot come to work, the clinic is forced to close and turn away pets that need their core vaccinations.

Additionally, I have co-led efforts to start a new veterinary clinic for pets of the homeless with a team of veterinarians and veterinary students in Davis, CA. Over the past few months, we have been providing free veterinary services for homeless individuals – one of the highest risk groups for Covid-19. Homelessness is an increasingly public health concern that is only being exacerbated by the current pandemic and rise in housing insecurity, and our team has put ourselves at risk during the height of Covid-19 cases to provide medical care to their pets. Our clients have ranged from needing emergency care for their dog who was having difficulty breathing while living in an encampment on the street, to a family that needed their dog to be vaccinated and dewormed so that the pet could be licensed and allowed to move into a transitional housing unit. During our last clinic in December, we found out that one of our homeless clients had been directly exposed to Covid-19 two days prior to coming to our clinic, which put our whole team at risk. Thankfully, due to our own contact tracing and diligent testing, as well as the social distancing and mask requirements we had put in place at the clinic, nobody became infected. However, it was a valuable reminder of the risk we take when providing such important services to this population.

Veterinarians are highly educated, skilled, dedicated, and resilient doctors. We are surgeons, anesthesiologists, pharmacists, dentists, radiologists, cardiologists, researchers, and epidemiologists. Over the past 9 months, we have provided core vaccinations to new quarantine puppies and their excited families, and we have cried through our masks as we've euthanized the beloved pets of families who have already lost another family member to Covid-19. We may not treat humans, but our services are essential in treating humanity. Please consider our invaluable profession as you prioritize the next groups for Covid-19 vaccination.

Patrick Melese DVM, DACVB

I strongly encourage CA to follow the CDC guidelines regarding critical/essential worker status for veterinarians and their staff putting them in 1B vaccinations priority. Veterinarians provide critical services to support public health regarding human disease and injury as well as caring for the immensely important pets of Californians whose human-animal bond relationships help them survive

Fabiola Ramirez, DVM

Please consider veterinarians and their support staff for phase 1b distribution of covid vaccines. Our teams work in close contact with each other while providing care to pets increasing the risk of transmission. In addition we interact with hundreds of clients and their pets who can act as fomites if not carrier of the virus.

Vivian Nagao, MS, DVM, CVA, Bay Animal Hospital, Manhattan Beach

I am writing to support classifying the veterinary profession as essential and be prioritized for early receipt of the COVID-19 vaccine.

I am a veterinarian in Manhattan Beach, California, with an amazing staff that has worked tirelessly to support our community since the beginning of the pandemic. In the last year, the number of pet owners has increased substantially as people seek comfort and distraction during their time at home. Consequently, the need for veterinary care has increased despite the loss of staff due to illness, childcare needs, at risk family members, etc. The staff must work in small, indoor clinics where they must work within close proximity (less than 6 feet) to other staff members in order to restrain, examine, and treat our patients. Additionally, while most appointments can be managed courtside, the public tends to not always follow rules. Sometimes, they have staff go into the car to pick up a patient because owners will not stand outside their cars or they take off their masks when they are allowed into the building for a euthanasia. Collectively, my veterinary staff are not only exposed to each other but to the public as well.

In conclusion, the veterinary profession provides an essential service to our community, especially with the recent growth of pet ownership. Additionally, the inevitable exposure in the work environment supports the need for early receipt of the COVID-19 vaccine.

Dr Grewal, Valencia Veterinary Canter, Valencia

As we all know veterinary professionals are in the forefront of this war on Covid, taking care of medical and surgical needs of our beloved pets, I strongly request to seriously consider to provide Covid Vaccine to veterinary professionals on priority basis at the earliest, so that we can continue serving the society and our beloved four legged family members.

Whitney Wakefield

Please add veterinary professionals to phase 1B.

Daniel Malin, The SF SPCA Veterinary Hospital

I work as a customer service representative at the SF SPCA in San Francisco. We have been open the entirety of the pandemic working one on one with clients. While we do request for clients to wear masks it does not happen 100% of the time. As we work directly with the public and are put in positions where we are potentially exposed to COVID I believe we would be good candidates as essential workers to receive the vaccine as soon as it is available, hopefully in Phase 1B.

Our work is critical as there are still medical emergencies for cats and dogs in San Francisco and surrounding areas. Clients still expect service especially when their animal is experiencing a medical emergency including end of life services. These services put myself and other coworkers in direct contact with the general public.

Thomas R. LaHue, DVM, Diplomate, American College of Veterinary Surgeons, Pacific and Santa Cruz Veterinary Specialists, Santa Cruz

I am a veterinary surgeon in a large emergency and specialty hospital in Santa Cruz, CA, and am also 66 years old. We have been extremely busy caring for the veterinary needs of patients in our hospital, which requires working indoors in close proximity to each other, as well as interfacing with the public. We are all wearing masks, hand washing, etc., but my biggest risk of getting COVID-19 is clearly at the veterinary hospital. We have already had 3 COVID positive employees. At my age (66), I am also at increased risk, but am needed in evaluating and performing surgeries for many patients. We are essential workers in a critical role and I am asking that you please include us in Group 1b for vaccination.

Niccolo De Luca

We work with the Oakland Zoo and a recent discussion has taken place as it relates to veterinarians and those whose main job is to take care of the animals. The zoo is part of a larger state wide coalition with others such as the SD Zoo, Sacramento Zoo, etc.

My question for you, and if its easier to discuss over the phone just say when, is has there been any discussion relating to vets and those who take care of the animals and if not, assuming best course of action is to formally submit comments to the vaccine outreach team.

Satwinder S. Sahi, DVM, Fremont veterinary clinic, Stockton

As everyone know veterinarians along with their staff continued to provide care for the pets as essential workers since this pandemic started. The Veterinarians and their staff are exposed to the spread of this viral disease in spite of wearing shields and masks. They should be included in the phase 1b to receive the vaccination ASAP, So they can continue to provide the services to clients and their pets.

Allison Tashnek, Doctor of Veterinary Medicine, UC Davis School of Veterinary Medicine, Class of 2017

Thank you for taking the time to read this letter. My name is Dr. Allison Tashnek, and I am a veterinarian practicing in Southern California. I, as well as my colleagues, have continued to work relentlessly throughout the COVID-19 pandemic. I am writing to you today in an effort to advocate for the veterinary community, and to share our perspective.

Since the start of this pandemic, veterinary hospitals and clinics have continued to remain open to provide an essential service to our clients and patients. Due to the pandemic, we have seen an unprecedented caseload that continues to increase due to limited staff and resources, and an increasingly high number of patients as pet adoptions rise as a response to the pandemic. Many veterinary hospitals, especially emergency facilities, have reached overcapacity and are forced to turn away patients.

Although veterinarians and associated staff continue to work as essential workers, we are viewed outside of the healthcare community and given a low priority in receiving the COVID-19 vaccine. Regardless of this, we have continued to remain open and have continued to serve our patients, despite experiencing compassion fatigue and burnout. As a result of the pandemic, many clients are facing financial hardships forcing them to make difficult decisions regarding their animals. Many of our staff have fallen ill from COVID exposure in the workplace, and still others have made the decision to permanently leave the field of veterinary medicine.

Due to the nature of our work, we are constantly at risk of exposure. Although most veterinary clinics implement safety measures including curbside service, social distancing, and a myriad of disinfection protocols, it can be difficult to maintain physical distance when performing medical procedures or handling fractious animals. Our goal is to provide the best care to our animal patients, oftentimes putting ourselves at risk.

Veterinarians provide an essential service to our communities. Not only are they essential to providing medical care to pets, but also contribute to food and agriculture industries and play a vital role in securing our nation's food supply. Veterinarians receive training in public health and epidemiology, and provide surveillance for the SARS-CoV-2 virus in other species, as well as other potentially zoonotic diseases. In addition, the public holds a high degree of trust in the veterinary profession, allowing veterinarians to actively share public health messaging regarding the importance of vaccination. Such important messaging is more effectively conveyed when veterinarians and their staff have themselves received the vaccine. I have already had a

multitude of clients inquire as to my opinion of the vaccine, and I continue to encourage the public to receive the vaccine when it is available.

I hope that this message may encourage your team to prioritize the availability of the COVID vaccine to veterinarians and staff due to their exposure risk, and the nature of their essential work. 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 professionals.

Cynthia Edelman, BVMS

I write to request that veterinarians, veterinary technicians, veterinary assistants, and veterinary receptionists be included in the tier 1b grouping to receive covid19 vaccinations. Veterinary hospitals are classified as essential businesses and have been operating at an accelerated pace in the attempt to meet the unprecedented high demand for animal care during the pandemic. Veterinarians are necessary for the health and welfare of the animals, public health disease control, and are integral in the food safety process safeguarding the general public.

Please include these essential workers in the next tier for vaccination.

Tim Helms, DVM, Central Animal Hospital, Petaluma

As a small Animal veterinarian, and Veterinary practice owner I write to explain that Veterinarians and Vet Staff must be included in phase 1b. We are essential workers of utmost importance. Due to the nature of our work, maintaining a distance of 6 feet from coworkers is not practical. Clients are also entering the building with their pets, and examination findings and treatments are discussed in a small exam room. Curbside vet service is not possible for every clinic, situation, and curbside service does not remove 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 lengthy surgical procedures. COVID is transmissible to dogs and cats and is unknown whether a pet can transmit to people, or act as a fomite from owner to Vet/staff or vice versa. Veterinarians are essential to public health preventing zoonotic disease. The human-animal bond is proven key for many people's mental health during this pandemic. Veterinarians are essential and they are highly at risk for contracting COVID. Therefore, it is a must we in the veterinary community are vaccinated as soon as possible. Thank you for your consideration.

Deborah Hoffer

Please include veterinarians and their staff as "other specialty clinics" when determining vaccine tiers. We are curbside but are still having to interact with the public, sometimes closely, on a daily basis. In addition, we cannot maintain the 6 ft distancing inside the hospital with co-workers. We are high risk for contracting COVID.

We are essential workers that cannot socially distance or work from home. We are overwhelmed and are putting ourselves at risk for your pets.

Katherine Szabo, DVM

I'm in favor of at least those veterinarians who make house/farm calls receiving priority vaccination.

At least one state (Connecticut) has certified veterinarians to administer COVID vaccines as well, after taking an 8-hour course. If liability is covered, I'd definitely do this and know a number of colleagues who would as well. If you crunch the numbers, you're going to need us to get enough Americans vaccinated in the next year to achieve anywhere near herd immunity.

Brittany Lancellotti, DVM, DACVD, Animal Dermatology Clinic, Pasadena

I am writing to advocate for veterinarians, veterinary technicians, and veterinary hospital staff to be included in Phase 1b of COVID-19 vaccine distribution. We have been essential workers continuing to put ourselves at risk in order to care for companion animals, meat and fiber animals, and laboratory animals throughout this pandemic. As a companion animal veterinarian, my staff and I continue to interact with members of the public day in and day out. While we have tried to implement protocols to protect ourselves, we do not have the luxury to perform our tasks from home. As we've been considered essential since the start of this pandemic, we would like to be treated as such as soon as possible by receiving vaccination.

Jordan LoNigro, Animal Dermatology Clinic – Pasadena

My name is Jordan LoNigro and I am a 26 year old female working in the veterinary field. From day 1 of the entire pandemic, we have not stopped working. We were considered an essential business and were encouraged to stay open to help those in need. Every day we come in face to face contact with hundreds of clients while others are working from the safety of their homes.

We may not be treating human patients but we are working our tails off (no pun intended) to help those pets that need us. Since we have been placed under the "essential business" umbrella - I truly believe we deserve to be included in Phase 1b of the COVID-19 vaccinations.

We are very lucky to have jobs that allow us to help so many and we can only hope that the government believes we deserve protection to continue to do so. This is not only protection for ourselves, the people we work with, our clients and our families. My parents are high risk and if I had the chance to protect them even more than I already try to, I'd feel like I was really doing my part as a daughter.

I hope that our request is heard and we look forward to hearing the decision.

Kris Kruse-Elliott, DVM, PhD, DACVAA

I am writing in support of including veterinary staff (veterinarians, veterinary technicians and veterinary support staff) in phase 1b of the coronavirus vaccination plan. Since the beginning of the pandemic, veterinary staff have been considered essential and critical workers under both state and federal guidelines. Our profession has continued to work and see patients throughout the pandemic. While we mostly no longer allow clients into our hospitals, we continue to interact with them outdoors as part of the pet care process. Moreover, the very nature of our work does not allow consistent social distancing - for example multiple personnel required to restrain and care for patients, work in operating rooms, radiography, ultrasonography that requires multiple people in close proximity, moving recumbent and non ambulatory patients requiring multiple people. Depending on the size of the practice there can be anywhere from 5 to 50 or more people working together in a building. Given the rather ubiquitous nature of coronavirus throughout California and the US, just working with colleagues increases the likelihood of exposure. In spite of careful consistent mask use and attempts to maximize social distancing, there have been many practices forced to close temporarily due to coronavirus outbreaks among their staff. Additionally, many of us continue to come to work in spite of being categorized in the high risk groups for severe Covid illness.

I greatly appreciate your consideration of the many requests from the veterinary sector regarding the need for vaccination sooner vs later. Clearly there is a great need relative to supply, however our colleagues continue to work in less than ideal exposure conditions and deserve consideration to be part of Phase 1b for vaccinations.

Kelly Byam, DVM

It is disappointing that the guidelines don't list Veterinarians and Vet support staff (who are essential workers and can deal with COVID-related illnesses in cats and zoonotic illnesses that can be transmitted to humans) have not received any sort of recognition in any tier. Please adjust your guidelines to say that you recognize the veterinary profession as essential health care workers. The State does recognize us as essential, but you left us off your list.

It is very apparent that there are disparities. My wife, who has worked remotely for one of the hospitals for nearly a year, has already received a COVID vaccination, whereas I, who continue to go into work with my staff and the public every day, am nowhere on the list. I do not wish my wife was not vaccinated. I only wish that I could be, too. And to not see our profession on any list seems to be a large oversight. Veterinarians are frontline workers in the recognition and prevention of transmission of Zoonotic diseases (LIKE COVID!) to humans.

Tara Haley DVM

A proposal:

Perhaps veterinarians and vet techs could vaccinate themselves for Covid (ie state/county distributes to local veterinary facilities with proper refrigeration conditions??)

Some states are asking for veterinarians to volunteer to vaccinate other individuals, but maybe we should vaccinate ourselves (after some appropriate training for those who volunteer to do so). It would take the burden off of the human healthcare industry and get us vaccinated faster, plus we could communicate/coordinate among ourselves better than others could coordinate us....

Katja Lin, DVM, DACVS

I would like to express my support for vaccinating veterinarians, especially those that do mobile work. I am a mobile surgeon in California and as such, I travel to 3-5 clinics a day. Often we here after leaving the clinic that there was a possible exposure and the near misses are piling up. In order to maintain this essential service safely, I advocate for veterinarians, especially those that practice in a way that involved travel to multiple places in one day, to be vaccinated as soon as possible.

Amy Norvall

This email is in support of including the veterinary profession in Phase 1b of vaccine distribution. The industry is an essential work group and has continued to provide the best care it safely can to the public and their animals throughout these trying times.

Marni Hershbain Kutikov, DVM, Costa Mesa

I'm reaching out to inquire about when veterinary hospital staff may be able to get the COVID vaccine. We have been working, exposed to the public, every day since the start of the pandemic. Our job requires working in close contact with other staff members- we cannot socially distance from each other. Many of us have been working longer hours under stressful conditions to try to make sure we're turning away as few pets as possible. I hope as essential workers we will be considered for early vaccination.

Dr. Jay Davis, Half Moon Bay

My wife is a registered veterinary technician who works in the Emergency Department at Sage Veterinary Centers in Redwood City. I am writing to request the inclusion of veterinary professionals in "Phase 1b" for COVID-19 vaccine distribution.

During this time of isolation the health of their pets is crucial to the well-being of many people. Veterinary clinics have seen a three-fold increase in case load during the pandemic and are working tirelessly to help every animal. It always requires at least two people working in very close proximity to treat an animal, and critical patients and patients in cardiac arrest require

4-5 people working head-to-head to save an animal's life. Despite the higher risk of exposure to the coronavirus, veterinary professionals have been working 24/7, even when 95% of the economy was shut down, taking on extra shifts and putting in long hours during these demanding times. Even though contact with clients is minimized, it cannot be eliminated and veterinary professionals are at risk every day dealing with worried and grieving clients who sob and potentially transmit a high virus load during the time that they are in contact with veterinary staff.

With their high risk of exposure to the virus and their important role in safeguarding the health and well-being of pets and their owners, veterinary professionals should be protected so they can continue their essential and critical work.

Stephanie Hengst, DVM, West Hills Animal Hospital

Please consider the Veterinary community when deciding who to include in the vaccination group 1b. The veterinary profession has been considered essential workers since the start of the pandemic, and we have been open serving the community every day despite restrictions. We put our own health and safety at risk to provide health care for animals and the people that are connected to them. We are doing everything we can to protect ourselves, our clients and our staff but it is impossible to maintain a 6 foot distance when treating an animal. The veterinary community is not only essential for animal care but plays a large role in infectious and zoonotic disease control and prevention. Please consider our profession in group 1b, we are staying open to serve animal health and deserve to feel protected.

Elizabeth Ochi, DVM Candidate, Class of 2022|UC Davis School of Veterinary Medicine

My name is Elizabeth Ochi and I am a 3rd year veterinary student at the University of California Davis who is also employed by both a small animal 24/7 emergency hospital as a Veterinary Assistant and the University Teaching hospital as a Large Animal Technician.

I am writing to urge the advisory committee to consider including veterinary professionals in Phase 1b of the vaccine distribution.

The vaccine for COVID-19 is critical for us to continue to safely provide our essential services. I have heard of coworkers and classmates being exposed to COVID-19 due to the nature of our work interacting with clients and their animals and the loss of workers due to illness and quarantine is not only upsetting for the individuals and families experiencing loss and hardship, but also detrimental to the rest of the team trying to treat the same number of animals with fewer staff.

We are classified as essential workers under federal and state guidelines and should be prioritized for early vaccine distribution based on that classification. Please include us in Phase 1b of COVID-19 vaccination distribution.

Andi Flory, DVM, DACVIM (Oncology)

I would like to advocate that members of the veterinary medical profession are essential workers and need to be included for distribution of the COVID-19 vaccine within phase 1b in the state of California. We work with the public, we are required to work closely together, and we are essential to maintain the health of the food chain, as well as small animal members of the family.

C. Dan Jones, DVM

I would like to request that the Outreach task force consider including veterinarians in the Phase 1b vaccination category.

According to state and federal guidelines, veterinarians and veterinary personnel are listed as essential workers. Our profession contributes to the wellbeing of pets that provide comfort and companionship to their owners. Also, we guard owners against zoonotic diseases. Veterinarians are also an essential link in providing a safe food supply chain.

Additionally, as the vaccination programs ramp up, more skilled personnel are going to be needed to administer the vaccine if we are ever going to get on top of this disease. There are many part time and retired veterinarians like me who would be more than happy to help out with this mass vaccination effort. Our vet technicians also could be valuable in handling the vaccine and filling syringes (as well as administration of the vaccine). But in order to safely do this, we would need to be protected first.

Steven Brookenthal, DVM, The Pet Doctors of Sherman Oaks

Please consider workers in the veterinary medical profession as part of the Phase 1b vaccine distribution. Veterinarians, veterinary technicians and support staff have been working tirelessly and without break since the start of the COVID-19 outbreak. We continue to see patients daily while neighboring veterinary clinics shut down due to infection. When these clinics shut down, the burden is placed on remaining hospitals to care for their sick or injured patients.

Including veterinary professionals and support staff in Phase 1b vaccine distribution will reduce this burden, and provide relief to our community animal owners and their caretakers.

Dr. Nicolette Bertolone, Veterinarian, Needlenose Veterinary Acupuncture & Rehabilitation, Los Angeles

I am writing to express my concern and in support of Veterinary Professionals to be included in Phase 1B of COVID vaccination distribution.

Our work is considered essential and require us to be in contact with the general public and in most cases, in a facility where many doctors, technicians and support staff work in close contact with one another, without the ability to socially distance.

Adam Strom, MS, DVM, DACVS-SA, Owner and Surgeon, Metropolitan Animal Specialty Hospital, Los Angeles

I am writing this letter for your consideration in allowing veterinarians and veterinary staff to get vaccinated for COVID-19 as early as possible. We are healthcare workers and have to see clients who have sick animals. There is no way for us to do our job without some face-to-face interaction, and what we do should we consider life saving for our pets.

As with other Frontline workers, we put our lives at risk each day that we go do our jobs. Therefore, I am asking Kyle for you to give consideration to veterinarians and dinner and stuff do you have access to any COVID-19 vaccinations that the state is allocating.

Joanne Shinozaki DVM, MS, DACVIM

Please consider veterinarians as part of the essential health care team and designate us in Phase 1b, tier one or higher. We are still going to work and caring for our patients with little to no PPEs other than cloth face masks or regular surgical masks. Please consider us as essential.

Brad Cahoon DVM, CVA, Veterinary Healing Centers, El Dorado Hills

I am a small animal Veterinarian practicing in No. California. We have been acting as essential workers since the start of the pandemic in Jan 2020. My staff and my doctors have been dedicated to helping our clients and their pets for the past 12 months and on a daily basis we are at risk for exposure to COVID due to our interactions with our clients. The risk we are taking is equal to if not higher than a number of other essential worker groups. I believe we should be included in the Phase 1b distribution of the COVID vaccine.

In addition, you should seriously consider utilizing our skills as Veterinarians and our staff in the administration of the COVID vaccine. We are exceptionally skilled in the storage, handling and administration of numerous vaccines to our animal companions. We have substantially more experience than our human counterpart doctors when it comes to the techniques involved in vaccine administration. It is common on a daily basis for us to vaccinate 20 to 40 pets many with more than one vaccine per visit. I am quite certain it is much more difficult to vaccinate a fractious feline patient than it is to give a single inoculation to a human. Implementing the Veterinary profession to assist in the COVID vaccine distribution and inoculation program would provide another valuable source to help increase the speed at which we can help to vaccinate the maximum numbers of people to help control the severe spread of COVID19. In my opinion it is a war against this disease. Utilizing every asset to fight this battle is

imperative. Veterinarians and their staffs are a highly skilled and easily mobilized professional option to help defeat this virus.

Rene Butler DVM, Lap of Love Veterinary Hospice-SF Bay Area

I am a mobile veterinarian, providing service to clients and their pets in their home. I am following all the recommendations, wear mask, 6 ft distance and frequent hand washing/sanitizer.

I believe veterinarians should be included in the 1b vaccination group.

Anne Marie Benfatto, DVM

As a veterinarian, I am considered an essential worker by the State of California. Unlike many other professions, my colleagues, my support staff and I are not able to work remotely. We work in enclosed spaces. We have worked through the pandemic, providing essential veterinary care to millions of animals in California. As essential workers, it is crucial that we be included in Tier 1b of the state's vaccine rollout.

Dennis Voorheis, DVM

My name is Dennis Voorheis and I am small animal veterinarian, practicing in Los Angeles County. I am writing to implore you include veterinarians and their staff in tier 1B in the Covid 19 Vaccination distribution priority list. Veterinarians and their support staff have been classified as essential workers. I have 11 veterinarians employed and total nearly 90 employees. These folks have put themselves on the frontlines of animal health care at enormous personal risk. As a larger regional animal hospital we have 24 hour care and are open to receiving patients 16 hours a day.

There are more than 100 animal patients that pass through our doors every day, 7 days a week. Those animals don't drive themselves to our hospital, they come with their owners. That is a lot of contact with people. We distance, we mask and face shield and we wash hands until our hands are dry and chapped.

I fully realize that veterinarians and their staffs are not in the ER's, ICU's and geriatric convalescent communities. I also realize that many times we are not recognized as health care professionals. We deal with sick animals with potential zoonotic diseases on a daily basis. It is imperative that veterinarians and their staff members are vaccinated as soon as possible, in the tier 1B phase.

Lauralyn Roberts, DVM

Please consider including veterinarians and their staff sooner rather than later for a COVID-19 vaccination. We are essential workers and have been working very hard with the public throughout this pandemic. It is impossible to maintain social distancing in our field of work. Even with keeping clients curbside, we often need to be very close to each other to work on an animal. For instance restraint for drawing blood or cleaning ears, anesthesia, etc. Also, we and most other veterinary hospitals I know, allow owners inside when it comes time to say goodbye to their beloved family member. This is an emotional time for owners and more often than not involves crying followed by pulling down any mask, to kiss the animal and blow their nose all while we are in a small exam room with them! Please consider us in a priority group for vaccinations.

Anne Marie Benfatto, DVM

As a veterinarian, I am considered an essential worker by the State of California. Unlike many other professions, my colleagues, my support staff and I are not able to work remotely. We work in enclosed spaces. We have worked through the pandemic, providing essential veterinary care to millions of animals in California. As essential workers, it is crucial that we be included in Tier 1b of the state's vaccine rollout.

Amber Williams, DVM

I am a licensed veterinarian in California. I am also enlisted as an emergency and catastrophic veterinarian on call for state emergencies.

I practice small animal medicine on the side but I am also a laboratory animal veterinarian that completed a residency at the University of California Davis. With the ongoing exposure to the public treating small animals and the potential for me to pass COVID to laboratory species, I believe that I, as well as my colleagues, should be included as a priority, to get the COVID vaccine as soon as possible. Animal health and our doctors must remain a priority.

Erica Moyer

My sister is a veterinarian currently working in hard-hit Los Angeles. I implore you to please include veterinarians and veterinary staff in phase 1b of the vaccine rollout in California. Her team has been operating understaffed and overworked since March. They have suffered a 30-50% staff reduction since the beginning of the pandemic. This is mainly due to employees unwilling to risk working with the general public until a vaccine is available, but unfortunately also due to intermittent illness. Several veterinary clinics in the area have been forced to close due to understaffing. In addition to absorbing these clinics' caseload, their clinic is also overburdened with our local community's new pets, as well as the pets that cannot get in to emergency clinics in the area. ER vet clinics in Los Angeles currently have a 4-10 hour wait for urgent cases. This is an unacceptable state of affairs for the dog and cat population of Los

Angeles, and in some cases could pose a very real public health threat in the case of zoonotic diseases that will unfortunately go undetected.

It is imperative that veterinary staff and veterinarians be included in the early stages of vaccination. According to guidance published by the CISA, veterinarians and veterinary staff are considered to be part of our critical infrastructure / essential workers. In addition, the California State Public Health Officer maintains an official list of “Essential Critical Infrastructure Workers. Veterinary practices are twice included in this state-specific grouping. At Stewart Veterinary Group they are hopeful that this plea will not fall on deaf ears, and that we will not be forgotten as essential workers in California’s early vaccination effort.

Katie Killebrew

My name is Katie Killebrew and I am a concerned citizen living in hard-hit Los Angeles. I implore you to please include veterinarians and veterinary staff in phase 1b of the vaccine rollout in California. They have been operating understaffed and overworked since March. This is mainly due to employees unwilling to risk working with the general public until a vaccine is available, but unfortunately also due to intermittent illness. Several veterinary clinics in the area have been forced to close due to understaffing. In addition to absorbing these clinics’ caseload, they are also overburdened with our local community’s new pets, as well as the pets that cannot get in to emergency clinics in the area. ER vet clinics in Los Angeles currently have a 4-10 hour wait for urgent cases. This is an unacceptable state of affairs for the dog and cat population of Los Angeles, and in some cases could pose a very real public health threat in the case of zoonotic diseases that will unfortunately go undetected.

It is imperative that veterinary staff and veterinarians be included in the early stages of vaccination. According to guidance published by the CISA, veterinarians and veterinary staff are considered to be part of our critical infrastructure / essential workers. In addition, the California State Public Health Officer maintains an official list of “Essential Critical Infrastructure Workers. Veterinary practices are twice included in this state-specific grouping. Please do not let our veterinarians and staff be forgotten as essential workers in California’s early vaccination effort.

Lexy Sinnott, DVM, Associate Veterinarian, Stewart Veterinary Group

My name is Dr. Lexy Sinnott and I am a veterinarian currently working in hard-hit Los Angeles. I implore you to please include veterinarians and veterinary staff in phase 1b of the vaccine rollout in California. We have been operating understaffed and overworked since March. We have suffered a 30-50% staff reduction since the beginning of the pandemic. This is mainly due to employees unwilling to risk working with the general public until a vaccine is available, but unfortunately also due to intermittent illness. Several veterinary clinics in the area have been forced to close due to understaffing. In addition to absorbing these clinics’ caseload, our clinic is also overburdened with our local community’s new pets, as well as the pets that cannot get in to emergency clinics in the area. ER vet clinics in Los Angeles currently have a 4-10 hour wait for

urgent cases. This is an unacceptable state of affairs for the dog and cat population of Los Angeles, and in some cases could pose a very real public health threat in the case of zoonotic diseases that will unfortunately go undetected.

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Denise Sinnott, Mother of Dr. Lexy Sinnott

I am the mother of Dr. Lexy Sinnott. She is a veterinarian currently working in Los Angeles which has been hard-hit by the COVID-19 virus. I implore you to please include veterinarians and veterinary staff in phase 1b of the vaccine rollout in California.

The clinic has been operating understaffed and overworked since March. They have suffered a 30-50% staff reduction since the beginning of the pandemic. This is mainly due to employees unwilling to risk working with the general public until a vaccine is available, but unfortunately also due to intermittent illness. Several veterinary clinics in the area have been forced to close due to understaffing. In addition to absorbing these clinics' caseload, her clinic is also overburdened with our local community's new pets, as well as the pets that cannot get into emergency clinics in the area. ER vet clinics in Los Angeles currently have a 4-10 hour wait for urgent cases. This is an unacceptable state of affairs for the dog and cat population of Los Angeles, and in some cases could pose a very real public health threat in the case of zoonotic diseases that will unfortunately go undetected.

It is imperative that veterinary staff and veterinarians be included in the early stages of vaccination. According to guidance published by the CISA, veterinarians and veterinary staff are considered to be part of our critical infrastructure / essential workers. In addition, the California State Public Health Officer maintains an official list of "Essential Critical Infrastructure Workers". Veterinary practices are twice included in this state-specific grouping. I along with The Stewart Veterinary Group are hopeful that this plea will not fall on deaf ears, and that we will not be forgotten as essential workers in California's early vaccination effort.

Keep my daughter and her fellow veterinarians safe from COVID-19 sooner rather than later. Everyone needs healthy and happy pets to help them through the pandemic and you should act now to include these dedicated health care workers in the 1b phase of vaccination.

Randolph P. Sinnott

I am a taxpayer currently living in hard-hit Los Angeles. I implore you to please include veterinarians and veterinary staff in phase 1b of the vaccine rollout in California. We have been operating understaffed and overworked since March. We have suffered a 30-50% staff reduction since the beginning of the pandemic. This is mainly due to employees unwilling to risk working with the general public until a vaccine is available, but unfortunately also due to intermittent illness. Several veterinary clinics in the area have been forced to close due to understaffing. In addition to absorbing these clinics' caseload, our clinic is also overburdened with our local community's new pets, as well as the pets that cannot get in to emergency clinics in the area. ER vet clinics in Los Angeles currently have a 4-10 hour wait for urgent cases. This is an unacceptable state of affairs for the dog and cat population of Los Angeles, and in some cases could pose a very real public health threat in the case of zoonotic diseases that will unfortunately go undetected.

It is imperative that veterinary staff and veterinarians be included in the early stages of vaccination. According to guidance published by the CISA, veterinarians and veterinary staff are considered to be part of our critical infrastructure / essential workers. In addition, the California State Public Health Officer maintains an official list of "Essential Critical Infrastructure Workers. Veterinary practices are twice included in this state-specific grouping. We here at Stewart Veterinary Group are hopeful that this plea will not fall on deaf ears, and that we will not be forgotten as essential workers in California's early vaccination effort.

Renee Jennings

Please include veterinary professional in Phase 1b. They are critical to all pets.

Leslie Haddad, BA, Registered Veterinary Technician

Please, please include ALL veterinary staff in the 1B COVID vaccine distribution. We are working harder than ever, providing an essential health care service, and the risk comes not only from our interaction with the public but with each other. Many of our clinics have small procedure rooms, operating rooms and treatment rooms and it is impossible for us to socially distance from each other. Most of our daily tasks involve 2-3 people working on the same animal at the same time also making social distancing impossible. As you know, housing costs in Santa Cruz county are really high and veterinary technicians and support staff make very little money compared to human health care workers so many of us live in shared housing in areas that have been hit hard by the virus (Watsonville for example). We wear masks ALL day, wash hands ALL day and don't touch our faces but we work be in tight quarters with each other and we must interface with the public and touch pet carriers and the animals themselves. We have been ESSENTIAL from the beginning and have placed the welfare of people's pets in front of our own safety and the safety of our own families. Please protect us.

Kate Bellers, DVM

I am a small animal veterinary working in a private practice. Every day that I work, I am in close (less than 6 feet) proximity with my staff for hours of the day in order to provide care to the pets I care for. We wear masks at all times. We collect our patients from their owners in the parking lot, and clients do not enter our premises with the exception of those who stay with their pets during euthanasia procedures. Even with these precautions, we had 6 employees test positive for Covid 19 last month and had to close the hospital for 10 days. During this time, we referred our clients to a nearby emergency clinic, which has now had to close due to the virus. Practicing veterinarians and their support staff are unable to service their clients and patients while maintaining their own safety during this pandemic. We are unable to care for our client's beloved pets when our hospital must close due to positive infections in our staff. This further strains the Veterinary healthcare system, which has been heavily strained from staff losses since the start of the pandemic.

I am not expecting that this will be our only outbreak of the virus, and we will have to close again in the future if this occurs. Several of our employees became quite sick.

I urge you to add practicing veterinarians and their staff members for the level 1b list of approved persons to receive the Covid 19 vaccine.

Amy Gammon, Vallejo

Veterinarians and their staff need to be vaccinated in Tier 1B or 1C in California. Currently veterinarians are not on the list. They work indoors in close quarters with limited ability to social distance. One of the few professions of essential workers that wasn't included in early vaccination protocols. Please consider adding them.

Katie Reed, Hospital Manager, Reed Animal Hospital Saratoga

I know how busy and overwhelmed you must be and appreciate your work to guide us toward a safer 2021. I am writing to urge you of the importance of including the veterinary profession in Phase 1B.

Veterinarians and their staff have worked continuously throughout the pandemic, risking their own health as essential healthcare providers every day. Despite strict measures- closing our offices to the public, using Telehealth methods, and curbside drop-offs, it is impossible for our staff to socially distance themselves. Holding an animal, performing surgery, giving vaccinations and medications to animals, are all simply jobs for more than one person. Not to mention our assistants and receptionists who are in direct contact with the public to retrieve our patients from outside- where clients rarely follow socially distancing protocols, often “forget their masks,” and even yell in their faces.

We have experienced exposure in our hospital and made the responsible decision to quarantine all staff, effectively shutting down our business and leaving literally hundreds of clients either without care or looking for care in an area already full of impacted hospitals and clinics.

I am humbly asking that you recognize veterinary staff and the healthcare they are providing to our community. Where would we be if unable to receive medical care for our beloved pets? Veterinarians and their staff are highly trained healthcare providers, risking their own safety every single day on the frontlines. The physical and emotional toll on veterinary staff is clear—even as they continue to give their all, showing up every single day while their peers are working from home, they are overlooked in the vaccine distribution. I believe it is imperative that we treat them as the essential healthcare heroes they are and include them in Phase 1B so they can continue their work safely and with the recognition they do richly deserve.

Patricia Saye

I am advocating for veterinarians and their staff to be vaccinated in Tier 1B or 1C in California. Currently veterinarians are not on the list. And I don't really see curbside veterinary care going away until the staff is vaccinated. They work indoors in close quarters with limited ability to social distance. One of the few professions of essential workers that wasn't included in early vaccination protocols. Our pets are family and part of our major support getting through these times. If they get sick or injured, it takes at least 2 months to get an appointment, and, good luck at the emergency hospital, I hear the wait is 12 hours to be seen, plus paying emergency costs which most people can't afford these days. Human doctors and nurses are on the list and so should the Doctors and Nurses caring for our "other" family members.

Kelsi Bailey

As a veterinarian staff member, I feel that as essential workers, we should be qualified to be part of 1B or 1C phase for vaccines. We still work in close quarters with our coworkers, and deal with clients daily. Most of us have our hospitals in pet stores where we are even more exposed daily to people.

Kathryn Domanski RVT

Just wanted to reach out and remind you of the importance veterinary staff get the COVID vaccine as soon as possible.

Not only is our job essential to the public for companions to families, working animals, livestock, etc. our job requires working with these animals in close quarters (restraining animals for Dr., etc). It is often impossible to socially distance properly in our profession.

Additionally, even though there is little data and studies out there, we already know that the virus can jump to cats and ferrets, and even that the virus can be passed back from ferrets as well I

believe. Even though ferrets are illegal in California, many veterinarians and staff still see them. Viruses mutate and cause more problems with spread and containment when able to cross species.

Cats may not be able to pass it back to humans at this time, but I'm not sure we even fully know that yet and we certainly cannot mask them and we have limited PPE if they do. In any case we should have as much protection as possible to help prevent us catching the virus from animals or clients, and help prevent us catching and spreading mutated versions of the virus from it jumping species. Our job is also critical in society.

Brandon Weiss

My name is Brandon Weiss and I am a veterinary assistant at 2 emergency hospitals, PETS Referral Center and OakVet Animal Specialty Hospital, in Alameda County. I am also a veterinary student at the UC Davis School of Veterinary Medicine. I am urging the State of California to include veterinarians and veterinary support staff in the next (or current) phase of vaccine distribution. Veterinary professionals are already considered part of the essential workforce by the CDC. At emergency hospitals, we remain open 24/7 to care for patients and are putting ourselves at risk each day for these animals. It's imperative that we be protected and vaccinated. Some counties, such as Yolo County, have recognized this and are now beginning to vaccinate veterinary professionals. I implore that the rest of California does the same.

Brandon M. Weiss

DVM Candidate | UC Davis School of Veterinary Medicine | Class of 2023

Polly James, DVM

I am writing to ask that you include veterinarians and veterinary support staff as part of Phase 1b Vaccine distribution. This move would help slow spread of Covid 19. We are considered essential workers and cannot work remotely. Our case load has only increased during the pandemic as people focus more on their companion animals. Meanwhile our staffing is under extreme pressure and we necessarily work under close conditions as we assess, restrain and treat our patients. Our job frequently requires face to face interaction with clients even as we try to minimize this interaction for safety.

As a veterinarian in a busy 24 hour GP and ER hospital with more than 150 employees and consistent face to face interaction with clients daily, I request that you include us in the Phase 1 B distribution.

Barbara Romero, American Canyon

I need to be able to go into the Veterinary Hospital with your pet.

I want to be able to chat with my veterinarian face to face and be reassured my family pet is going to be okay.

I am advocating for veterinarians and their staff to be vaccinated in Tier 1B or 1C in California. Currently veterinarians are not on the list. And I don't really see curbside veterinary care going away until the staff is vaccinated. They work indoors in close quarters with limited ability to social distance. One of the few professions of essential workers that wasn't included in early vaccination protocols.

These hard-working doctors and technicians still have to work closely together and need to be protected also!

Dr. Laura Such, DVM, Purdue University 2017

I'd like to take this opportunity to advocate for the veterinary personnel to be included in the early phases of COVID vaccination. Veterinary hospitals have been providing medical services during COVID that are essential to both animal and human health. Our profession carries a significant risk in that we are unable to social distance during many medical procedures and we interact with a high volume of clients. Please consider including the veterinary community with other healthcare personnel and emergency services.

Dawn Zeilinger-Garcia

I am a California veterinarian, and I would like to request that veterinary personnel be considered high risk essential personnel and be included in phase 1b for vaccination against Covid 19. Veterinary practices are becoming hot spots for the virus and are having to close due to outbreaks among personnel. It is impossible to social distance while performing diagnostics and procedures on pets. Obtaining care for pets in a timely manner is becoming increasingly difficult for members of the public. Please protect this valuable service to our community by protecting our veterinary personnel.

Dr. Carrie Deaton, ER Service Lead, Pet Emergency & Specialty Center, La Mesa

This letter requests that veterinary professionals be included in the priority allocation for the SARS-CoV-2 vaccine. Veterinarians and our staff have been designated as critical infrastructure and essential workers throughout this pandemic. During this time, we have shifted to curbside triage and patient transfer and practice masking and social distancing within our hospital. Unfortunately, the nature of our work precludes us from maintaining appropriate social distancing while treating our patients. Veterinary hospitals across the state have been and are currently experiencing severe surges in patients requiring care and our specialty hospitals and emergency departments are often exceeding capacity while dealing with shortages in PPE and staff due to the pandemic.

Veterinary professionals are often overlooked as part of the healthcare community; however, we continue to provide essential and critical services during this unprecedented time. Please consider this when determining the priority allocation of the SARS-CoV-2 vaccine.

Same Letter

Terri Cheng, Hospital Administrator, Stewart Veterinary Group

Alexander S. Moller, Doctor of Veterinary Medicine, Co-owner, veterinarian Stewart Veterinary Group in Los Angeles, Mississippi State University College of Veterinary Medicine

My name is Terri Cheng, and I am a Hospital Administrator 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. 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. 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.

F. Mako Koiwai

We are expecting our First Grandchild ... but our daughter/daughter-in-law ... can't get her Covid inoculation. Not the one having the baby ... her sister, the Vet. The mom will only let folks that have had their vaccination near, let alone hold, the baby.

Lexy Sinnott, DVM, Associate Veterinarian, Stewart Veterinary Group

My name is Dr. Lexy Sinnott and I am a veterinarian currently working in hard-hit Los Angeles. I implore you to please include veterinarians and veterinary staff in phase 1b of the vaccine rollout in California. We have been operating understaffed and overworked since March. We have suffered a 30-50% staff reduction since the beginning of the pandemic. This is mainly due to employees unwilling to risk working with the general public until a vaccine is available, but unfortunately also due to intermittent illness. Several veterinary clinics in the area have been forced to close due to understaffing. In addition to absorbing these clinics' caseload, our clinic is also overburdened with our local community's new pets, as well as the pets that cannot get in to emergency clinics in the area. ER vet clinics in Los Angeles currently have a 4-10 hour wait for urgent cases. This is an unacceptable state of affairs for the dog and cat population of Los Angeles, and in some cases could pose a very real public health threat in the case of zoonotic diseases that will unfortunately go undetected.

It is imperative that veterinary staff and veterinarians be included in the early stages of vaccination. According to guidance published by the CISA, veterinarians and veterinary staff are considered to be part of our critical infrastructure / essential workers. In addition, the California State Public Health Officer maintains an official list of "Essential Critical Infrastructure Workers. Veterinary practices are twice included in this state-specific grouping. We here at Stewart Veterinary Group are hopeful that this plea will not fall on deaf ears, and that we will not be forgotten as essential workers in California's early vaccination effort.

Carolyn J. Mar, Fremont

I saw the state granted emergency status for 36,000 dentists to give COVID-19 vaccines. There is another pool of professionals that you should consider adding--veterinarians. Their clinics were still open during the early part of the pandemic when our state was sheltering in place. I believe they should be classified as essential workers. Also, since they also know how to give subcutaneous and intramuscular injections--they are much more suitable candidates to give

emergency status to assist with the rollout of a vaccine program--especially in the rural parts of our state.

Dr. Sharon Shields

I am writing on behalf of California veterinarians and veterinary staff. We had been previously placed in category 1 b in regards to essential workers but have recently be demoted to category 2 for vaccine administration. While I respect all of the other essential workers in being prioritized for the vaccine, I ask you to reconsider this change to the veterinarian profession. As veterinarians and veterinary assistants we have been actively working since the pandemic started putting ourselves at risk of exposure to Covid 19 . We work in small buildings and we are unable to socially distance while we are helping an animal. We also have to interact with owners who can be emotional and not always aware of mask wearing and social distancing. Many hospitals in our state have have to temporarily shut own due to Covid exposure and as it is we have been overbooked for months making it hard for people to get their pets in for necessary treatment. If we as a profession are unable to treat pets due to our own illness then these pets will suffer. Many other states have already vaccinated their veterinary professionals. Please reconsider this decision and please replace veterinary professional to the 1 b category of essential workers so that we can get vaccinated and continue to care for the well being of your beloved pets.

Evelyn Davis, Morgan Hill

I am writing this letter in support of my friends in the veterinary profession. Please classify them as essential workers.

My good friend is a veterinary technician who works long hours caring for animals that arrive at her clinic in emergency condition. She works side by side with other technicians and doctors under constant stress to save the lives of pets while the owners also need ministrations. She goes home and wears a mask at home to protect her son and husband in case she has been exposed to the virus at work.

Please classify those who work in the veterinary profession as essential workers.

Steve Diehl, DVM

Please include veterinarians in the next group of recipients for the COVID Vaccine. We are serving the public every day and are in need.

Melissa Richards, DVM, Veterinary Healing Centers, El Dorado Hills

I am a small animal veterinarian practicing in Northern California. My staff and my fellow doctors have been acting as essential workers since the start of the pandemic in January

2020. We have been dedicated to helping our clients and their pets for the past 12 months and on a daily basis we are at risk for exposure to COVID due to our interactions with our clients. The importance of pets during this pandemic is extremely vital to the mental and emotional health and well-being of a vast majority of the population. The people in our community are sheltering in place and isolating themselves from other people to minimize the spread of this disease and, in some cases, their pets are their only companion and sense of normalcy. It is vital that veterinarians are vaccinated so we can continue to provide this valuable service to the people and pets that need us during these difficult and uncertain times. The risk we are taking is equal to, if not greater, than a number of other essential worker groups. I believe we should be included in the Phase 1b distribution of the COVID vaccine. Furthermore, veterinarians are well liked and well trusted among the population. We can, therefore, also be a trustworthy example of encouraging other people to get the vaccine when it becomes more widely available.

Jennifer Martin, DVM

I am the owner of a small veterinary clinic in Santa Rosa. When I learned earlier this week that the California Veterinary Medical Association announced that veterinary personnel status had been modified to 1a, we contacted Kaiser to make arrangements for our team to be vaccinated. Yesterday afternoon, my 4 team members (office manager, head technician, 2 front desk staff) were contacted and given appointments for vaccinations. I received a message to schedule as well but as I was unable to pick up the call directly, so I had to call back which I did within an hour.

I received a call this morning and was informed that they would not schedule me because veterinarians were not in the priority group. I explained that all my team members except me had been scheduled to be vaccinated today and tomorrow and that I was the only one remaining. I explained that it wasn't logical to vaccinate my whole team and not me because if I were to become ill with COVID 19, none of them would be able to work as I am the sole veterinarian. I asked to speak to a supervisor at Kaiser and the supervisor informed me that vaccinations for veterinary professionals had been suspended and only "front line" personnel were being vaccinated - he cited doctors, nurses, and dentists in this group. In any case he declined to schedule me for a vaccination.

An hour or so later I received a call stating that my team members vaccination appointments were all being cancelled. One team member had already received a vaccine by that time.

Veterinary teams are under tremendous pressure due to the COVID 19 crisis, demand for urgent pet care has increased substantially and veterinary clinics, both general practice and urgent care are deluged with patients needing to be seen. In addition, veterinarians are responsible for protecting the public's health as well and serve this function in many capacities.

The situation of being told we would all be vaccinated, given appointments, and then told that they appointments would not be honored, not to mention one team member receiving the vaccination because she slipped through before the "error" was caught has created tremendous stress within my little team.

The supervisor at Kaiser cited numerous times that they are working in conjunction with and following guidelines from the Public Health Department, so I wanted to make you aware of this situation.

I understand the vaccines may be in short supply, but there should be a clearly communicated policy around who is and is not eligible to be scheduled and then that should be adhered to consistently.

Tonna Dagenhart

Please include veterinarians and their staff in Tier 1B for the Covid Vaccine. They have been essential since the beginning and should be treated as such now.

Bernadine Cruz, DVM, Laguna Hills Animal Hospital, Laguna Woods

The advent of the Covid-19 vaccine will hopefully help bring this pandemic under control. Determining the hierarchy of who should be vaccinated first is fraught with many ethical, moral and logistic pitfalls. Medical professionals who are forward facing with the public, especially those in hospital settings and the public who are at the highest risk need to be protected first. The 1 B group is more fractured.

Veterinary medicine is more than people who tend to sick dogs and cats. They are the only profession who have been trained to care for the health of people, animals and the environment. Covid-19 is a zoonotic disease, a malady that jumped from animals to people. If more veterinarians were given the funding to monitor the hot spots of jump and transmission, this pandemic may have been brought to the appropriate decision maker attention sooner leading to a tremendous decrease in the loss of lives. This is not the first pandemic and it will not be the last.

Keeping veterinarians safe is essential in keeping the health of people, animals and the environment safe. Veterinarians need to be inoculated earlier than later in the scheme of the roll out. Veterinarians would also be a logical source of professionally trained personnel to administer vaccines to the public.

Elizabeth Koskenmaki, DVM, Media City Animal Hospital, Burbank

I strongly encourage you to include the veterinarians and veterinary support staff in the 1b classification for the COVID-19 vaccine. Veterinarians have been deemed essential workers since the beginning of the pandemic and are vital to the welfare of humans and animals.

- Their role in public health goes beyond pet care to their expertise in recognizing and managing zoonotic disease (e.g. rabies!) & ensuring the safety of our food supply.

- Staff members are unable to socially distance due to the nature of our job: 2 people work in close approximation to give injections, take x-rays, place IV catheters, restrain for exams; every single piece of delivering health care to animals.

- Most of the staff of veterinary hospitals live with family or roommates, many of whom are essential workers themselves. This results in exponential transmission of COVID-19. Hospitals are closing for 14 day quarantines, overburdening the surrounding hospitals who are already understaffed to facilitate social distancing.

Stephanie Plucker, DVM

Hopefully I'll hear from someone. Just wondering where you guys have veterinarians in the schedule to get vaccinated for Covid?

We are listed in essential workers. And I think many of our clients would consider us such. So when are we going to get access to vaccinations?

Dr. Tamsen Taylor

Please recognize that veterinarians and staff are health workers who are on the front line of exposure to Covid 19. Even though we have continued to care for sick animals since the beginning of the Covid 19 Pandemic, and taking all protections, masks, spacing and sanitation, we have contact with the pet owners. Many people who are isolated at home are supported in their isolation by their pets. These people need their pets taken care of and will bring them in for care despite their own health or consideration of the veterinary staff.

In addition, many of the owners are in the older age groups and at higher risk. As a veterinarian still working at 72, I am at risk while treating their pets.

Please consider Veterinarians and staff in the earliest access to Covid 19 vaccinations. As a profession we have been very aware of the benefits of vaccinations given the history of the many cases of nearly ending many life threatening diseases. No doses of vaccine will be wasted on Veterinarians and staff.

We are a relatively small group of the Health Care Team, please do not forget us.

Rich Block, CAZA President and Executive Director of Santa Barbara Zoo and Amy Wolfrum, California Ocean Conservation Policy Manager, Monterey Bay Aquarium

On behalf of the California Association of Zoos and Aquariums (CAZA), 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 zoo and aquarium sector workers in Phase 1b for vaccines. CAZA is comprised of 24 zoos and aquariums in California accredited by the Association of Zoos and Aquariums. California has more zoos and aquariums than any other state. While nearly all of our institutions are currently closed due to the Regional Stay-at-Home-Order, our animal care, facilities, and security staff are essential workers continuing to take care of the tens of thousands of animals in our care. These specially trained workers are unable to work from home and sometimes must work closely together to care for these animals.

California includes zoo and aquarium essential workers under the Food and Agriculture category of essential workers: “18. Workers at animal care facilities that provide food, shelter, veterinary and/or routine care and other necessities of life for animals.” The federal Cybersecurity and Infrastructure Security Agency (CISA) also lists essential zoo and aquarium workers under the “OTHER COMMUNITY- OR GOVERNMENT-BASED OPERATIONS AND ESSENTIAL FUNCTIONS • Workers” section and includes the following language: “Workers performing services to animals in human care, including zoos and aquariums.” For these reasons, we request that these workers are prioritized in Phase 1b for the COVID vaccine.

Thank you for considering prioritizing our zoo and aquarium sector workers for COVID-19 vaccines. Please let me know if you have any questions or if CAZA can be of any assistance. And, thank you, again for your service during this trying time.

Rich Block, CAZA President and Executive Director of Santa Barbara Zoo

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Thank you for considering prioritizing our zoo and aquarium workers for COVID-19 vaccines. Please let me know if you have any questions or if CAZA can be of any assistance at acaldwell@sandiegozoo.org. And, thank you, again for your service during this trying time.

Julie D. Smith, DVM, DACVS, CCRT, MBA, Chief Strategy Officer, SAGE Veterinary Centers

In reviewing the vaccine distribution page on your website - <https://covid19.ca.gov/vaccines/#When-can-I-get-vaccinated>, it appears that veterinary professionals will be included in the Phase 1b as we are listed in the essential workforce sector of Food and Agriculture <https://covid19.ca.gov/essential-workforce/>. Can you confirm this?

Disability Justice League, Bay Area; Disability Visibility Project; Disability Justice Culture Club; Sins Invalid; National Association to Advance Fat Acceptance; #NoBodyIsDisposable Coalition; Fat Legal Advocacy, Rights, & Education Project (FLARE); Fat Rose; Senior and Disability Action; Health Justice Commons; NOLOSE

1) We are deeply troubled to learn that access to healthcare for animals has been prioritized by including veterinarians and veterinary staff in priority group 1A, while disabled and higher weight people with COVID-19-related risk factors are forced to delay critical healthcare, testing, and treatment because they have been placed far down the priority list in 1C (unless they qualify via a separate earlier criteria - ex: being a school teacher). The notion that health care for animals is more important than healthcare for disabled and/or higher weight Californians is absolutely inconsistent with principles of equity that underlie a California for All.

Many disabled and/or higher weight people have had to delay care and treatment since March, 2020. As a group that is potentially more in need of care, and more at risk for discrimination via crisis standards of care, it is highly inequitable that this group be expected to remain unvaccinated and thus wait more than a year to be able to safely access health care, testing and physical therapy.

On Tuesday, January 12, 2021, the federal government urged all states to open vaccine eligibility to all “people with a comorbidity with some form of medical documentation.” (See [Operation Warp Speed Briefing 1/12/21](#).) It is an alarming day when the California Department of Public Health treats disabled and higher weight Californians who are in need of medical treatment, therapy, or testing with less compassion than the federal government under Trump.

2) We continue to object to the lack of sufficient Disability Justice experience and leadership on the Community Vaccine Advisory Committee. 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.

3) We also object to the complete lack of community and civil rights representation for higher weight individuals on the advisory board, despite the fact that approximately 1 in 4 Californians

are higher weight, weight discrimination disproportionately impacts Black people and other communities of color, higher weight people face potential discrimination during crisis care, and they may be at heightened risk for severe COVID-19 illness.

4) We note and object to the fact that our critique of an absence of a Disability Justice perspective has not been relayed in the summaries of public comment provided in the meetings.

5) We are aware that disability and aging groups submitted a letter with recommendations on December 29, 2020, which was ignored by DPH. We support that letter, and we are concerned that the voice of industry groups seems to carry more weight than community and civil rights groups in this advisory committee.

6) Disabled people using in-home care through a formal service provider or through mutual aid provided by family/friends/community, disabled people who would be in residential facilities but for the threat of COVID-19, as well as those in psychiatric institutions, group homes, board and cares, or other congregate settings should all be in the same category as people in nursing facilities, or at least moved into 1B Tier 1.