

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

Submitted From December 15, 2020 Through December 21, 2020

Kathy Chaput, First/Second Grade Teacher, Bay View Elementary School, Santa Cruz

I imagine many school district boards are like ours, racing to get teachers and students back in the classrooms as soon as possible despite our state's recent spike in COVID cases with hospitals struggling to keep up with the demand (personnel and available equipment). Our school board recently voted to return to in-person learning the instant that we move from the purple tier to the red tier -- leaving teachers and staff members feeling extremely anxious that our lives are being put on the line in the name of educating our youth.

While we understand children are suffering both emotionally and academically -- not to mention the impact on working families unable to simultaneously work and monitor at-home learning -- many of us feel like guinea pigs being thrust into an indoor environment for many hours at a time, and with barely adequate space to distance six feet. (And suspend for a moment the logistics of teaching young children from six feet away...)

Meanwhile, we are still learning about COVID and how it is spread. We do not yet know ALL variables in its spread. Just within the last 3 days, research has come out of South Korea with implications for indoor distancing, and that six feet may not be sufficient to protect oneself. Also, over the summer top researches demonstrated that the *MAJORITY* of spread is asymptomatic or pre-symptomatic.

So, the 2 ways the district plans to protect us may be null and void:

1) temperature checks upon school entry (irrelevant if spreading asymptotically/pre-symptomatically)

2) student desks six feet apart

I am extremely upset about being asked to return to work, although I will be excited to get back to "in-person learning" with my lovely students when *it IS* safe to do so. Please, please consider prioritizing school teachers and staff members near the top of the list so we may *safely* return to our jobs as educators.

Many thanks for reading and for your consideration.

Rebecca Carey, Pajaro School District

Please consider vaccinating teachers in the phase 1 tier along with first responders. Vulnerable children and teens can not get back to school without teachers being vaccinated. The teachers Union is much to strong to fight, students are falling behind, parents are having to choose between work and leaving young children home alone to teach themselves online or not attend at all. The state of our teens mental health is declining. Simply put, students NEED in person school. They need routine, connection, community. Teachers receiving the vaccine quickly is vital and essential.

Katie Dueck

Vaccinating teachers in the first phase along with first responders is going to be so important to getting kids back to school and sports. Teachers are essential workers. Our children and teens are suffering from isolation and anxiety and need to return to school. This has been so hard on every student, every family, every county. Please please please give the vaccine to our teachers, our youth are in dire need to return to school, to connecting with friends and teachers and coaches.

Rachel Long

I am a parent of a high school student and athlete - urgently asking that we prioritize getting our kids back to school for in person instruction.

Teachers are essential and hopefully will be vaccinated along with first responders.

The mental health of our children is so important and our kids urgently need the lost connections that they gain through in person instruction and sports.

Debra Wiesner

As vaccinations continue statewide, I ask that you will consider school personnel (particularly teachers/aides who will be in the classroom) as **essential workers** so that they get priority for vaccinations after medical staff/acute care facilities. Our students are suffering with online learning. The sooner we can get teachers back into the classrooms the better.

Please keep our teachers a priority as vaccination efforts are underway.

Mia Begin, RSP Teacher, Harbor High School

Please prioritize K-12 teachers and other school workers for the COVID vaccine so that we can get our students back in school. Teachers will be spending 4.5-5 hours a day in a small space, sometimes not well ventilated, with a group of students barely spaced 6 feet apart. Some of the secondary classrooms will have 14-16 students. If I can't gather with my small family, according to our State restrictions from the governor, then how can teachers be teaching in close quarters, with more students, on a daily basis? This is alarming due to the potential of students and staff alike, getting exposed to and spreading COVID. Please make the current County Office of Education system of administering COVID tests a system to administer the COVID vaccine.

Being that teachers, school administrators, custodians and all other school personnel working at their sites will be exposed to potentially hundreds of students please help make COVID vaccines readily available to school personnel.

Ian Licata M.Ed. English Teacher @ Diamond Technology Institute

I am a high school teacher at Diamond Tech in Watsonville, and I can't wait to get back to teach my students in person. But as a father of a young child and someone who is also in contact with older and more vulnerable teachers, staff, and family members I am hesitant to feel comfortable coming back without a vaccine. I have heard from more than a few other teachers who said they would flat out retire or

quit before coming back without the safety of a vaccine. Parents and students are struggling with distance learning and we all need to come back to the classrooms, so let's do it safely. Let's prioritize vaccinations for teachers and school staff in contact with students.

Amy Danish

Please prioritize teachers for receiving the vaccination. It is beyond time for our students to return to the classroom. We need to make sure that is done safely for our teachers, staff, and students.

Julie Jacob

As a parent of 4 school age children, I plead with you to prioritize vaccinations for teachers as essential workers.

My children have suffered in many ways from being away from school for almost a year. It is over time to get our children back to school.

Thank you so much for your consideration.

Teresa McCaffrey

I am BEGGING you to please vaccinate the teachers and other school employees so that our kids can get back to school. Remote instruction is causing irreparable harm to students.

P.S. I'm not even going to touch the fact that we are the only developed nation that prioritized keeping bars and restaurants open over schools.

Christy Halderman Tall

Please prioritize teachers as essential workers. They should be first in line to receive the COVID-19 vaccine. Our children need to return to school!

Carole-Anne Byck Wednesday, December 16, 2020 7:35 AM

Please prioritize the elderly and teachers in getting the vaccine!

Melissa Dubasik, San Francisco Wednesday, December 16, 2020 6:29 PM

Please, please consider prioritizing teachers and those that work in schools in addition to our frontline workers and those like the elderly and immunocompromised.

All children need options for schooling right now. In-person learning for some makes the most sense and that option is not on the table in most areas. Children and families in our communities are struggling and we as a society need to focus and make them a priority.

Our local governing bodies are not able to work together to find solutions to this huge undertaking of opening public schools. I've extended our elected officials and the teachers union a lot of grace and I have compassion for them as they are dealing with a situation no one imagined would happen.

They are only now trying to figure how to open without a vaccine. If we want our kids back in school, and we should, for the 2021 school year this is likely the only safe option that will get us there.

Amanda Kahn Fried, San Francisco

The prolonged closure of public schools is causing a severe public health emergency for our children - obesity, anxiety, depression, suicide. The costs for children are severe and unrelenting.

Public schools are the foundation of a functioning society, and teachers are essential.

As an essential government employee, I implore you to prioritize our teachers so that our kids can be back in school safely.

Same Letter with different contact details

Steve M. Tietjen, Ed.D., Merced County Superintendent of Schools 12/16 6:21 pm

Robin Oliver, Executive Director, California Association fo International Baccalaureate World Schools (CAWS)

Jolene Dougherty, CCIS President, California Consortium for Independent Study

Andrea Bennett, Executive Director, California IT in Education

Kirsten M. Vital Brulte, Superintendent, Capistrano Unified School District

Mary Whited, President, The Association of Career and College Readiness Organizations (CAROCP)

I write to urge your Administration to prioritize the vaccination of K-12 and early education teachers, administrators and staff in order to get our state's public schools and early learning and care centers fully reopened.

As California prepares for a phased-in vaccination schedule with frontline healthcare workers and congregate care residents and employees in the initial phase, **the state should next prioritize K-12 and early education teachers, administrators, and classified employees.** This is consistent with recommendations from the Centers for Disease Control and Prevention (CDC).

School closures have had a negative impact on our children, particularly those from lower income families. As you have stated, reopening schools is also a crucial first-step in an economic recovery. One way to expedite school reopening is to ensure the health and safety of the education workforce. Prioritizing educators and school staff is a vital step towards that goal.

Our county district stands ready to work with your Administration to ensure a successful, equitable rollout of the COVID-19 vaccination.

Stephen D. Herrington, Ph.D., Sonoma County Superintendent of Schools 12/16 6:22 pm

On behalf of roughly 73,000 public and private students and 9,000 educators in Sonoma County, I write to urge your Administration to prioritize the vaccination of K-12 and early education teachers, administrators and staff in order to get our state's public schools and early learning and care centers fully reopened.

As California prepares for a phased-in vaccination schedule with frontline healthcare workers and congregate care residents and employees in the initial phase, **the state should next prioritize K-12 and early education teachers, administrators, and classified employees.** This is consistent with recommendations from the Centers for Disease Control and Prevention (CDC).

School closures have had a negative impact on our children, particularly those from lower income families. As you have stated, reopening schools is also a crucial first-step in an economic recovery. One way to expedite school reopening is to ensure the health and safety of the education workforce. Prioritizing educators and school staff is a vital step towards that goal.

Our County Office stands ready to work with your Administration to ensure a successful, equitable rollout of the COVID-19 vaccination.

Nicole Colao-Vitolo

It is imperative to treat children out of school as a statewide emergency.

Teachers and school staff need to be as important as medical providers in California and be prioritized for the covid-19 vaccines.

I would gladly donate my dose to a teacher as I am in health care and likely will be one of the first to get vaccinated.

As a parent with 3 children in public school I cannot tell you how disheartening it has been to see them on screens not learning for close to a year.

While it is disgraceful that our kids are out of school and that no one has come up with a plan to get public kids back into school- yet provide school are in session- it seems the only way for the unions to get on board within person learning is for them to have a vaccine.

This means that we need our teachers and school staff to be on the top of the list for getting the vaccine. Our children are suffering more mental health issues by not being in school- they are suffering more abuse and are not learning- which will impact them for years to come. Mental Health in CA is parity and should be treated like a medical problem. The solution is the vaccine and therefore teachers and school staff need the vaccine more than many other workers that are being considered essential.

It is essential that our students resume in person learning ASAP!!

Vivian Chang

As a public school parent of a kindergartener and 2nd grader, I write in strong support of prioritizing public school teachers and staff to receive COVID vaccines. Both my children - along with all other public school children in San Francisco - have been distance learning since March 2020 with very little hope of returning in the spring or even possibly this entire 2020-21 year. With most private schools back in in-person school, the growing inequity between public and private school children continues to grow, and the impact on public school kids, in particular students of color and students with special needs, is enormous.

We love our public school teachers and believe they are doing everything within their ability to teach our children in these circumstances - they would love to be back in the classroom but deserve to be protected. The reality is that the public school districts - due to chronic lack of funding - don't have the resources private schools do to otherwise create safe environments for the teachers - through small cohorts (which require additional staffing), improved ventilation systems, increased janitorial staff, etc. Providing public school teachers priority access to the vaccine is critical to returning them safely to the classroom and for the equitable education of our children.

Komal Bawa

Many schools in CA (predominantly public) have been closed for almost a year. We have repeatedly heard through the unions that teachers are not willing to return until they feel it is safe to do so. It may not be safe for quite some time, however, access to a vaccine will enable them to feel as safe as is possible given the current pandemic. Parents are watching children suffer from learning loss as well as face mental and emotional challenges. We implore you to please prioritize school personnel in the vaccination campaign in 2021.

Amy St. Clair DiLaura, Burlingame

It's incredible that a safe and effective vaccine against COVID-19 is now available. As you consider who's next in line to get the shot, I beg you to put teachers and staff at the front of the line. They are essential workers in our community, and they deserve to be protected so that they can do their jobs safely and effectively.

My three children -- ages 13, 11 and 8 -- have not been inside a school building since March. Their teachers are making a valiant effort to teach online, but there is no substitute for in-person learning. Please, please make the vaccine available to our teachers and staff. Reopening schools must be a top priority for our state.

Galateia Kazakia

I'm a San Francisco public school parent writing to urge you to prioritize TEACHERS for vaccination. One vaccine for a single teacher, who can then get back into the classroom, will positively impact the lives of all of her/his students and all of their families. That is a disproportionate effect, and an efficient, compassionate, effective use of a limited resource. As UCSF research faculty, if I'm given the opportunity to be vaccinated soon (as may be the case, depending on UCSF's approach) I would MUCH RATHER donate my dose to my kid's 3rd grade teacher so that my own family's lives and the lives of all of his classmates can improve. My own dose would be meaningless for myself - but so impactful if given to our teacher. PLEASE PRIORITIZE THE TEACHERS!

Jessica Franklin

I am writing today to urge you to place teachers and school administrative staff among your highest priority for receipt of a covid vaccine.

Kids across our state are facing serious emotional, mental and educational challenges. In person school is critical for the wellbeing of so many of our young people. In order for schools to reopen, we need teachers to feel safe, and to be protected from this devastating virus. Children have been shown to be less susceptible to covid-19, and less likely to spread it, but teachers are understandably concerned about their

health and safety. They have dedicated their lives to improving outcomes for our next generation. Please let them know how much we value this work, and let our kids, and our families know that relief is in sight, that we can soon start working on recovering all that has been lost in the past year.

Again, please place the highest possible priority on getting vaccines to our teachers and school staff. Our kids need them desperately.

Jenny Yelin

I am writing to request that teachers and other school staff be prioritized for Covid vaccine administration so that schools can reopen safely and children can return to in person learning.

Sara Buskirk

As a parent of 2 elementary school children at a SF public school who haven't set foot in a classroom since March, I URGE you to prioritize teachers and school support staff for COVID-19 vaccines!!! My children are the only ones on our street who attend public school and they are consequently the only ones who are stuck at home-- this is unacceptable. These children are falling behind. PLEASE do what you can to help SFUSD reopen schools safely!

Jacob Kazakia

Please prioritize teachers and school support staff for COVID-19 vaccines. It is very important that children return back to their classes.

Jessie Turnbaugh

As you're considering prioritization for vaccine distribution, I urge you to consider the impact of school closures on our children's mental and physical wellbeing. Please prioritize teachers and other school support staff when making this decision, to get our kids, and in particular students of color who have been most negatively impacted by these extended closures, back in school as soon as possible.

Brandie Berlin. Parent and active community member

I am writing to urge you to consider teachers as early vaccine recipients. Our children are suffering in a distance learning environment and I know we are not alone and likely in a majority. We need to do everything in our power to get children back to school. All countries (except the US) have prioritized children and returning to the classroom. It's embarrassing. Please act now and put teachers first!

Jessica Wallack-Cohen

I am reaching out to ask that you please prioritize teachers and school staff when administering the vaccine.

Jennifer Jacobson

The impact of school closures due to Covid 19 on students and their families has been detrimental. It has exacerbated inequities that already exist between the privileged and the under-privileged. Research has shown that schools are not the main culprit for spreading the virus in communities. Even so, CA public schools have remained closed while many private schools have managed to open for in-person learning. One could argue that public schools should have opened already, but with a vaccine now available, there is absolutely no excuse anymore.

Teachers and school personnel should be among the groups to receive the vaccine first. Our children depend on it. Children—especially those of color—are the perhaps the greatest victims of this pandemic.

Abby Davisson

I am writing to ask you to prioritize public school teachers as you consider who should receive the Covid vaccine.

As a full-time working parent of two public school children (including a Kindergartener who has now spent half a year “learning” remotely) with a masters degree in education, I know first-hand the challenges the virus has created for students, teachers, and parents alike.

Please allow teachers to feel comfortable returning to the classroom to teach their students - the vaccine will help.

Maria Trinh, San Francisco Public School Parent

Please prioritize giving the vaccine to public school teachers and employees. After over 9 months of being at home, my kid and all the kids in my class are falling behind and it’s far worse for families with little means.

Katie Pollard, Ph.D.

Please prioritize providing teachers and school support staff with COVID-19 vaccines so that we can safely reopen schools and get our students back into the classroom as soon as possible.

Jessica Ronco, San Francisco public school parent

I am the parent of two children in SFUSD, a kindergartener and a second grader. My second grader has an IEP. Both of my children are struggling with distance learning and our family is suffering financially. Please prioritize teacher and school staff so that my children and other children can return to school.

Brad Mellons

I understand that the Community Vaccine Advisory Committee meets tomorrow, Wednesday, 12/16, to discuss who will be included in the “1b” phase of the vaccination program. I understand that teachers

will be included. If so, since the intent will be to vaccinate the teachers that will have direct contact with the students and office personnel in the schools, will it also include the IT staff and office personnel that also have direct contact with students and workers and are required to be on the school properties. I ask because my son is an IT worker that was deemed “essential” to the school district and has been required to be on campus during this pandemic. It only seems appropriate to include these types of workers in the same group as teachers.

If possible, PLEASE bring this very important group up in the meeting when discussing the phase 1b effort.

An (Joseph) Vu Ph.D., Director of Advanced Imaging Technology, VAARC, Assistant Professor, UCSF Department of Radiology and Biomedical Imaging

Thank you for your hard work and service to the community. I’m writing in support of prioritizing teachers for COVID-19 vaccination to help re-open public schools. Current data shows that elementary school aged children are less likely to become infected and less likely to spread the virus compared older children and adults. Therefore, vaccination of teachers may be enough to help schools re-open which in turn will improve the healthy development of our next generation and reduce the financial and mental stress on families while also improving the productivity of our workforce.

<https://www.nationalgeographic.com/science/2020/12/we-now-know-how-much-children-spread-coronavirus/>

Lia McLoughlin, Lia, Patrick, Fiona (age 11) and Morgan (age 10), San Francisco

I write to you as a parent of 2 public school children who are suffering from distance learning. While I desperately want my children back to school in person, I want the environment to be safe. I urge you to prioritize teachers and school staff. What is good for teachers, is good for students, is good for families.

Thank you for your consideration.

Christina Clemm

I urge you to prioritize public school teachers and staff and teachers at any institution in getting the vaccine. Distance learning is failing much of our student population. And in the majority of large cities in California, public schools are not open. Teachers unions are expressing grave concern about returning to school without being vaccinated. The learning and equity gap is increasing every day that students aren’t allowed to be physically in school. With California already severely underfunding public education, we risk our state’s children falling further and further behind the rest of the country. Please prioritize teachers and give us some hope of getting our kids back in school this year.

I’m the mother of three children second grade and younger in the San Francisco public school system. Distance learning has brought tears, migraines, a loss of income for our family, and countless minutes of lost instruction due to my children’s inability to remain focused. Developmentally they should not be on screens this long, and we need to get them back physically in school as soon as possible. Prioritizing vaccines for school teachers will help further that goal and ensure that teachers feel and are safe and protected.

Annette Cardwell, Sunnyside Elementary School parent, San Francisco

I'm a public school parent in San Francisco, and I'm writing to urge Governor Newsom to prioritize providing teachers and school support staff with COVID-19 vaccines so that we can safely reopen schools and get our students back into the classroom as soon as possible. I'm deeply concerned that home-schooling is setting back and impacting our community's most vulnerable kids — particularly minority children, special needs children, and underprivileged kids. Helping teachers and staff get immunized early will help us help these kids sooner. Thank you for your consideration!

Katie McCormick

I'm writing as a parent with a Kindergarten age child, and I live in Orinda, CA in the Bay Area.

I understand there are meetings occurring today to help decide who is "next in line" for COVID vaccines and I STRONGLY urge the State of CA to prioritize teachers and school support staff for COVID-19 vaccines.

My child struggles horribly with "distance learning" – he is 5 years old. "Virtual Learning" is not an acceptable substitute for real, in-person classroom instruction and interactions – just as ER doctors can't do their job remotely. We were forced to make a decision pulling our child out of public school and instead enrolling him in private Kindergarten which is meeting in-person, has been since March with NOT A SINGLE CASE OF COVID. We are very privileged to make this decision to spend \$25k extra for the year, and be able to accept this additional financial hardship, but I have grave concerns for the majority of parents who don't have this luxury and for the children who are being underserved and left behind. This will exacerbate the gap between privileged and underprivileged children massively which is unacceptable. I believe in public education as a right for all, and I believe children's rights are actively being violated with the extended closures.

Teachers are ESSENTIAL WORKERS and because of this, they need to be at the forefront of priority in getting the COVID vaccine. I still can't believe the decision was ever made deciding that teaching could be done remotely – a huge disservice to our California students. THIS IS NOT A REMOTE APPROPRIATE JOB. TEACHERS ARE ESSENTIAL, just as essential as health care workers to the overall success of our state and country.

I urge you to prioritize teachers & school staff directly after health care workers + elders in care homes, to show that you actually care about California's youth. Like many others, I had been a very happy California resident up until COVID and since then, the leadership of this state has consistently disappointed me. I don't feel that California leaders care about our kids or small businesses – the decisions to close schools and businesses lack substantive evidence proving they're COVID vectors - but we have plenty of hard evidence that keeping them closed is devastating to people's lives. I am considering leaving the state, as I've been so shocked to see the state's real priorities shine through with this pandemic.

Jessa Barzelay, San Francisco

I am a parent of two children in San Francisco's public school system. My youngest is in Kindergarten and has been struggling to build the critical relationships with his teachers that will pave the way for a lifelong of love of learning. My children's teachers are superheroes but they too struggle with the lack of

connection with their students. By the time my children's school is permitted to reopen, my kids will have been out of school for a year and it's unlikely my 4th grader will return to school at all this year.

Vaccinating teachers and school administrators will get kids and teachers back into the conditions best for ALL - in-person, ASAP. It is essential for family, student, teacher, community, and workforce health and stability.

Please support prioritizing teachers and administrators for vaccination.

Leara Deane

I am writing to you to appeal to you to please, please, please prioritize our public school teachers for vaccination deployment. Our children are going on eleven (!) months of distance learning, our teachers are trying- but they all deserve the safest way to return to school in person as SOON as possible- elementary school first.

Please prioritize our teachers and as such our children and their education and mental and physical well-being.

William Neil, San Francisco

The children of the state of California have already missed nearly a year of education. This is a year they will never really make up for, and will probably impact this generation for years.

Of course this has most directly impacted those who deserve the States support the most.

California children need to return to school, and teachers getting vaccinated is the fastest way of making sure that happens.

Please ensure our teachers are vaccinated immediately after frontline healthcare workers.

Liz Savage

I'm writing to urge you to prioritize teachers for Covid vaccinations. This will protect our teachers and students, while allowing our schools to reopen safely. Our students and teachers need this.

Deana Mamlieva

I wanted to reach out and ask you to discuss vaccinating teachers and support staff. It is a big burden on parents to work and teach children. On top of that, we are suffering financially because our school-aged children now have to go to paid daycare. It is hard for both low and middle income families to make ends meet in this expensive city.

Sarah Schoellkopf, San Francisco

The children of the state of California have already missed nearly a year of education. This is a year they will never really make up for, and will probably impact this generation for years. Of course this has most directly impacted those who deserve the States support the most. California children need to return to school, and teachers getting vaccinated is the fastest way of making sure that happens.

Please ensure our teachers are vaccinated immediately after frontline healthcare workers.

Jamaica Maxwell

Opening our schools safely is a top priority for the current and future of our children and this state. Please prioritize public school teachers and school staff for COVID vaccines. Thank you.

Kavita Gobburi, SFUSD parent and longtime San Francisco resident

I am emailing to plead the City to prioritize teachers and academic staff for the COVID vaccine. Our children are our future and we are doing them a severe disservice by isolating them. We have to prioritize our teachers and our youth!! San Francisco can't be a thriving city without diversity and families are constantly getting displaced, this must be our priority.

Piper LaGrelus, Mother of 4 kids in San Francisco

Our public schools in SF are never going to open. The plan currently calls for only 2% of students to return before March 22nd. If we care about children in this state and their future, we must get teachers vaccinated as soon as possible. The unions are too strong, and even though schools can open safely, they are not opening. The only way to ensure CA public schools open is to vaccinate teachers.

Please put teachers next!

Adena Friedman, Parent of 5th Grader, San Francisco Unified School District

Please prioritize teachers & school staff for receiving COVID-19 Vaccines. Please help us OPEN OUR SCHOOLS and get our kids back in school, so they can get the education that they deserve. thank you!

Tim Jacobson

Please prioritize teachers for the vaccine.

Deborah Kelson

As a parent of two elementary school children, I am humbling begging that the state prioritizes vaccinating teachers.

Teachers are essential workers. My children have struggled academically, socially, and emotionally since school closed in March. And to make matters worse, they don't understand why their friends in San Francisco who go to private school are allowed to go to school in person but they are not. The gap between public and private school has become a gulf. San Francisco is becoming inhospitable to families.

School closure doesn't just impact kids. I have also had to cut back on my work since my kids have been out of school.

Prioritizing getting kids back in school will benefit our children, our communities, and the economy. PLEASE make vaccinating teachers a priority.

Victoria Groom

As the parent of two San Francisco Unified School District students in elementary school, I implore you to prioritize the vaccination of school teachers and staff. This may help us get our kids back in school sooner. Our kids have suffered needlessly due to the district's inaction and failure to plan. We need to begin prioritizing our kids rather than letting them suffer. Disadvantaged students, in particular, are falling through the cracks and must get back to school. Vaccinating staff early is an important step to making that happen.

Kelly Howe

I'm an SFUSD parent and I urge you to prioritize teachers and school support staff for COVID-19 vaccines.

Our kids and teachers need to be back in classrooms. Our students are getting inadequate education, their social/emotional well-being is at risk, and too many working parents are stretched in their capacity to fulfill parenting/teaching/work responsibilities. Please make vaccines available to teachers and support staff ASAP. Public education should be deemed an essential service - especially after this long stretch of distance learning.

Rebecca Holzman, San Francisco Resident

Please prioritize school teachers and staff receiving the vaccine ASAP so that schools can reopen as safely as possible. My children are in 2 & 4 grades at SFUSD and have not had in person learning since March. My 2nd grader tells me everyday how much she hates school. And in the scheme of things this is a minor problem compared to what other families are facing. Please get the vaccine to public school teachers and staff as soon as possible.

Tessa Walters, MD, Mom of four public school daughters (ages 11-16) in San Mateo County; Staff Anesthesiologist, Anesthesiology and Perioperative Care Service and Director, Perioperative Surgical Home

Please allow consenting public school teachers and staff (especially HIGH SCHOOL) to receive approved COVID-19 as soon as possible as a PRIORITY. I am a physician anesthesiologist who intubates and takes care of COVID-19 patients, and I wish that I could donate my dose of vaccine to teachers. All of our students are suffering intellectually, emotionally and physically and we need to return them to the

classroom, gyms, labs, theaters, and band rooms ASAP. The equity gap is widening and the impact of the last 9 months will be felt for years to come. Who will develop the vaccine for the next plague if our pipeline runs dry of scientists and biotechnicians? Who will advocate and argue for the disadvantaged if students do not practice open discord in the classroom with their peers?

Some private schools have been in session since October. Please ADVOCATE for public school teachers who proudly serve millions of students in CA from every swath of our community to be vaccinated FIRST. As a working mom, I cannot do my job to take care of patients with COVID-19 if my kids are out of school. This pandemic has affected working mothers severely and we need to get our kids safely back in classrooms.

I will personally vaccinate if you need clinical assistance.

Ashley Cravens

Our children DESERVE education! Please prioritize teachers and staff to receive the COVID vaccine.

Our children are suffering mentally, educationally, socially, it is IMPERATIVE we open schools ASAP before an entire generation of students is lost.

Courtney Helland, San Francisco

I am writing today as a mother of 3 young children in San Francisco. My children DESPERATELY need to be back in their public school classrooms. The past 9 months have given them very little in terms of a proper education. On our current trajectory, my 5th grader will start middle school next year with the academic foundation of a 4th grader. This is beyond unacceptable. I am advocating locally, as best as I can, to reopen our public schools in SFUSD, but I need support from the state in terms of giving teachers priority for receiving the vaccine.

Governor Newsom, I am begging you, please prioritize teachers and school support staff for receiving the COVID-19 vaccines so that we can safely reopen our public schools and get our students back into the classroom as quickly as possible.

Every. Single. Day. Matters. For the sake of our children, we cannot delay.

Olivia Harris, Parent of two 2nd graders who have been out of school since March

Please prioritize teachers and school support staff for COVID-19 vaccines, we need our kids back in school. The impact of kids not in school is detrimental to kids well being and has lasting impact on many families.

Carly Spoljaric

Our children DESERVE an education! Please prioritize teachers and staff to receive the COVID vaccine.

Our children are suffering mentally, educationally, socially, it is IMPERATIVE we open schools ASAP before an entire generation of students is lost.

Deborah Splansky Schlosberg

Please prioritize providing teachers and school support staff with COVID-19 vaccines so that we can safely reopen schools and get our students back into the classroom as soon as possible.

Suzanne Rode, San Francisco Resident

Thank you for your hard work in these difficult times. I feel fortunate to live in a state that takes appropriate cautions against COVID.

Please prioritize teachers and school support staff for COVID vaccines. Our children have suffered so much staying home.

My kids, one who is hard of hearing and the other in kindergarten, are so behind. It's unconscionable that public schools in San Francisco don't have a plan to return in person other than moving target dates. If teachers are vaccinated, schools will be even safer and the school district will finally have to do something.

Please, please prioritize public school teachers and support staff for COVID vaccination!

Jean Seo

This email is to express support for having our California School Teachers prioritized for Vaccination. Thousands of families and children would be able to get relief from this terrible pandemic. Children have been devastated by this pandemic, and getting them back to school would be the best way to help families overcome the struggles related to COVID-19.

HELP TEACHERS FEEL SAFE AT SCHOOL!!

Sara Shallcorss, Albany

Bump teachers up in the next in line to receive the vaccine PLEASE!!!! We need to show our kids that the government cares about them. What we have done to kids in the Bay Area during this new order is HORRIBLE, gross and abusive. Locking them up, making them stay at home because they cannot afford private schools. Please get these Bay Area union teachers back to work and our kids back together again so they can heal. Please help our kids 1st. Our future, our babies.

Jessica Van Ziffle, San Francisco resident

The impact of school closures on our children and families has been inexplicable. Please prioritize providing teachers and school support staff with COVID-19 vaccines so that we can safely reopen schools and get our students back into the classroom as soon as possible. This is an incredibly important issue.

Justin Raade, 2 kids in SFUSD

I would like to voice my support for providing the COVID19 vaccine to teachers and support staff as soon as possible. We need to get our kids back in schools safely and soon!!

Jason Oringer

I am writing as a public school parent and a service worker advocate to urge you to make sure that teachers and other essential workers are prioritized in the CA state vaccination program.

Overall, I know CA has done a much better job than many states in acting responsibly and with forethought with regard to COVID-19 and that your program is targeting direct healthcare workers and nursing homes first.

As a public school parent I know that distance learning has been most damaging to our most vulnerable public school children. Children living in poverty, with special needs, immigrant kids, homeless kids and children of color in general are all being hurt disproportionately. We know it will be hard to immunize everyone in the school community but adults such as teachers, paraprofessionals and support staff are all the most at risk from COVID and their immunization can trigger the whole process of planning and executing school reopening, taking enormous pressure off families and allowing kids critical social interactions to begin to ameliorate severe depression and big learning deficiencies in the current system.

Likewise I urge you to look to CISA and state guidelines around other critical infrastructure workers such as janitors, grocery workers, security officers, airport workers and logistics workers among many others. We need these workers and their families to stay safe and healthy to keep our economy moving as we prepare for another round of reopening after the current acute crisis subsides in the New Year.

Maia Piccagli, mother of 2 SFUSD elementary students

Please prioritize the Covid 19 vaccine for teachers and school staffs. It is utterly important to get our children back into the classrooms. They are missing out on classroom learning, social learning, and this setup is putting a strain on many families. This is an issue of equity, as the hardest-hit students and families are students of color and students who don't speak English.

To boot, private schools are attending in person, creating an even-bigger achievement gap that will be harder to combat the longer we let it persist.

PLEASE PRIORITIZE TEACHERS AND SCHOOL SITE STAFF FOR COVID 19 VACCINE. This is critical.

Eileen

Schools need to go back before we can rebuild our lives. It has been a travesty that SFUSD has not been able to bring even the most needy back. It's a disgrace.

Caryn Allen

Please consider prioritizing teachers after frontline healthcare workers when it comes to determining who receives vaccines when. Teachers want to return to school as soon as possible. Students' mental, physical, and emotional health, as well as academic growth, are suffering. Teachers want to return and must feel safe in doing so.

Diane Shapiro Sommerfield

Our public school kids have not been in school ALL YEAR. It's a travesty. Teachers and school support staff are absolutely front line workers and education for all minors is ESSENTIAL. Prioritize them for the vaccine!!! Both public AND private school teachers and support staff.

Mariana Breuer RN, BSN

Hi. I'm a parent and pediatric critical care nurse on the front lines at UCSF. I urge you to prioritize teachers and school staff in vaccine distribution. The harm being done to both children and families w the school a closure is significant and severe in many cases.

Veronika Zappelli

Please, please prioritize teachers and school staff to receive the COVID vaccine. They are essential workers!! I am the mother of three young children and my kids are suffering immensely from not being in school. We need to prioritize our children. Children in even the best of circumstances are suffering learning loss and emotional distress. Children in lesser circumstances are suffering unimaginable consequences as a result of not being in school. Furthermore, the economic hardship on working families cannot continue. We feel as if our government has abandoned us. Please do the right thing for your constituents.

Lynn Mackey, County Superintendent, Contra Costa County Office of Education
Jessica Geyer, Capistrano Unified School District Parent
Mary Ann Dewan, Ph.D., Santa Clara County Superintendent of Schools
Mary Sakuma, Butte County Superintendent of Schools
Dana Eaton, Ed.D., Superintendent, Brentwood Union School District
Froilan N. Mendoza, Superintendent of Schools, Baldwin Park Unified School District
David J. Vierra, Ph.D., Superintendent, Antelope Valley Union High School District
L. Karen Monroe, Superintendent of Schools, Alameda County Office of Education
Nancy Magee, San Mateo County Superintendent of Schools
Gayle Garbolino-Mojica, Placer County Superintendent of Schools
Elliott Duchon, Jurupa Unified School District Superintendent
Harvey Yurkovich, Superintendent, Knightsen Elementary School District
Cecilia A. Massetti, Ed. D., Madera County Superintendent of Schools
J. Todd Finnell, Ed.D., Imperial County Superintendent of Schools
Terry L. Walker, Superintendent of Schools, Irvine Unified School District
Jim. A. Yovino, Fresno County Superintendent of Schools
Scott Scambray, Ed.D., Fullerton Joint Union High School District
Vivian K. Ekchian, Ed.D., Superintendent of Schools, Glendale Unified School District
Matthew Wunder, Ed.D., CEO/Superintendent, Da Vinci Schools

CJ Cammack, Superintendent, Fremont Unified School District

I write to urge your Administration to prioritize vaccination of K-12 and early education teachers, childcare providers, administrators, and staff in order to get our state's public schools and early learning and care centers fully reopened.

As California prepares for a phased-in vaccination schedule with frontline healthcare workers and congregate care residents and employees in the initial phase, the state should also consider the appropriate prioritization of K-12 and early education teachers, childcare providers, administrators, and classified employees. In particular, we urge the Administration to prioritize the vaccine for the following groups: 1) adults who interact directly with high-need and vulnerable students who cannot be well-served via distance learning, and 2) early learning and childcare providers who are currently offering, or are planning to offer, in-person care to children from low-income and working families.

We understand that there are many priorities when considering who should be first to receive the vaccine and believe that all essential workers, especially those on the front lines who have provided in-person care and services during the pandemic, should be prioritized. We also know that closure of schools and childcare has forced approximately 12% of the workforce, including essential workers, to reduce hours or leave jobs during the pandemic. By strategically prioritizing K-12 staff and childcare providers for the vaccine, the state would also be addressing the needs of low-income and essential workers.

Linda Sonne-Harrison

I'm a parent of two middle schoolers attending public school in the Belmont-Redwood Shores District and also a volunteer for the school. I have seen the negative effects that remote learning has had on my children, their friends, and fellow students at the district. Please, please, please prioritize our teachers for the COVID-19 vaccine! I know that they really want to see their students in person but have some very understandable fears. Even the younger teachers have these fears.

Getting kids back in school is critical to helping our economy, and it is a moral imperative. Please do your part to help.

Katrina Connolly, Parent of a 5 year old and a public school 2nd grader

I think it's only fair to prioritize cashiers and meat packers who have not had the luxury of working at a distance all this time. But, after the public facing essential workers, please prioritize teachers before any other group. Children are suffering. I'm heartbroken that the values demonstrated by our society clearly do not prioritize children. Please do what you can to get kids back in school ASAP. Please make sure teachers get a place in the vaccination line.

Seth Andrew Brenzel, San Francisco

My name is Seth Brenzel, a proud parent of a 4th grader in SFUSD at the amazing Glen Park School, and I am also a member of Decreasing the Distance, a parent collective that seeks and advocates for equitable solutions for San Francisco's public-school children.

Most, although not all, of our state's children are suffering through distance-learning, despite principals' and teachers' and parents' heroic efforts to try and provide emergency pandemic learning away from

classrooms and school buildings. Our kids need to be back in school, with numerous studies describing and documenting the short- and long-term harm that prolonged distance-learning is befalling our children.

Teachers and staff and children and families need to feel safe going back to school. While SFUSD is moving ahead with plans for safe-as-possible in-person learning, the number of children who would be allowed to go back to their classrooms are frankly too few and too long-delayed.

Providing early access to vaccines to teachers and staff would accelerate our professionals' being able to feel safe about returning to in-person teaching and could hasten the return of thousands of school children back to schools, where they can thrive again in the company of their teachers and peers.

Providing early access to vaccines to public school teachers and staff is also simply the right thing to do. School is essential. Teachers and principals and staff members and paraprofessionals are essential workers. They deserve to be prioritized in a society that values equitable access to education and values the essential work of educating and taking care of our children.

Furthermore, providing vaccines to our essential school workers, as early as possible in the vaccine distribution process, **would send a powerful signal to children that they themselves are essential and that their needs are being centered and prioritized by our society and by our leaders.** We can do no less.

I urge you to prioritize our teachers, staff, and school children.

Lucy & Richard Coward

I'm emailing to urge you to prioritize teachers and school staff for covid-19 vaccines. We have two children (ages 6 and 8) in SFUSD Miraloma elementary school, and their mental health is suffering due to being out of school since March. As parents, we are struggling to balance work and homeschooling our children.

Please, please, please make reopening schools a priority when considering who to vaccinate first.

Jeanette Barzelay

I am writing as the parent of a first grader in the San Francisco Unified School District (and of two other young kids). Like many families, we have struggled with remote learning since March, with our child increasingly feeling the impact of being separated from his peers and teacher and missing the social and emotional benefits of in-person learning.

I strongly believe that opening all schools – and not just private schools with increased financial resources that allow them to satisfy public health guidelines – should be a top priority for our state and local governments as we begin to vaccinate community members and further help to stem the spread of COVID. For that reason, it is imperative that teachers and school support staff be prioritized for vaccine distribution so that we can facilitate school reopening while minimizing risk to those who must return to the classroom. This is especially important in light of recent announcements suggesting that vaccine development and testing for children may not even begin until next spring, meaning that children likely will not be cleared to receive the vaccine until after the start of the 2021-2022 school year. By protecting teachers and staff – who statistically are more likely to spread the disease to our kids and are more likely to experience serious adverse effects if they do contract COVID – and following reasonable public health

protocols (i.e., mask wearing, hand washing), we can ensure that schools are reasonably safe for staff and our kids and will not become locations for wide-scale community spread (of which there is little proven evidence to date anyway, when protocols are followed).

Our kids have suffered so much as a result of these closures and will face long-term emotional, social, and academic challenges as a result. Our leaders need to prioritize their needs and not prolong these harmful closures. Ensuring that teachers and vital school support staff can be among the first to receive the vaccine is the best way to help make that happen.

Sally K. Osborn

Please prioritize teachers and school staff for COVID-19 vaccines.

Debbie Mink

Please prioritize providing teachers and school support staff with COVID-19 vaccines so that we can safely reopen schools and get our students back into the classroom as soon as possible. My kids need to be in school. It is a disservice you are doing to kids in the public schools by not opening.

Please prioritize the vaccinate of teachers and school support staff.

Marty Deeken, Parent of 2 elementary school children in San Francisco

Schools are essential, teachers are essential. Teachers safety is essential!

Please ensure teachers are among the first vaccinated in California, the future of our children depends on this!

Sandra Villanueva and Joel Gonzalez

I urge you to prioritize vaccinating our teachers so that our schools can reopen sooner and safer!

It is crucial for everyone involved! My daughter is a sensory learner and instruction on zoom is not beneficial for her or thousands of other students. She is beginning to be withdrawn and experience fatigue due to almost a year of online instruction.

Please help! We don't know how much longer we can do this and the ramifications involved.

Emma Silvius, Mother of a 3rd Grader and a 7th Grader in SFUSD

As a parent of two children who have been doing school online since last March, I would like to urge you to prioritize teachers and school support staff in getting the Covid19-Vaccine.

Although SFUSD teachers are working extremely hard to teach online as best as they can, research has already shown that there is a huge learning loss with online education. Especially for the students who come from underserved and low educated communities. Apart from that, I really worry about the

emotional and mental health of our children. They deserve to go back to school in-person as soon as possible.

Rynda Kay

I am writing to express my support for teachers being a priority group for getting the Covid vaccine.

Keri Stokoe

Please prioritize teachers and school support staff for COVID-19 vaccines, so that we can get our SFUSD kids back to school!

Samantha Bergeron

As a San Francisco resident with two school-aged kids, I beseech you to prioritize providing teachers and school support staff with COVID-19 vaccines so that we can safely reopen schools and get our students back into the classroom as soon as possible. I appreciate your attention in this matter.

Rebecca MurrayMetzger, San Francisco Resident, Child Psychologist and mother of three school-aged children

When considering who should be next in line for Covid-19 vaccines in California, please prioritize the teachers and school support staff who are willing to return to in-person teaching/student support. My kids are ok, but most California children are not thriving with distance learning, and many are suffering. They need the option of returning to in-person learning as soon as possible. For this reason, teachers and school support staff who are willing to return to in-person teaching/student support are essential workers, and should be prioritized.

Holly Olstein

Please prioritize our teachers in getting vaccinated. This is our future. They are suffering so much emotionally and academically. Kids across the nation are back in school our kids are falling behind and crying every day. where is the pride in SF/California students as our students are clearly aging.

This is urgent!!!!

Cassidie Clayton, San Francisco resident

Thank you for organizing and considering all of the many groups of people affected by COVID-19. I ask that you consider school teachers and staff to be in the next phase of vaccinations. My child will be out of in person school for a year when you consider the expected opening for her school at Miraloma Elementary school in San Francisco. That is too long for a 5 year old to be away from her peers. My family is in the best possible position; my husband works from home safely and easily, I am a full time parent, we own a condo through the city, and my 5 year old meets with three peers twice a week for two

hours outside for socialization and fresh air. However, even considering our immense privilege my 5 year old has suffered anxiety and regressed substantially.

I see all the people that are in greater need than us, and I can think of no better starting point than getting schools fully functioning.

Marilyn Goode

Please consider teachers in the first phase so children and teachers can go back to school safely! Teachers are essential!!!!

Karen Zuercher, San Francisco public school parent x2

Please prioritize the public school community—teachers and support staff—to receive the next round of Covid-19 vaccinations. Let’s reopen all schools safely and get our kids back to in-person learning, without putting their instructors and families at risk. Thank you.

Stephanie O’shea

Please prioritize teachers!

Please please please!

Cindy Burg, San Francisco Resident and public school parent

I wanted to write to you in support of teachers being prioritized for the 2nd round of COVID-19 vaccination in California after healthcare workers and long term care facilities. Public schools in California have been mostly shuttered for 10 months now. We need to show that we prioritize teacher’s health so that we can safely reopen schools as urgently as possible. Our childrens’ futures are at stake.

Emily B. Korrell, 2nd and 3rd Grade Teacher, Ross Valley Charter Fairfax

I am writing to ask that teachers be given priority as essential workers to receive the Covid vaccine as soon as possible.

As an elementary teacher I need to be in my classroom serving my students. I will not feel fully safe to do that until I have been vaccinated.

I urge California lawmakers to place the teachers high on the list of essential workers In line for the Covid vaccine.

Ruth Katz, San Francisco

I am a San Francisco resident with a child in SFUSD and I am writing to implore you to prioritize teachers and school support staff for COVID-19 vaccines. They are absolutely front-line workers in this

public health crisis and they deserve our government's support and protection. Their health makes possible the education of all our children, including (and especially) our most vulnerable.

Please help protect our teachers and support staff so they can feel protected and safe as they step back into our classrooms.

Jennifer, Mom of 2 boys in SFUSD

I am working full time, as is my husband, and we really need our kids in school. They are missing friends, activity and all the things that keep kids healthy. They are disciplined mask wearers and sanitizers (better than us grown-ups) and are ready to get back to their school community in person. Please prioritize vaccinating teachers to enable this to happen safely.

Anmarie Hulette, San Francisco

Hi, I am writing as a parent of a 2nd grader in SFUSD requesting that we prioritize teachers for the vaccine so that schools can safely reopen. Thank you!

Sarah Gorman

I would urge you to prioritize school-site personnel for the Covid-19 vaccine. It's critical that schools be reopened as soon as possible. Remote schooling - although supported by an incredible amount of teacher and staff work - is just horrendous for children of working parents. I'm a single parent with full custody, and an essential worker for a local government. It's physically impossible for me to both teach my child and do my job for the City at the same time, and my child's mental health and education is deeply harmed by her lack of in person education.

Please make sure that teachers and school staff can get vaccines as a priority.

Allison James Ross

Please prioritize vaccines for teachers. I am a teacher teaching remotely. I am working around the clock to support my students but so many are struggling. My three kids are fine but so many are not. Achievement gaps are widening and mental health is suffering. I implore you to bring back the students who so desperately need to return!

Solange Colatruglio

Prioritize teachers and school staff on vaccines please!

We need to reopen the schools!

Thank you!

Megan TF

Hi, I am a parent and healthcare employee. I urge the committee to prioritize teachers for the vaccines so teachers feel safe going back into the schools and our kids can get back to the classroom. It is unsustainable to work from home and manage my children's education and socializing. They need to be in school. Many teachers don't want to go back because they don't feel safe. Please allow teachers to get the vaccines so we can open schools again!

Gloria Franke

Please prioritize teachers and school support staff for COVID-19 vaccines. Our kids need to return to school so vaccinations for teachers and staff must be a priority. I know this is a priority for you as well and this is the action that must be taken to demonstrate it is a priority.

Charlotte Oduro

I am writing to ask you to consider that teachers be in the next round to receive the COVID-19 vaccine.

As both a special education teacher and a parent I see the impact that school closures have had on students and teachers. The social emotional well-being of our students is paramount and it is difficult for us to meet those needs through a screen. Moreover, the teacher burn-out and exhaustion this year is unbelievable as we work to create engaging lessons through a screen, follow up with students and parents who were not in class, and work one-on-one with students who are just really struggling. I implore you to include teachers in the next round of vaccines so that students and teachers can return to safely learn in person and we can begin the social emotional healing necessary for all our students.

Jessica Adams

I am writing to a you prioritize teachers for the covid vaccine so our children can go back to school. Our teachers are front line workers. Our children deserve their education to be whole and available in person.

Supryia Ray, San Francisco

I am writing as a parent of two SFUSD public school students to urge you to prioritize teachers and school support staff for COVID-19 vaccines. Many public schools throughout California remain closed due to concerns around virus transmission and fears about getting the virus, including all SFUSD schools in San Francisco.

These closures--now ongoing for nine months--have tremendous negative effects on kids: learning loss (and loss of interest in learning itself); significant increases in anxiety, depression, and other mental illnesses; lack of opportunities to develop social and emotional skills; lack of physical activity; increases in obesity and other risk factors for diseases such as diabetes. Moreover, these impacts are even worse for those who are already the most disadvantaged. Having grown up in an extremely challenging family setting myself, and having seen my mother, a single parent, struggle simply to make ends meet, I can personally say that school was the safest and most stable place in my life, the place that made it possible for me to make my way to a better life.

My own children, who are now in second and sixth grade, are among the lucky ones, fortunate to be in a family where they are safe and well provided for, and even they have lost a great deal from school closures. Our second grader yearns to be back in school; a child who loved school now often says that she hates it because of distance learning, and she has missed the interaction with her classmates and teachers tremendously. She would also have lost out academically were it not for our efforts to teach her ourselves--an option for us only because my husband and I have flexibility in our work. Many, perhaps most, families cannot do this, whether for financial, emotional, or linguistic reasons. It is incredibly difficult and frustrating even for our family, and we are also losing work and income to do it.

Our son, an extremely responsible and engaged child, has adapted to distance learning as well as anyone might hope, but he, too, is missing out on all the interactions and opportunities in-person school provides. The projected return date for my second grader is March 22 at the earliest, and there is not even a projected date (let alone a plan) for my 6th grader to get set foot in his middle school.

It is clear that many teachers and school staff fear returning to school, and equally clear how important they are to all of our public school children--indeed, to our communities and to society in general. Education and a love of learning are the foundation for character, stability, and success throughout a lifetime. PLEASE prioritize teachers and school staff for COVID-19 vaccines so our educators can really feel safe and so we can get our kids back to school as soon as possible.

John Morris, West Portal Elementary 5th Grade Parent, San Francisco

Please prioritize teachers and school support staff for COVID-19 vaccines.

Thanks.

Cameron Hoffman

PLEASE prioritize teachers and school support staff for COVID-19 vaccines. It is critical that kids get back to school, and the vaccine is the only way that will happen. Please put school next -right behind senior communities!!!

Candace Chi-Tsunozaki

Please prioritize our teachers so that schools can open again. Students have taken a back seat for too long, and we need to keep the future of CA in mind.

Sonia Pasquali, San Francisco

I'm a resident of San Francisco, and my two children (in 5th and 8th grade) have been in remote school since March, with no end in sight. To date, SFUSD literally has no plan for when they can go back to school. Meanwhile, children in private schools have been able to return to school in person, widening not only the academic gap but the socio-emotional gap as well.

Children are suffering through their inability to interact in-person with teachers and peers, and it's particularly hurting children of families who cannot afford to make other arrangements (such as pods).

Please prioritize teachers and school staff to allow children to return to school and protect those who are looking after their education and well-being.

Kim McGee, Parent to 3rd and 8th grade kids in the SFUSD

I would like to express my support for having teachers be next in line (after healthcare workers and seniors living in care facilities) to receive a Coronavirus vaccine.

My third grader is about to start therapy for anxiety related to her distance learning. I am fortunate to have the health insurance to pay for that, but I am worried for all the children who may not have the resources that we have.

Thank you for considering vaccinating teachers next. I know it is a very difficult and contentious issue to have to figure out.

Susanna Upton

Kids have been at the bottom of CA decision making during COVID: We know transmission is low given the youth summer camp and fall sports pods outcomes. Prioritize teacher and school support staff. Our kids need to return to school!. Our kids need the opportunities to navigate learning with their teachers at school. They cannot do labs at home and so much more.

Prioritize our teachers and school staff for COVID vaccines!

Susan K Christensen MD

Please--the need for kids in school is urgent. Get teachers vaccinated is a must ASAP. The child's brain and learning ability need imprinting with knowledge ASAP, before anymore time passes

Hurry ASAP!

Cynthia Traina

My daughter is a Teach For America ESL teacher and she says the kids are really falling behind. They interact with English only a few hours a day over zoom, if they even turn their cameras due to their home situations—she's says they're not developing their skills and have lost the school year. These vaccines set aside for education will do the greatest amount of good for the greatest amount of people and for the future of our country.

Beth Munce

Simply put -- kids are suffering, needlessly, in the online learning model. Please show your priorities by putting front line Health Care workers as group 1a and Teachers as 1b. Getting our kids back to school is our greatest public health concern behind COVID itself.

Mary Zimmerle, Psy.D.

The school closures have made thousands of parents and children's lives feel nearly impossible. We're all just keeping it together as best we can, but school openings *need* to happen sooner rather than later. Please prioritize teachers and school staff for vaccines. Our kids need to be back in school IN PERSON. This has been a lost year for many many children, and has stretched the capabilities of countless parents. Please help!

Imran Mahmood ,Miraloma Elementary

Folks working indoors should be prioritized over folks working outdoors. Teachers need to be near the top of the list after healthcare workers and grocery store workers.

Our San Francisco elementary schools need to be opened ASAP, and teachers need to be protected.

Joanne Curley, Mother of 2 high schoolers, San Mateo

Please place the teachers next on the list after health care workers & those living in assisted care. Our kids need the social interaction.

Laura Hurley

Please give Covid-19 vaccines to all Public School teachers in the state of California so the schools can open for students can start in class learning. This viral school class learning is taking away students being able to socialize, know their teacher.

D Clark, San Mateo

Please allow teachers and school employees the first spots in vaccination. We really depend on our teachers and deserve priority in getting the vaccine

Vanessa Sewell, San Mateo Resident

As parents we would love for our teachers to have the opportunity to be vaccinated to protect them from this virus! Our kids miss school so much!

Who else are in high capacity areas?

Grocery store and warehouse personnel too! construction crews and highly skilled labor.

Charity and donation staff and distribution workers

* PD and FD, and ambulance and other emergency personnel

Laura Hurley

Please give Covid-19 vaccines to all Public School teachers in the state of California so the schools can open for students can start in class learning. This viral school class learning is taking away students being able to socialize, know their teacher.

Stephen Cook

I am writing to ask that you please prioritize teachers and school support staff to receive COVID 19 vaccines! I have two children in elementary school in public school in San Francisco who have been distance learning all year. Distance learning and social isolation has had a terrible effect on all children. Teachers and school staff should be a top priority in our society because of the crucial role they play in caring for and educating our children! They are underpaid and undervalued on a society level and giving them priority in receiving the vaccine would help immensely.

William Prusinowski, 8th Grade Language Arts/Social Studies, Cesar Chavez Middle School, Pajaro Valley Unified School District

Please have us in your minds and hearts when administering your first batch of vaccines. Thank you very much.

Sarah Koligian, Ed.D., Superintendent , Folsom Cordova Unified School District; Chris Clark, Board of Trustees; Ed Short, Board of Trustees; David Reid, Board of Trustees; Joshua Hoover, Board of Trustees; Tim Hooey, Board of Trustees

I write to urge your Administration to prioritize the vaccination of K-12 and early education teachers, administrators and staff in order to get our state's public schools and early learning and care centers fully reopened.

As California prepares for a phased-in vaccination schedule with frontline healthcare workers and congregate care residents and employees in the initial phase, the state should next prioritize K-12 and early education teachers, administrators, and classified employees. This is consistent with recommendations from the Centers for Disease Control and Prevention (CDC).

On behalf of the 2,400 employees of Folsom Cordova Unified School District, who support over 20,000 students in 33 schools in the cities of Folsom and Rancho Cordova in Sacramento County, we write to emphasize the importance of keeping our elementary schools open and fully reopening our middle and high schools, safely for in-person instruction. We believe that giving our school employees priority access to the COVID-19 vaccinations is critical to meet that goal and the goal of generating trust in the vaccination program.

School closures have had a negative impact on our children, particularly those from lower income families. As you have stated, reopening schools is also a crucial first-step in an economic recovery . One way to expedite school reopening is to ensure the health and safety of the education workforce. Prioritizing educators and school staff is a vital step towards that goal.

Our school district stands ready to work with your Administration to ensure a successful, equitable rollout of the COVID-19 vaccination.

Judy Daniel, San Francisco

Please provide vaccines for all school-site personnel: teachers, staff, maintenance, security. Everyone who works at a school.

Eric Sonnenfeld, Assistant Administrator- Early Childhood Education, Tulare County Office of Education

I support the proposal to include education and childcare as part of the Phase 1B proposed vaccine rollout.

Education and childcare are an important infrastructure component to the society and economy of California, employ individuals of color, women and serve the populations of children who are low income, individuals of color, and other groups at risk of high infection rates of COVID-19.

Humberto Gurmilan, San Ysidro School District

My name is Humberto Gurmilan, I am a resident of San Ysidro, California. I am a trustee with the San Ysidro School District and a college professor at two community colleges locally. I am writing to urge this committee to consider education and childcare workers and their families priorities for vaccine distribution. Especially those that work in childcare & K-12. As you know their work is essential and they have been working tirelessly throughout this health crisis to keep our communities moving forward. It's time to provide them with some peace of mind and greater safety. They will be the ones that lead us into a more promising 2021.

Derick Lennox, Senior Director, Governmental Relations and Legal Affairs, California County Superintendents Educational Services Association (CCSESA)

Please find the attached letter supporting the proposed prioritization of vaccines for school educators, which includes *all* critical employees such as teachers, classified employees, site-level administrators, and other key staff who serve students. We cannot understate the impact this prioritization will have to society, the economy, disadvantaged children and their families, and the essential workers who make our schools successful.

This letter was authored by the following statewide associations representing school agencies:

- Association of California School Administrators (ACSA)
- California Association of School Business Officials (CASBO)
- California County Superintendents Educational Services Association (CCSESA)
- California School Boards Association (CSBA)
- Small School Districts' Association (SSDA)

We appreciate your attention to this matter. When the appropriate time comes, we look forward to working with the Governor's Administration to ensure the vaccines are successfully distributed to school employees.

**Ted Alejandre, President, California County Superintendents Educational Services Association,
San Bernardino County Superintendent of Schools
Tatia Davenport, Executive Director, California Association of School Business Officials
Dr. Wesley Smith, Executive Director, Association of California School Administrators
Dennis Meyers, Assistant Executive Director, California School Boards Association
Tim Taylor, Executive Director, Small School Districts' Association**

On behalf of the undersigned statewide educational organizations, we write to urge your Administration to prioritize the vaccination of California's educators. We appreciate the proposed inclusion of educators within the Phase 1b vaccine distribution by the Community Vaccine Advisory Committee and encourage the state to adopt that proposal.

The meaning of "educators" is critical and must include *all local educational agency employees* due to the ecosystem of individuals necessary for schools to successfully serve students. This includes our certificated employees (teachers) and our critical classified and support staff, including nurses, substitute teachers, paraeducators, food service and transportation professionals, custodians, site administrators, and others.

Prioritizing the vaccination of educators will have an immediate societal impact and help mitigate the severe inequities experienced by children and their families during this pandemic. For California's children, the absence of the routines, relationships, and resilience provided by our schools has been lost. Schools have largely been closed since March of 2020, resulting in significant hard to students' development and social-emotional wellness. Our most vulnerable students are even falling further behind, including students with special needs, students who rely on schools for meals, English learners, and students from low-income families.

Access to K-12 and early education has a multiplier effect on the state's economy, especially for lower-income parents and guardians, for whom schools perform a childcare function. Reopening schools, when safe, will allow families to return to work and revitalize California's economy.

Diana Aguirre, PMP®, LSSBB

Please prioritize educators as essential workers and commit to providing them the vaccine immediately. Returning our teachers and our students back to the classroom will help with the moral of students and help start up our economy once again.

Please provide a copy of my comment to the vaccine drafting guidelines workgroup.

Matt Doyle, Ed.D., Superintendent of Schools, Vista Unified School District

Thank you for accepting feedback on the vaccine distribution for category 1B - Essential Workers. I would like to suggest that in the first category "Societal impact of job" you consider adding a bullet that reads "Social/Emotional Support Providers."

- **Societal impact of job (examples include)**
 - Necessary for survival/daily living basics/safety
 - Scarcity of workers
 - Parents losing jobs because no school/limited childcare (women disproportionately affected)
 - Stability of safe functioning of communities

- Education of next generation
- Caring for people who cannot care for themselves
- **Equity including (examples include)**
 - Economic necessity
 - Disproportional impact on already disadvantaged communities
 - Increased pressure on racial and ethnic communities
 - Deepening health and educational disparities
- **Impact on economy (examples include)**
 - Scarcity of workers
 - Wage and price stability
 - Indirect support of economy, i.e. schools, child care, families
- **Occupational exposure (examples include)**
- Those unable to work from home
 - Interaction with public
 - Impact on other essential workers
 - Risk of severe disease/death
 - Likelihood to spread disease due to having to work
 - Shared congregate workplace housing.

Caitlin Cornwall, Sonoma

Please put elementary and secondary school-site teachers and staff high on the priority list for getting COVID-vaccinated, so that schools can re-open as soon as possible. Keeping schools closed is doing irreparable harm to children, parents, workers, and equity.

I am a parent in the City of Sonoma, in the County of Sonoma. I have been a nonprofit worker in climate, housing, and environment here for over 20 years.

Julann Lodge

Students need their teachers, and the best way to open schools and get services back to students is to vaccinate teachers and all school employees. Schools do so much more than teach. They are hubs for important services that affect entire families. The best way to get schools functioning again is to make sure that the school employees are safe to be there.

Julie Wong

Open schools!!!

I am parent of a SFUSD 2nd grader.

Distance Learning is failing and unsustainable for young children. Get the teachers union on board to open, get them the vaccine, even if they are entitled whiners. The KIDS NEED this, else we will have a lost generation that will never recover from the collateral damage of closed schools.

Rick Shea, President: California County Boards of Education, Vice-President: San Diego County Board of Education

I am writing to request that teachers be given highest priority for vaccine distribution as essential workers. Citing your criteria for qualification, I list some of the reasons why I advocate for my urgent request:

- **Societal impact of job (examples include)**
 - Parents losing jobs because no school/limited childcare (women disproportionately affected)
 - Education of next generation
- **Equity including (examples include)**
 - Economic necessity
 - Disproportional impact on already disadvantaged communities
 - Increased pressure on racial and ethnic communities
 - Deepening health and educational disparities
- **Impact on economy (examples include)**
 - Indirect support of economy, i.e. schools, child care, families

Faith Sterling, Living Skills Teacher, Aptos Post Secondary

I am a Special Day class teacher and a mother of school age children. It is imperative that I get back to in-person teaching and that my children get back to in-person learning. I see how my students are struggling to maintain their skills that they worked so hard to gain. My children are suffering from anxiety and depression and all of this can be remedied with going back to school. I have asthma and my husband is over 65 so returning to work before the vaccine is unthinkable. If teachers can be vaccinated with the first round of essential workers then I believe that vaccinating teachers in the next round could be a turning point to the return of normal life.

Caron Lieber

Priority vaccines for educators

Please make our children a priority.

Eloy Ortiz Oakley, Chancellor, California Community Colleges

As you deliberate on the distribution of COVID-19 vaccinations, we want to ensure that California community college students and faculty in clinical settings such as nursing, and other forms of direct-care, have access to vaccinations before they are assigned to in-person clinical training. In addition, students and faculty working in other critical infrastructure sectors such as emergency services, and the food and agriculture sectors should be included in the distribution at the same time as others in these sectors.

California's community colleges train the majority of nurses, respiratory therapists, health care technicians, first responders and essential workers in our state. In response to the ongoing COVID-19 pandemic, our 116 colleges have converted face-to-face courses to online or alternative formats. Training of first responders and essential workers, however, has continued with in-person instruction where it is required in compliance with county public health orders.

During the pandemic, community colleges have played a critical role in the frontline response. Colleges sent ventilators from their respiratory therapy programs to the state stockpile managed by the governor's Office

of Emergency Services. Our advanced manufacturing programs produced thousands of pieces of PPE with their 3-D printers and provided them to local hospitals facing desperate shortages of these materials.

As we move into the next phase of the pandemic, and as you go about the difficult work of prioritizing who has early access to the COVID-19 vaccines, it is important to consider how these decisions will affect the first responders who will enter the workforce in the coming weeks and months to fight this pandemic as well as the faculty who train them.

The California Department of Public Health's Dec. 5 guidance on phase 1A of vaccine prioritization is welcome news for our state, especially our elderly in communal care settings and for those working in health care systems that have direct risk of becoming infected. We urge that subsequent guidance for essential workers include students at our colleges training to enter these occupations as well as their instructors.

This would ensure that students, especially in nursing and other fields of direct-care, are vaccinated before they are assigned to their in-person clinical experience, which is a key requirement of their training. It is equally important to vaccinate the faculty in these fields, as students move back and forth between clinical and academic settings.

We also strongly recommend that these be applied to other college programs that serve critical infrastructure sectors defined in the governor's executive order, such as emergency services, and food and agriculture sectors, to ensure continuation of instruction and commerce.

To quote a headline from an [article](#) in The New Yorker earlier this week, "America is Running out of Nurses." The California Community Colleges will continue to help communities respond to and recover from this crisis. We only ask that safeguards are established for students and staff who put themselves at risk.

(Anonymous) Current Preschool Teacher

Please give us priority on covid vaccinations. I am a lead Teacher and try to give my best to families, however, I have missed so much work for fear. I live with elderly 80-year-old grandparents. You're going to lose Teachers or ruin our morale of staying in the field. We are essentially helping Parents to be able to work. Without us no business will thrive. I urge you to please, offer us priority vaccinations. PLEASE. I speak on behalf of 30 teachers.

Eric S. Joyce, Oceanside School Board Trustee

I first want to thank you for utilizing your valuable time and energy to getting this set of decisions right. I have dedicated my professional life to the betterment of public education. This pandemic has disrupted our foundational institution like I never thought possible. Education is essential and the families most devastated by COVID-19 are the same families whose futures are most reliant on our public school system.

I recommend the C.V.A.C. include all certificated and classified school personnel as a top priority following healthcare workers and long-term care residents, for access to a COVID-19 vaccine in this next phase. I would also ask for accelerated consideration for staff working with students with special needs. These staff members are frequently unable to maintain the physical distance as is recommended by all public health guidelines. The students served by these staff members are also most at risk of losing physical, mental, behavioral and educational progress when serviced through virtual models. Thank you for your careful consideration and good luck.

Dave Esbin, Executive Director, Californians for Quality Early Learning (CQEL); Jamie Mauhay, Director, External & Governmental Affairs, Head Start California; Deryne Colburn, CEO, California Alternative Payment Program Association (CAPP) Executive Director, CAPP Children's Foundation; Ileana Lopez, Executive Director, Crystal Stairs, Inc.

The early childhood organizations listed on this letter request that the early childcare workforce be prioritized in the allocation of the COVID-19 vaccinations among essential workers.

Vaccinating the early childcare workforce enables front-line workers to do their job. The childcare workforce must be protected if they are to continue to support our essential health workers by providing childcare to their families of frontline workers.

Vaccinating the early childcare workforce protects vulnerable children. We must protect those who care for our young children. Children under five are unable to socially distance and consistently wear masks making them an at-risk population.

Vaccinating the early childcare workforce helps families get back to work. One survey showed 43% of families are struggling with care during the outbreak¹. Vaccinating the childcare workforce will ensure adequate staffing in childcare settings to remain open and allow families to work.

[1] California Child Care Resource and Referral Network, COVID19 Parent Survey, September 2020.

[Child Care Petition](#)

Michael Rodrigues, Super Munchkins Academy

I am an in home daycare provider and have served many families, especially essential families, when they were in dire need during these difficult times. I am writing to encourage you to prioritize in home daycares teachers and staff for the vaccination.

There is a large platform of in home daycare providers that risk their own health by taking care of essential families so they can ensure California continues to run.

Please do keep us in mind!! Thank you for all that you do.

Rebecca Kee, Head of School, Potrero Kids

As the director of Potrero Kids preschool, I hope that you will consider including early childhood teachers/support staff early on in the vaccine rollout. Many child care centers, including mine, have been open since June and we've asked our teachers to put themselves at risk to make safe, secure child care possible for children during this time. I hope that by prioritizing day care and K-12 teachers that all schools in California can be on a faster track to reopening or continuing to operate safely!

Please consider putting teachers in the early phases of the vaccine rollout. As a public school parent I know that many of my children's teachers are reluctant to come back to work until they feel safe, and I

think it's in their interest as well as the children's interest that teachers and students get back to school as soon as safely possible!

Radha Mohan, Executive Director, Early Care and Education Consortium

The Early Care and Education Consortium (ECEC) is writing to you on behalf of the early childhood education industry—including our eight providers with 395 centers and 7,310 employees operating in your state. We thank you for all you have done to promote public health and safety in California over the past nine months. As we eagerly await robust distribution of a COVID-19 vaccine, we are requesting that you take the essential nature of our field into serious consideration in California's vaccine distribution plan. Eleven million families across the country, including hundreds of thousands in California, rely on child care, allowing them to work and contribute to our nation's economic recovery.

Specifically, we are requesting that all child care workers, including teachers, directors, and other staff who work directly with children in a child care facility be among those who receive priority for vaccination after health care providers, residents of long-term care facilities, first responders, and individuals with comorbidities and underlying conditions that put them at significantly higher risk of severe COVID-19 disease or death. This is in keeping with the National Academies of Sciences, which recommends child care workers be provided the vaccine in Phase 2, behind the aforementioned groups.¹ It is also in keeping with the Center for Disease Control and Prevention (CDC), which places child care providers in Phase 1-B of vaccine distribution, along with others “who play a key role in keeping essential functions of society running and cannot socially distance in the workplace.”² This shows the broad recognition across the country of the role child care plays both in children's social, emotional and cognitive development, as well as in the role access to child care plays in the everyday functioning of the American workforce.

We are concerned that California's current draft vaccine distribution plan has yet to specifically identify child care in a particular phase. We encourage you to recognize the essential function of child care to the economy and specifically prioritize child care teachers and staff as recommended above.

Our industry has maintained operations to the best extent possible throughout the pandemic to serve the families of health care providers, first responders, and other essential workers, and it has been demonstrated through low transmission rates that the precautions taken have been successful.³ However, once a vaccine becomes available, we believe that our staff who work directly with children be included among those first in line to receive a vaccine. This prioritization would be in the best interest of children and staff, as these workers cannot work from home, and oftentimes cannot physically distance as recommended due to the age and needs of the children in their care.

Thank you for your time and consideration, and please do not hesitate to reach out if we can be of any assistance as you continue to develop your COVID-19 vaccination plan.

¹ <https://www.nationalacademies.org/news/2020/10/national-academies-release-framework-for-equitable-allocation-of-a-covid-19-vaccine-for-adoption-by-hhs-state-tribal-local-and-territorial-authorities>

² https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf

³ <https://news.yale.edu/2020/10/16/child-care-not-associated-spread-covid-19-yale-study-finds>

Tom Wyatt, Chief Executive Officer, KinderCare Education

I am writing to you today on behalf of KinderCare Education's 3,879 dedicated early educators in the state of California who continuously throughout the COVID-19 pandemic have cared for and educated the children of other essential workers. I thank you for all you have done to promote public health and safety in California over the past year. As we eagerly await the approval and distribution of additional COVID-19 vaccines, I respectfully request that you take the essential nature of our field into serious consideration in California's vaccine distribution plan. Eleven million families across the country rely on child care so they may work and contribute to our nation's economic recovery.

Specifically, I am requesting that all child care workers, including teachers, directors, and other staff who work directly with children in a child care facility be among those who receive priority for vaccination after health care providers, residents of long-term care facilities, first responders, and individuals with comorbidities and underlying conditions that put them at significantly higher risk of severe COVID-19 disease or death. This is in keeping with the National Academies of Sciences, which recommends child care workers be provided the vaccine in Phase 2, behind the aforementioned groups.¹ It is also in keeping with the Centers for Disease Control and Prevention which place child care providers in Phase 1-B of vaccine distribution, along with others "who play a key role in keeping essential functions of society running and cannot socially distance in the workplace."² This shows the broad recognition across the country of the role child care plays both in children's social, emotional, and cognitive development, as well as in the role access to child care plays in the everyday functioning of the American workforce.

Our teachers are concerned that California's current draft vaccine distribution plan has yet to specifically identify child care in a particular phase. I encourage you to recognize the essential function of child care to the economy and specifically prioritize child care teachers and staff as recommended above. Our industry has maintained operations to the best extent possible throughout the pandemic to serve the families of health care providers, first responders, and other essential workers, and it has been demonstrated through low transmission rates that the precautions taken have been successful.³ However, we believe that our staff who work directly with children be included among those first in line to receive a vaccine. This prioritization would be in the best interest of children and staff, as these workers cannot work from home, and oftentimes cannot physically distance as recommended due to the age and needs of the children in their care.

Thank you for your time and consideration, and please do not hesitate to reach out if I can be of any assistance as you continue to develop your COVID-19 vaccination plan.

¹ <https://www.nationalacademies.org/news/2020/10/national-academies-release-framework-for-equitable-allocation-of-a-covid-19-vaccine-for-adoption-by-hhs-state-tribal-local-and-territorial-authorities>

² https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf

Azucens Castanon

Keep vaccine priority for Child Care Providers.

Thank you!

Karin Bailey

I feel that it is very important to keep vaccine priority for childcare providers! Childcare providers are the backbone to the working force. I personally have a teacher in my care, a pharmacy tech, among others in my care.

Please reconsider our positions as childcare providers!

Beatris Sehat

Keep vaccine priority for child care providers.

I agree to get vaccine as soon as possible.

JA Cooper

Keep Vaccine a Priority for child care providers. Please, please, please. We are more than happy to provide care for the families (children) of essential workers. Enabling them to return to work, and service or community, however in doing so we are putting our health, our safety and that of our household at risk.

Morena Barrera

Soy Provedora de cuidado infantil y quiero ser vacunada yo ymi personal de trabajo estoy en la ciudad de Pacoima California y cuidamos niños de padres esenciales.

I am a child care provider and I want to be vaccinated, I and my fellow workers. I am in the city of Pacoima, California and we care for children of essential workers.

Gina Barajas

Keep Vaccine Priority for Child Care Providers. I agree and support child care providers being listed in Phase 1B of the vaccine allocation plan.

Diane Oakden

Keep vaccine for child care provider

It is essential that preschools and other early childhood care facilities remain open with enough staff to maintain quality care and meet state standards. Keeping early childhood educators and providers in the 1B phase is essential in ensuring that frontline workers remain safe and well.

Carolyn M Wertheim, Director of Early Childhood Education, Huntington Beach City School District

Please support the health and safety of our child care providers by including this group of critical professionals as top priority for Covid-19 vaccine.

Jacqueline Levesque, Program Specialist, CVNfL Early Childhood Programs

Keep Vaccine Priority for Child Care Providers. As a child care worker I am on the frontlines and in order to keep serving families who need childcare to be able to keep their jobs it is essential that child care providers are given priority for the COVID vaccine.

Kris Taylor, Exec. Director, The Room To Grow Preschool

We have been in session with three cohorts of preschoolers since early June. So far, we have had zero confirmed exposures and the children (and teachers) remain healthy and happy to be together. This reassuring data in no way negates the level of stress and concern our teachers feel every, single day that they walk into the classroom and trust that families have not been exposed, that they will not be exposed, and that they will not expose their loved ones.

To say that childcare and school is essential is an understatement. We are well aware that the economic recovery of our State cannot gain momentum until families can confidently go to work, knowing their children are safe and well cared for. We know how essential we are, yet we continue to work with reduced hours, sometimes reduced wages, the absolute joke that is Work Sharing through UI, along with the added stressors mentioned above.

We have teachers with compromised health who cannot return to the classroom yet who desperately want to. All of this to say, put us in the priority group to receive the vaccine along with all the other essential workers in CA. We are keeping California's children safe and loved, and that is the most essential work of all.

Kim Wong/Program Director, Bayview Center, San Francisco

We are asking that you prioritize vaccinations for childcare workers who have been essential throughout the pandemic and will continue to be as we move forward. Young children, especially infants and toddlers, don't socially distance well or have the ability to wear masks and teachers need to be protected. Please take this into consideration and prioritize the teachers of young children for the first rounds of vaccines.

Maria Elena Davo

Keep childcare providers who are essential workers on the front lines for the COVID vaccine!

Dr. Lisa Hansen, Ed.D., Owner, Growing Brilliant

I'm writing on behalf of our preschool workers at Growing Brilliant. My husband and I own four schools in northern CA. We currently employ nearly 100 teachers and serve over 500 families. Many of our families are healthcare workers and serve in essential industries. Keeping childcare centers open is essential for the state.

We have had several cases among our schools and have had to close for several weeks at a time due to teachers becoming positive. Not only are our teacher's at risk, but this also poses an incredible burden on our families who then cannot work or need to quarantine from their essential jobs.

Having childcare workers vaccinated would help reduce the overall numbers in the state since they come into contact with so many children and families in essential industries. It will also create a safer “bubble” for young children who cannot yet receive the vaccine themselves. We look forward to being in group 1B and appreciate the fact that our state is recognizing our industry thus far.

Armineh Amirkhani

Keep vaccine priority for childcare providers

Lisa Cummins

Childcare providers are essential

We need our vaccines to keep our families safe.

Gowan Family Daycare

Keep daycare providers on list for vaccine. I would love to be on waiting list for vaccine .

Manar Mohamed

Keep vaccines priority for childcare providers

We need to get the vaccine to protect our community

Loretta Ehrhart, Owner, Ryan Ranch Children’s Center, Monterey

Just putting in my 2 cents to point out that child care workers are the ones who make it possible for front-line health care workers and emergency workers to get to work! I hope we stay high on the priority list for vaccines.

Tena Madrid, MA, LMFT

I am writing to request that childcare providers receive priority with regards to the Covid vaccination. We are exposed to Covid on a daily basis. I have several front line worker’s children in my large capacity home child care including, but not limited to, nurses, doctors and firefighters. These children also expose our families given we work with our homes.

I believe we are at high risk, on a daily basis, given our exposure to infants and young children that do not wear a mask and are prone to illnesses on a regular basis.

Please take consideration for allowing us, the essential workers, to receive the vaccination in a more timely manner.

Jesus Bravo Guzman

Keep Vaccine Priority for Child Care Providers

Paul Korntheuer, St James Preschool

I work in early childhood as a PreK teacher and I wanted to add my voice that early childhood providers stay in the Phase 1B Covid-19 vaccine distribution list. Our crucial work as non-medical essential workers can not be overlooked. Early childhood centers across California, provide the safety net for all other essential workers in other industry sectors.

First and foremost, is obviously taking care of our communities' frontline medical staff and their support teams. Then I ask the childhood educators be considered next for vaccine distribution. We work in close quarters with children who may or may not be willing or able to wear a mask. Already, my center had a three year child test positive (SFPDH contacted / quarantine procedures in place). The risks and fear are very real to us all.

I wish you all the best through this process and that in the end, together, we can hug and hold hands without fear.

Marco Lizarraga, Executive Director, La Cooperativa

La Cooperativa Campesina de California (La Cooperativa) is the association of the National Farmworker Jobs Program -- WIA 167 -- grantees in the State of California providing education, training, placement, and self-sufficiency services to California's migrant and seasonal farmworkers and other rural and semi-rural poor. Our members include:

- California Human Development Corporation (CHDC)
- Central Valley Opportunity Center (CVOC)
- Center for Employment Training (CET)
- Employers' Training Resource (ETR)
- Proteus, Inc.

La Cooperativa's members provide services in 82 access points located in all 34 of California's significant agricultural counties. Our network serves over 153,000 clients per year and over 55,000 of these clients are farmworkers.

The California Farmworker is essential and it is essential for them to work given the poverty levels they suffer creating and extreme necessity for them to report to work. Many reports to work with symptomatic conditions of COVID-19 due to the economic necessity of providing for their families. The enforcement of protection for our farmworkers is weak at best.

We are cognizant of the devastating impact of COVID-19 to the Latino population and the overwhelming majority of the farmworker is Latino. Furthermore, they are going to be impacted economically by the cost of vaccination and the misinformation they will be subjected to. The vulnerability of the farmworker has been increased geometrically by COVID-19. They are highly exposed while continuing to put food on our tables!

It is of utmost necessity that Farmworkers be prioritized for vaccination and that a plan be drafted to overcome all barriers that exist that might exclude them from the deserved priority they deserve given the importance they have in getting food to our tables.

SAME LETTERS, DIFFERENT AGENCIES

Ryan Coonerty, Supervisor Third District, County of Santa Cruz, Board of Supervisors
Anna Velazquez, Mayor, Soledad

On behalf of the City of Soledad, we write you to respectfully request that the State's farmworker population be prioritized to receive COVID-19 vaccinations to protect our farmworkers who are providing critical and essential services to our community, region, and state.

Monterey County is one of the nation's top agricultural producers and agriculture is the County's largest economic and employment sector. A recent study, *Economic Contributions of Monterey County Agriculture (2020)*, shows that in 2018 agriculture contributed a total of \$11.7 billion to the county economy. Agriculture also supported 57,503 direct employees, which represented 22.8% of Monterey County's total employment, or about one out of every five jobs.

According to the COVID-19 Farmworker Study, "during the current COVID-19 pandemic, all essential workers put themselves at risk when they show up for work in grocery stores, hospitals, packing houses, and agricultural fields. Farmworkers face additional risks because they lack critical social safety net support afforded to other members of society, despite working in one of the most dangerous industries in the country. The COVID-19 pandemic has exacerbated existing vulnerabilities farmworker communities endure in their living, working, and health conditions...".

"The COVID-19 Farmworker Study provides strong evidence that the current pandemic amplifies existing injustices that have long been endured by California farmworkers. Farmworkers and organizations that work with them have powerful and productive suggestions for improving the safety of workplaces and communities. Preliminary findings from data collected through surveys of farmworkers during the pandemic reveals the following:

1. Farmworkers experience dramatic loss of work and income during the COVID-19 pandemic.
2. Farmworkers lack health care access and experience fear using medical services.
3. Farmworkers are vigilant about COVID-19 prevention practices outside of the workplace.
4. Farmworkers report low numbers of employers providing masks and face coverings.
5. Farmworkers have valuable suggestions to improve workplace COVID-19 prevention efforts.
6. Farmworkers are systematically excluded from important safety-net programs, which heightens their vulnerabilities and those of their family members."

Farmworkers are essential workers and due to nature of the work, are not able to work from home and social distancing at work can be difficult due to machinery constraints. Monterey County data show that our farmworkers are primarily Latinx and our Latinx population is experiencing disparate impacts not only in terms of higher case rates (74%), hospitalizations (83%), and fatalities (77%) compared to 61% of population, but also higher food insecurity, overcrowded housing, and loss of income. In a Monterey County study conducted by UC Berkeley in partnership with Clinica de Salud del Valle de Salinas, 57% of farmworkers with COVID-19 infection had symptoms and went to work even though they were told not to, again because of fear of job loss and lack of income replacement options. When asked in the same study, 52% indicated they would be extremely likely to get the vaccine.

For these reasons, we implore you to prioritize agricultural workers in vaccine distribution plans to help reduce the burden of COVID-19 on these essential workers with benefits extending into the household as many live in very overcrowded housing conditions.

On behalf of the City of Soledad, we appreciate your consideration of our request and look forward to working together to keep our communities safe.

Karen A. Vicari, JD, Policy Director, Cal Voices and ACCESS California

Thank you for your leadership to vaccinate all Californians in the most equitable way possible. Cal Voices, a statewide peer run mental health advocacy organization, is concerned however, about the lack of representation on the Committee by groups representing individuals who live with mental health issues. Individuals living with mental health challenges are at heightened risk of both contracting COVID-19, and of dying from the disease. This is due to a number of factors including a greater likelihood of co-occurring disorders, lower incomes, and living in congregate facilities and crowded environments, among others. We urge you to appoint a representative from a statewide peer run organization that specifically represents individuals who live with mental health conditions on your Community Vaccine Advisory Committee.

In addition, we urge you to include homeless shelters within tier 1 of the Covid Vaccine Guidelines. Unhoused individuals, especially those in congregate environments such as shelters, are particularly vulnerable to COVID-19, and do not have the necessary access to testing, medical care, masks and sanitization supplies, nor the ability to social distance that housed individuals have. It is imperative that we do everything we can to protect this vulnerable population.

Finally, we request that your recommendations and guidelines specifically address the myriad of congregate mental health facilities where individuals with mental health conditions reside, including Private Health Facilities (PHF), Board and Care Homes, and Project Roomkey/Project Homekey motels.

Amy Westling, Executive Director, Association of Regional Center Agencies

The Association of Regional Center Agencies (ARCA) represents the network of 21 community-based non-profit regional centers that coordinate services for, and advocate on behalf of, well over 350,000 Californians with developmental disabilities. We are writing in follow-up to our letter of November 29th, Re: COVID-19 Vaccine Prioritization And Californians With Developmental Disabilities.

In brief, the Tier 1B category should include people with developmental disabilities. Per our prior letter, there are well-established, heightened risk factors facing people with developmental disabilities due to COVID-19. Not only are the morbidity¹ and mortality² rates higher³ for this population, but their exposure risks (particularly in congregate settings^{4,5}) are also greater than for the general population.

Given the size of our community, an important distinction can be made for this proposed eligibility. Specifically, inclusion in Tier 1B can be limited to individuals eligible for either a Home and Community- Based Services (HCBS) waiver or HCBS State Plan Amendment programs. This sub-population meets all the epidemiological risk factors previously noted.

We thank you for considering the health and safety of people with developmental disabilities, the committed professionals who serve them, and the families that are integral parts of their lives.

Brandie Sendziak, Esq.

Thank you for the work you are doing regarding the COVID vaccine guidelines. I have attended the last two meetings via the public YouTube live stream.

I am a licensed California attorney and a disabled person. My background is immigration, criminal defense, disability law. and weight discrimination. I am concerned about the lack of representation of the fat community on the advisory group given that over 26 percent of Californians are reported to be “obese.” Not a single representative on the advisory committee represents the civil rights interests of these diverse individuals.

Higher weight individuals have faced discrimination related to COVID-19 and have unique access, health, and civil rights concerns. I have recently taken over the Fat Legal Advocacy, Rights, and Education Project which was founded by author, subject matter expert, and civil rights attorney Sondra Solovay and have unique expertise in the area.

As the new Legal Director of the Fat Legal Advocacy, Rights, and Education Project, I would like to attend the future COVID-19 vaccine advisory committee meetings and give input. Thank you for your time. I look forward to hearing from you.

Sheila Comin-DuMong

Is Downs considered a pre-existing condition, risk factor, or co-morbidity? How would this condition be tracked and reported?

The state needs to ensure its data collection forms for adverse reactions do include the population of Californian’s having intellectual & developmental disabilities. Informed consent for vulnerable populations hinges on knowing the impacts.

Sheila Comin-DuMong, Executive Director, CHANCE Housing

Barriers and hesitancy factors: Accounting for the side effect aspect.

1. For persons with developmental disabilities, they may need additional care from provider agencies and direct support workers so there is some planning in advance of receiving both vaccines;
2. For direct support workers of persons with developmental disabilities - the impact of side effects may mean lost work days, lost income, and possible care needs for themselves and family members so scheduling of workers who need to also provide extra care to the vulnerable populations they provide in home care to.

Craig Pulsipher, MPP, MSW, Associate Director of Government Affairs, APLA Health

NASTAD Calls for Inclusion of People Impacted by HIV and Hepatitis in COVID-19 Vaccination Plans

WASHINGTON, DC – Following the Food and Drug Administration’s (FDA) emergency use approval for the first COVID-19 vaccine, the country is embarking on the largest nationwide public

health initiative in its history. It is imperative to ensure that COVID-19 vaccination efforts reach individuals and communities who need it most, including those who are disproportionately impacted by HIV, hepatitis, and now COVID-19. Not only must this vaccination effort overcome logistical challenges because of its unprecedented scale, but it must also address the systemic racism, medical mistrust, and structural inequalities that are driving COVID-19 disparities. HIV and hepatitis disproportionately impact Black, Latinx, and indigenous communities, the same communities that are more likely to be diagnosed with, hospitalized by, and ultimately die from COVID-19.

“We are grieving 300,000 lives lost to COVID-19. Three hundred thousand people, with inherent dignity and value who have left behind families, friends, and neighbors who loved them. A vaccine presents an incredible opportunity to stem the tide of the COVID-19 pandemic, but only if federal, state, and local governments commit to addressing the systemic racism and inequality that are driving the disproportionate impact of the pandemic on communities of color,” noted NASTAD Executive Director Stephen Lee. “COVID-19 has shone a spotlight on the many ways our healthcare system is profoundly broken, including for individuals living with and at risk for HIV and hepatitis. This unprecedented vaccination effort is an opportunity to acknowledge the historic harms borne by communities of color and begin to build back the trust needed to combat this pandemic.”

To be successful, vaccination plans at the state and local levels must include the community networks and trusted providers that are best able to reach communities disproportionately impacted by the COVID-19 pandemic. This must include HIV and hepatitis health department programs, community-based organizations, and harm reduction service providers who have demonstrated an impact in reducing health inequities among communities of color. While public health education campaigns will be critical as the COVID-19 vaccine rolls out, federal, state, and local public health officials must also address provider bias to begin to repair a legacy of harm.

“We will not end the HIV, hepatitis, and COVID-19 syndemics without an unwavering commitment to addressing systemic racism. This commitment must be at the center of the nation’s vaccination efforts, reflected in funding, community engagement, and provider mobilization,” Lee concluded.

Lili Byers

I should have asked also, how can I help with this advocacy?

Aaron Carruthers spoke today about advocating to have people with IDD included in Tier 1B for vaccination. How will we find out if this effort is successful?

Beth Martin

InHome care provider for IDD family member

First thank you all for all your hard work on our behalf!

I would like to know how quickly my son and I may receive the vaccination and who is the local point of contact for Orange County. I would also like to volunteer to assist with messaging and communication or tracking, follow up etc for the state or my county.

Andrea Mettel

How can I receive the vaccine?

I am a live in IHSS parent provider for my son who lives with me. I live in Ventura county. How can I receive the vaccine? Who can I contact? Any details you. An provide would be appreciated.

Ilene Mattison-Shupnick

My question is around provision of the vaccine to those with immunosuppression issues . How will we be added to a list so that when the vaccine is available for us, we will be notified to go get it. I have asked three different physicians and none of them have any idea how this will be handled. They are not keeping lists of patients that fall into this category.

Shelley Herron

My daughter is 28 and has Down syndrome. I'm told she will be in Tier 1A since she lives in a congregate setting. I'm wondering if any clinical trials subjects have Down syndrome and if the vaccine effects have been studied in this population. I know people with DS sometimes reactive to medications and other treatments differently.

Ron Knipper, Cotati

Meeting #4 minutes raised the question: Where do people with co-occurring conditions or disabilities who are high risk but not living in congregate settings fall in the prioritization?

Yet this question was not addressed. Only "essential workers" are being prioritizes for Phase 1B.

The public deserves an answer to this life/death question.

Peggy Simons, Ph.D.

We have received conflicting information regarding Covid vaccines for developmentally disabled individuals, particularly those who are under 65, are immunocompromised or have other medical issues, and live in congregate housing.

It is understood that front line medical personnel need to be vaccinated first, however residents in congregate housing are the next group in Tier 1a, and no one seems to know how, when, and by whom the vaccines will be given.

My disabled immunocompromised daughter lives in assisted living with 45 other residents and is assisted by 30 staff. Most residents are Regional Center clients, yet neither RC nor the director of the housing has any information about vaccines.

Furthermore, some residents are now home with their families (temporarily) for the holidays, or due to current medical conditions such as recovery from surgery.

Is there a plan to allow these individuals to receive vaccines closer to their families rather than at their assisted living facility?

What about individuals who need more medical supervision during/after vaccination? A pharmacy tech at an assisted living residence will not be sufficient to provide care if a person experiences an allergic reaction, a seizure, or symptoms of aFib.

We need a reliable source of information beyond “Disabled people will get shots right after first responder.”

What type of documentation will be needed? We need to be prepared!

It is not enough to list the members of each tier, without explaining the specifics of how/where/by whom the vaccines will be delivered, and an alternative delivery system for those individuals who need more monitoring after injection or those who are temporarily not housed in their regular assisted living.

Grace Diaz, Chief of Staff and Assistant to the President, Special Needs Network, Inc.

We have an ABA Clinic. We have been designated as essential workers by the state. We would like to know what phase of the vaccine distribution would our clinicians be eligible for the COVID-19 vaccine. Would you be able to provide us with an answer? If you’re not able to answer the question, to whom should we direct our question?

Thank you in advanced for your time and attention.

Alex Jordan

I am on the frontlines as a grocery store worker and have been since March. I know I am at risk of getting the coronavirus because of my work but I am young and healthy and happy I get to serve my community how I can.

My comment is in support of giving the vaccine as soon as possible to people with underlying sickness. I know I will be fine but I do not know if my relatives with risky medical conditions will survive if they get this virus. I work because I want them to be safe, that also means them getting the vaccine as soon as they can.

I hope you will think about this when picking who goes next. Thank you to the committee for doing everything to get the vaccine to Californians. I am looking forward to having my turn after my less healthy family.

Kandi Pickard, President and CEO, National Down Syndrome Society and Hampus Hillerstrom, President and CEO, LuMind IDSC Foundation

On behalf of the LuMind IDSC Foundation and the National Down Syndrome Society (NDSS), the leading national Down syndrome research and advocacy organizations, we want to bring to your attention information about the risks facing people with Down syndrome as a result of COVID-19 and recommend how they should be included in your state’s vaccine allocation framework.

NDSS is the leading human rights organization for all individuals with Down syndrome, and the largest nonprofit in the U.S. dedicated to advocating for individuals with Down syndrome and their families. LuMind IDSC is a nonprofit organization that accelerates research to increase availability of therapeutic, diagnostic, and medical care options for individuals with Down syndrome and their families.

Our organizations support the COVID-19 Vaccine Allocation Principles outlined by the Consortium for Citizens with Disabilities (CCD), which take into consideration the needs of people with disabilities and direct care workers across settings, ensure that both the information and the means of distribution are accessible, and comply with federal guidance and civil rights laws.¹

Our organizations also generally support the recommendations of the CDC's Advisory Committee on Immunization Practices, which prioritize persons living in certain congregate living situations and with certain underlying conditions, based on CDC's listing of who is at increased risk. Down syndrome in and of itself is not currently on that list, but many persons with Down syndrome, due to where they live or their underlying health issues, need to be considered for early phase COVID-19 vaccine prioritization.

There are an estimated 210,000 Americans with Down syndrome. In addition to intellectual disability, people with Down syndrome have a variety of co-occurring medical conditions that contribute to medical complexity and place them at a disproportionately increased risk of having more severe outcomes following infection with COVID-19. In addition, many adults with Down syndrome live in community-based congregate settings such as group homes, which share many of the same risk factors as long-term care facilities where a significant portion of COVID-19 deaths have occurred.

The T21 Research Society (T21RS), an international non-profit scientific organization of researchers studying Down syndrome, recently released survey data comparing how COVID-19 is impacting people with Down syndrome versus the general population.² The survey shows so far that, while in the general population the risk for poor outcomes of COVID-19 increases around 60 years, in people with Down syndrome poor outcomes become more pronounced after age 40 and is increased in these older individuals compared to the general population of similar age.³ In fact, the risk of death for an individual with Down syndrome after age 40 is equivalent to the risk of death for an individual without Down syndrome after the age of 80.⁴

Based on the survey results, T21RS strongly recommends that individuals with Down syndrome, particularly those over 40, and those younger than 40 with significant comorbidities, be prioritized for COVID-19 vaccination programs to limit SARS-Cov-2 infections.⁵

We urge you to take this information into consideration, and to expressly address the appropriate prioritization of individuals with Down syndrome as a high-risk population in your state's COVID-19 vaccine allocation plan.

¹ <http://www.c-c-d.org/fichiers/CCD-Vaccine-Allocation-Principles-October-2020.pdf>

Ryan Spencer, Principal, RGS Consulting and Advocacy, LLC

I read in CA Healthline today that the optometrists were talking to Governor's Vaccine Task Force to get them in the mix to administer vaccines. I am assuming the podiatrists will want to inquire as well. Is there a lead contact on the task force who I or CA Podiatric Medical Association may connect? Thanks in advance!

https://californiahealthline.org/news/optometrist-dentists-possibly-administer-covid-vaccines/?utm_campaign=CHL%3A%20Daily%20Edition&utm_medium=email&hsmi=101616522&hsenc=p2ANqtz-89IOxlaeVLPLZ3goq0FoqXT21sW8pvcFO6E4MPYIYmF2d3S2Rzyxg9l-wjCo1F8Tfo5JOgHyrOfhYv2kPAzihNOPSoyQ&utm_content=101616522&utm_source=hs_email

Cristina Lizarraga, Pharmaceutical Solutions and Services

I hope you are doing well and your week has been great. I was given your contact information as I understand you are the State Immunization Manager, and I am wondering what is the process to ensure coverage for hospital pharmacies to administer the COVID vaccine?

Any guidance you can provide would be very much appreciated. I am happy to schedule a time to speak as well if that is easier for you.

Shirley Guich

We are a company providing in-home medical services to patients in El Dorado, Sacramento and Placer counties. What is the process for getting in line for vaccinations for our staff? I believe we would meet criteria for the Tier 2 phase of distribution.

Susan

Communications regarding testing requirements and vaccines as they relate to different kinds of healthcare providers are unclear and I am seeking clarification and advocating for broad inclusion. My parents, who are Santa Clara Co. residents, were in SNFs six times in as many consecutive months just prior to the pandemic.

As my parents have not wanted to move into assisted living, they have 24/7 care assistance from 5-9 people each week inclusive of visits by palliative care practitioners. (They have 2-4 medical appointments outside of the home each week too.) In-home care personnel is not consistent due to issues with availability, competency, personality fit and trust.

My parents have had 3 covid scares since Sept--one per month. I was personally affected/quarantined by one as I'd driven one parent to/from the ER prior to learning of a possible covid exposure that had occurred as recently as the prior overnight shift. That driving experience excepted, I've interacted with my parents only from a distance, masked and from outside of their home and via phone so that I don't lose the ability to help them. (I don't work or socialize in person with others, and so have close to no risk of contracting covid.) These exposures and possible exposures have been highly disruptive to an already excruciatingly difficult situation disrupted by general effects of covid--as they've resulted in numerous cancelled medical appointments and delayed care (please recognize that not everyone can participate in video or phone-based telemedicine nor can all medical care be administered remotely).

1) Do in-home care providers have regular testing requirements? (I cannot interpret any such requirement from the state or county websites.) --> if they don't, I beg of you to please introduce this requirement.

2) Are in-home care providers being included in the category of healthcare providers or nursing home workers as a priority for the vaccine? --> If not, again, I lend my strongest appeal that this sector of healthcare industry be prioritized at the same level, and not continue to be neglected. They perform

critical care for our aged and/or frail community members who are desperately trying to hang on to the comfort and marginal independence offered by living in their own home.

3) Are elderly dependent on home caregivers prioritized for a vaccine? -> They should be. They are a high risk population just as those in an SNF or LTC, and probably have even higher risk than those facilities given the lack of oversight for in-home care agencies and workers.

I deeply appreciate the leadership of your agency and all you continue to do in interest of public health.

M Armstrong, CEO

How do we get our testing staff lined up to get vaccine, what do we need to do. Lab workers are listed as group three under first tier. We are not part of a Hospital Laboratory but our providing testing as essential workers. How do we get our at risk people set up to get vaccine. As the Chief Operating Officer what do I need to do to get my people protected. We collect samples and run testing. Please help, thanks.

Diana Brody, RN

I am a registered nurse and have volunteered to assist with COVID vaccinations in my county. My request to the California Department of Health & Human Services is that you will be vaccinating all the people giving the vaccines to others.

If state-wide volunteers are going to be giving months of their time and potentially being exposed to hundreds of people a day (a percentage of people getting their vaccine will be asymptomatic COVID carriers), we should be protected and not at exposure risk. Many volunteers will not want to participate in administering thousands of vaccines to others, if we are not protected from contracting COVID first. It is not worth the risk to ourselves, our spouse & children, or our families.

Romel Cunanan

I was wondering if there is any guidance for CDPH about the vaccine allocation? We are a CLIA certified lab PathMD, Inc. (05D2045519) that performs COVID testing. Will someone contact me about allocation or do i as the lab manager have to arrange this for my employees?

Ross Herron, MD, Divisional Chief Medical Officer, American Red Cross Blood Services, Pacific Division & SWARM Division

I am the Chief Medical Officer of American Red Cross Biomedical Services for the Pacific Division and the Southwest and Rocky Mountain Division. With the FDA approval today of an Emergency Use Authorization (EUA) for the Pfizer SARS-CoV-2 mRNA vaccine, I am contacting you on behalf of American Red Cross leadership in California to request a virtual meeting to discuss the plans in California for distribution of the first shipments of vaccine and the prioritization assignments for those receiving the vaccine.

During the virtual meeting, we would like to discuss three items:

1. Inclusion of the American Red Cross Biomedical Services workforce who have direct contact with patients, blood donors, and blood products in Phase 1.a of California's Vaccine Distribution Plan.

2. An understanding of how the American Red Cross Biomedical Services workforce who have direct contact with patients, blood donors, and blood products will obtain access to vaccines, including tactical steps and the associated timeline.

3. An understanding of any California state requests for Red Cross support to the vaccination process.

We would be grateful if you could find time in your busy schedules for a brief virtual meeting sometime next week (preferably Monday through Wednesday). From online sources, <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19Vaccine.aspx> , <https://www.cdph.ca.gov/Programs/OPA/Pages/NR20-281.aspx> and <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/CDPH-Allocation-Guidelines-for-COVID-19-Vaccine-During-Phase-1A-Recommendations.aspx> , Red Cross leadership believes that Robert Schechter, MD, Co-Chair of the Drafting Guidelines Workgroup and his support staff would be the appropriate persons with whom to meet. However, since we weren't exactly sure of this, I have included others in the address list who would be able to inform us of the appropriate individual(s) from the California Department of Public Health (CDPH) with whom to meet.

Dr. Schechter, earlier this afternoon I left a message with a staff member covering the service desk phone number listed online as a secondary contact number for you, (510) 620-3737, after I had called (510) 412-1499 without success in reaching you (and being unable to leave a voicemail, since there was no message service available for that phone number).

I am available at any time by my contact information listed below in my email signature (e.g., mobile phone, text, or email). I look forward to hearing from you and meeting (virtually) with the appropriate people from CDPH.

Angie Turner, RN, BSN, Regional Donor Services Executive, S. California American Red Cross CA Blood Services

On behalf of the American Red Cross, we appreciate very much your quick response recognizing that our Biomedical staff having direct contact with patients, blood donors and blood products will be in Phase 1A. We currently have 3,025 staff in the state of California who qualify for Phase 1A. Each of these staff are issued an American Red Cross photo ID. We suggest this be the identification requirement for ARC staff vaccinations.

Since it is extremely important that during this process we don't interrupt the collection of blood, including convalescent plasma, we ask that we have the opportunity as soon as possible to plan for our staff vaccinations in the State. I (Angie Turner) will be the contact with your appointed staff to ensure we have a seamless approach. Could we set up a meeting to discuss this next week?

We look forward to partnering with our California Dept. of Public Health in this life-saving measure and welcome your thoughts on how the American Red Cross can support your efforts.

Copied on this message is Joanne Nowlin, Humanitarian Services Regional Executive, Los Angeles, as both she and I will be representing American Red Cross in California as we proceed with planning for the vaccinations of our staff and volunteers, as well as helping provide education and vaccination messaging in our communities.

Isaiah Phillips

My name is Isaiah Phillips and I work for Blood Centers of America. We have numerous blood centers throughout the state that are equipped to store both the Pfizer and Moderna vaccines have expressed interest in accommodating vaccine storage, as the centers can hold millions of doses. The centers do not have Pharmacy Distribution Licenses, but would be willing to take the necessary steps to aid the state in storing the vaccine.

On this front, I had a few questions listed below regarding California's vaccine storage plan and the possible role the centers could have.

- Is there an opportunity for our blood centers to participate?
- Who is the best point of contact, regarding the vaccine, in California?
- When is the decision-making timeline in regards to future vaccine distribution/storage?
- What additional forms would the blood centers have to complete?
- Are there any reimbursement models for the blood centers that would be advantageous to know as a reference?

If anything is unclear or if there are any questions for Blood Centers of America, please feel free to reach out. Also, if you would like to schedule a call to go into greater detail, I would be happy to schedule a call between my manager, myself, and the relevant entities.

Kathy Jessen, RRT, CPFT

Please consider the time and proximity that healthcare workers are in contact with the public when deciding on the priority of the vaccines given to them.

I am a retired Respiratory Therapist who worked 45 years in Californias hospitals and clinics. We are the ones running the ventilators and tending to the respiratory care of the patients as well as doing the diagnostic testing (pulmonary function testing, bronchoscopies, exercise physiology tests).

In an ICU we must be at the bedside of each ventilator at least every two hours, usually more. We are on the CODE teams and transport teams. But with testing in the clinics we are in a closed room for 30 mins to over an hour with the patients either performing a Pulmonary Function Test (like the lung Olympics), Exercise Test (breathing to their max) or bronchoscopy which is well documented as some of the highest exposure to whatever is in a patient's lungs.

It's troubling to see on the news that the first people getting the vaccine are nurses, and in SF; a doctor, nurse and X-ray tech?

My peers still on the frontline are having to wait for doctors to get vaccinated first when they're office visits are limited to 15 mins!

Also, all we hear is about N95s. We need PAPr hoods that have many parts that need cleaning in-between patients. The supply for these parts is not getting to the staff who have to wear it.

Please pretend this is research and do it by the science. If you want the most exposed, it isn't the doctors.

Last thought, the only way you will get selfish people to comply is to issue significant fines on them. I tell people, replace the thought of COVID with TB. Would anyone want people running through our communities with active TB? No, and TB is treatable! We have public health rules to protect us against TB, why not COVID?

Lydia Bourne, Legislative Advocate, Bourne & Associates

Blood bank staff were declared “essential workers” in March and also with comments from the Governor the importance of blood donations was heightened in spite of the stay at home.

With the advent of the vaccine, it is critical that blood center staff be prioritized in order to continue to provide the vital life source for all Californians. I have attached letters from BCC and from the America’s Blood Centers, American Association of Blood Bank and the American Red Cross requesting that blood center staff be recognized as “health care personnel”.

Darrin Greenlee, President, Blood Centers of California

The Blood Centers of California (BCC) is an alliance of 11 non-profit blood centers located throughout the state. BCC member centers supply more than 1.4 million units of blood and blood products representing over 90% of products needed by California’s hospitals, physicians and patients. Our mission is to provide safe, high quality, and readily available blood and blood components for Californians.

We write, on behalf of all Californians, to join AABB, America’s Blood Centers, and the American Red Cross to support the CDC’s definition of “healthcare personnel” and the recommendation by the Advisory Committee on Immunization Practice (ACIP) to prioritize healthcare personnel, including blood center employees, for the purpose of allocating the COVID-19 vaccine.

Throughout the current COVID-19 pandemic, blood center employees across the state have continued to work every day with uncompromised and selfless commitment to ensure a safe and adequate blood supply remains available to Californians. Simply put, these individuals serve a critical role in service to patients needing blood and blood products including the collection of convalescent plasma used specifically to treat COVID-19 patients. The need for our ability to continue this service to the state without compromise by protecting these workers at the earliest possible opportunity is unquestionable.

To ensure a safe and robust blood supply remains available throughout the pandemic, it is essential that blood centers’ personnel be considered healthcare personnel for the purpose of the vaccine allocation in the state of California.

Debra BenAvram, Chief Executive Officer AABB; Kate Fry, Chief Executive Officer America’s Blood Centers; and J. Chris Hrouda, President, Biomedical Services American Red Cross

AABB, America’s Blood Centers, and the American Red Cross applauds the Advisory Committee on Immunization Practices (ACIP) on its recommendation to prioritize “healthcare personnel,” including blood centers’ personnel, for the allocation of the COVID-19 vaccine, and urges CDC to adopt this recommendation. Collectively, our organizations represent the nation’s blood collection establishments, transfusion services, and transfusion medicine professionals.

Our organizations support the CDC’s definition of “healthcare personnel,” which was presented at the ACIP meeting on December 1 and included a reference to the Department of Homeland Security’s (DHS’) August 18, 2020 “Advisory Memorandum on Ensuring Essential Critical Infrastructure Workers Ability to Work During the COVID-19 Response.” DHS’ Advisory Memorandum specifies that blood centers’ personnel are part of the “essential critical infrastructure workforce.” We support ACIP’s recommendation

to prioritize healthcare personnel, including blood centers' personnel, for the purpose of allocating the COVID-19 vaccine.

A safe and adequate blood supply is critical to medical practice, patient safety and the public's health. Blood and blood components are irreplaceable essential medicines and unique health care resources. Blood transfusions are routine medically necessary treatments for patients with certain chronic health conditions, such as sickle cell disease, and are frequently required for patients who lose blood during surgery or because of injury. In contrast to most other life-sustaining medicines, blood and blood components originate from a steady supply of donors who generously donate millions of units of blood and blood components each year. Blood has a shelf life of up to 42 days for red blood cells and only five days for platelets, thereby requiring constant and regular collection from healthy individuals to sustain the nation's blood supply.

Blood centers and their personnel are essential to protecting the health care system, as they collect, test, process and distribute blood components to hospitals and other settings of care where blood is transfused to patients. Additionally, blood centers' personnel are on the front lines of the nation's response to COVID-19, as they are collecting, testing, processing and distributing COVID-19 convalescent plasma. Due to the nature of their positions, they work in close proximity to others and members of the public and are therefore at higher risk for exposure to COVID-19. Workforce challenges resulting in outbreaks of COVID-19 and staff quarantines could limit collections of all blood components including COVID-19 convalescent plasma.

To ensure a safe and robust blood supply remains available throughout the pandemic, it is essential that blood centers' personnel be considered healthcare personnel for the purpose of the vaccine allocation.

Joshua Bush, CRNA, MS

I'd like to have our Drs. and nurses receive the Covid virus vaccine ASAP. What is the process? We are an outpatient surgery center for spine and orthopedic procedures. Thank you for your help!

Marc Chow, MS, Executive Director, National Renal Administrators Association

My name is Marc Chow and I am the Executive Director of the National Renal Administrators Association that represent dialysis providers in the United States. I am based in Santa Cruz, CA and want to thank you for your leadership and willingness to serve during this very difficult time for Californians and the health care professionals and patients being served.

I respectfully submit our short comment letter highlighting the importance for strong consideration of prioritizing dialysis patients and dialysis health care professionals regarding the COVID 19 vaccine. As you are aware, dialysis staff and end stage renal disease (ESRD) patients have NOT been able to "Shelter In Place" during this pandemic due to their need for life sustaining dialysis treatments and services. These treatments are 3 times a week for up to 4 hours per treatment with patient in a room of 24, 36 or 48 other patients sitting about six feet apart.

This high risk patient population with multiple co-morbidities live in all communities across California. The patients and staff are in a closed environment for multiple hours a day and either go back to their nursing home, skilled nursing facility, or their own homes where they are exposed to their family and loved ones. The staff and patients are exposed to each other and the community at large and will continue

to be a high risk and vulnerable patient population until they receive this COVID 19 vaccine. We strongly believe prioritizing this patient population and health care professionals will lower the risk of mortality as well as help to lower hospitalizations during the uptick of COVID patients who need ICU or hospital care.

We realize that many other organizations and groups of people have the same request for all important and valid reasons. The one difference we have is that all patients in dialysis center are “visitors and patients” and we are unable to NOT provide life sustaining treatment to ESRD patients. While dialysis providers across the country take all the necessary safe guards and protection possible during this pandemic for the patients and staff, the reality is during the current winter months we continue to predict ongoing challenges to this vulnerable population and the vaccine can and will save lives and hopefully prevent the spread that can help due to the close contact these patients and staff have to each other on a daily basis.

Maria Regnier, RN, MSN, CNN, NRAA President

On behalf of the National Renal Administrators Association (NRAA) of independent dialysis providers across the U.S., I thank you for your leadership as the Nation confronts the unprecedented COVID-19 public health crisis and respectfully urge that patients with end-stage renal disease (ESRD) on dialysis and the dialysis clinic staff who care for them have priority status in COVID-19 vaccine distribution. We respectfully urge priority status for these highly vulnerable patients and their care providers in California because:

- The risk of ESRD patients and their care providers contracting COVID-19 is especially high due to frequent patient entry into public spaces for thrice weekly in-center dialysis treatment, in addition to other medical appointments. Indeed, Medicare ESRD patients are *more than four times* as likely to contract COVID-19 relative to other Medicare enrollees (incidence rate of 4,584 per 100,000 for ESRD patients versus 1,226 for Medicare’s seniors and 1,179 for Medicare’s disabled beneficiaries, respectively), with those ESRD beneficiaries dually eligible for Medicare and Medicaid having an even higher incidence rate (10,555 per 100,000 beneficiaries).¹
- ESRD patients on dialysis disproportionately have suffered from severe COVID-19 outcomes, including death, compared to those without ESRD. Medicare ESRD beneficiaries with COVID-19 have had a hospitalization rate *more than seven times higher* (2,194 per 100,000) than that of either aged (320 per 100,000) or disabled (268 per 100,000) beneficiaries, with dual-eligible ESRD beneficiaries having an even greater hospitalization rate of 5,432 per 100,000 beneficiaries.² Further, all-cause mortality among patients receiving dialysis in 2020 was 37 percent higher during COVID-19 peak weeks 14 through 17 and 16 percent higher during peak weeks 18 through 27 compared with the same period in 2017 through 2019 – indicating the likely severe impact of the virus on the very susceptible ESRD patient population.³

Given the significant risk of virus exposure and severe health outcomes dialysis patients face from contracting the novel coronavirus, the NRAA very much appreciates your consideration of our urgent request to prioritize ESRD patients and the dialysis clinic staff in California who care for them in COVID-19 vaccine distribution.

¹ Centers for Medicare and Medicaid Services. [“Preliminary Medicare COVID-19 Data Snapshot: Medicare Claims and Encounter Data: Services January 1 to September 12, 2020, Received by October 9, 2020.”](#) Slide 6.

² *Ibid.*

³ USRDS. [“2020 Annual Data Report: COVID-19 Supplement Chapter 13.”](#)

Michelle Welborn LM CPM Tania McCracken LM CPM California Association of Licensed Midwives (CALM) COVID Response Team

I have been referred to you as you are involved in vaccine distribution. I am writing today to ensure inclusion in vaccine access for the approximately 400 practicing Licensed Midwives and over 250 student midwives in California. Licensed Midwives are frontline health care workers providing pre-natal, intra-partum, and post-partum care to thousands of California families every year. The novel SARS 2- Corona virus has presented new challenges for all frontline health care workers who are unable to fully virtualize care. Due to the high risk of exposure caring for families, Licensed Midwives need to be proactively included in the first wave of vaccine deployment.

Further, Licensed Midwives are independent practitioners in the state of California and as such we work outside of institutions, necessitating a specific access plan for the vaccine. We propose that Licensed Midwives be allowed to access the vaccine as frontline workers through free-standing clinic sites and hospital institutions as non-employee clinicians. As you know, vaccinating front line workers is vital to the abatement of the SARS-COV 2 virus and to the insurance that the vital services midwives provide continue uninterrupted.

Can you help independent Californian midwives get a place in line? Can you direct me to who can help ensure community midwives are included at the local and state level vaccine planning? If you are not the right people to contact, can you direct me to the appropriate persons?

Shannon Coleman, SFSU Nursing student and NSA Legislative Director

There is a gap in guidance about nursing students. There is nothing specified in state or county documents about how students, who are in hospitals for clinical training, will access vaccinations. The schools of nursing have not received guidance and the counties don't seem to know what to do with us. The hospitals say they are only responsible for vaccinating employees.

Please advise how these front line workers can gain access to vaccinations.

Craig H. Kliger, MD, Executive Vice President, California Academy of Eye Physicians and Surgeons

On behalf of the California Academy of Eye Physicians and Surgeons, which represents the interests of the approximately 2,000 ophthalmologists practicing in our state and our patients, I am writing to comment on the above-referenced Guidelines.

We greatly appreciate the thoughtful approach of the California Department of Public Health (CDPH) to this complicated topic. However, we believe that the broad groupings established may require refinement based on evidence-based risk and that further granularity may be necessary to ensure uniform applicability throughout California.

For example, we note that “Primary Care clinics, including Federally Qualified Health Centers, Rural Health Centers, correctional facility clinics, and urgent care clinics” are in Tier 2 and “Specialty Clinics” are in Tier 3, each broad category without exceptions.

However, we argue that some non-primary care specialties might actually have higher risk than those considered “primary care” and even some primary care specialties may have higher risk than others.

For example, ophthalmologists (and optometrists) have been found in many settings to be at higher risk (see references attached) given that the instrumentation required (e.g., a slit lamp) places the patient and provider in extremely close proximity during essentially each in-person encounter, and the same might be said of those in otolaryngologists, and likely others.

Indeed geriatricians and ophthalmologists see a far higher proportion of those 65 and over, thus making them potential candidates for priority from the standpoint of protecting that population.

Therefore, we do not feel the current guidelines take into account those realities and ask that outpatient providers instead be stratified by “higher risk” and “lower risk” rather than by “primary care” and “specialty” – perhaps within in a Tier 2a – and that the CDPH use evidence-based techniques to specifically delineate which ones reasonably fall within each.

David Turetsky, MD, Advanced Eyecare

This is Dr. David Turetsky with Advanced Eyecare. I’m writing on behalf of several contracted provider groups regarding the vaccine roll out. I understand that CVS and Walgreens will be handling the vaccinations in California with the exception of LA County. Several groups (including ours) have been contacted by a large LA based SNF chain and they have offered to vaccinate limited numbers of ancillary providers with any unused vaccine supplies resulting from resident or staff refusals. This will allow some providers to restart in-facility care that has been lacking for the past 10 months.

Are you aware of any contacts that we could make regarding tapping in to the allocated but unused vaccines that CVS/Walgreens will be administering in the facilities. We have several thousand patients who are past due for glaucoma and diabetic eye disease follow-ups not to mention the many residents in need of podiatric and dental services. Any information you can provide would be most appreciated.

Monty Dunn, MD

I am an anesthesiologist, working at different surgery centers in the Bay Area. Since I am an independent contractor, not affiliated with any medical facilities, how can I enroll myself in the Covid vaccine process? Thank you for any suggestions

Maria Zuberi

I am writing to you on behalf of Comprehensive Psychiatric Services. We have about 46 providers and 40 staff members at various clinics throughout California. Being in the healthcare field, we want our staff and providers to get vaccinated for Covid19. How do we request that? What’s the process?

Logan Rank, The Consilio Group

Hope this email finds you well. Reyes Diaz from the California Senate Health Committee suggested that we connect with you. We’d worked with you earlier this year on behalf of CA based company Natera

(natera.com) regarding data highlighting the disparity of access to non-invasive prenatal screening (NIPS) for pregnant women covered by MediCal in California.

Wanted to see if you or a colleague would be free for a brief telecon sometime early next week to discuss some dynamics related to Natera's essential lab employees receiving the COVID-19 vaccine?

As you can imagine, it's pivotal that these employees receive the vaccine as soon as possible to ensure no lapses of critical lab work related to prenatal screening, oncology, and organ transplant related testing. Natera employs over 300 essential laboratory workers in California generating critical lab results.

According to the CDPH Allocation Guidelines for COVID-19 Vaccine, their EE's were pleased to see that clinical staff providing supporting laboratory services fall in Tier 3 of the Phase 1a vaccination recommendations.

Eileen Javed, RN, BSN, MSHA, CEO, Yellow Wood Recovery

I am writing in regards to the COVID-19 schedule of vaccination. We are a Behavioral Health Treatment facility with a medical director, 24/7 nursing staff, and therapists. We did register in late November when DHCS sent an email out regarding the registration.

Could you tell me where we fall in regards to the vaccine rollout? We are concerned that daycare providers and teachers will be vaccinated before behavioral health facilities where patients live during their inpatient treatment. Additionally, our patient population suffer from mental illness and substance abuse making it difficult for them to be compliant with COVID-19 precautions before they are admitted for treatment.

Sanaz Khorrami MD

My name is Sanaz Khorrami and I'm an internist practicing out of Newport Beach California. I would like to bring to your attention a situation that has come about in orange county. I am a front line worker who sees Covid patients on a regular basis in my practice and for the past nine months I've been working to keep these patients out of the ER and hospital. At this time I found out through the orange county public health and also through Hoag Presbyterian Hospital that as an outpatient doctor we do not have any priority and I will not be getting the vaccine until phase 2 possibly February or March.

The hospital has decided to prioritize its own employees which have not only included ER doctors appropriately so but also surgeons, OB/GYN's, cardiologist, nephrologist, and orthopedic surgeons, however they feel that even though we are the first people that see Covid patients and we are truly the first line we do not get the vaccine till months from now. There is very little oversight into this and because we're such small practices we have no say or weight to have access to this vaccine. Please help us In order to be able to get access to the vaccine as no one has been able to help us locally from the mayor to the orange county public health department to the OCMA and not our local hospital.

We are drowning in covid patients and need your help to stay healthy and continue to see patients and keep them out of the hospitals when possible .

Melissa Gregorian

We are a home health agency, sending nurses, therapists and aides to patients house.

I just want to know how our employees can get the vaccine.

Mariana Leon Human Resources Business Partner, Avantor/Therapak Claremont

I write on behalf of our 140 essential workers at Avantor/Therapak Claremont to ask for your help in securing priority COVID-19 vaccinations for them. Throughout the pandemic, our Claremont associates have worked diligently to provide vital support for the development and production of leading therapies and vaccines to battle SARS-CoV-2, the virus that causes COVID-19. Avantor is a key participant in Operation Warp Speed, providing products and services to each of the COVID-19 vaccines in development. We have been recognized by the Department of Homeland Security and the White House as a critical infrastructure supplier.¹ We also support nearly all vaccines or other therapy candidates for COVID-19 globally. Avantor's 140 of distribution employees at Therapak clearly are also considered to be "essential workers" by the Advisory Committee on Immunization Practices (ACIP) COVID-19 Vaccine Work Group of the Centers for Disease Control, and we need your assistance to ensure our associates are given appropriate priority in the earliest phases of COVID-19 vaccinations as the CDC envisions.² To help our customers meet the challenges of the COVID-19 pandemic, to support the rapid and effective deployment of COVID-19 vaccines (and their further production), it is critical that our essential workers at Therapak be prioritized for vaccination. It is also the right thing to do to support the communities where our CA associates live and work. Please let us know what steps to take to ensure our essential workers are early candidates for vaccination in LA County. Thank you for your consideration.

Krista Niemczyk, Public Policy Director, California Partnership to End Domestic Violence

Please find attached the California Partnership to End Domestic Violence's comments to the Community Vaccine Advisory Committee to highlight the needs of domestic violence programs and survivors in the distribution of the COVID vaccine. Specifically, our comments include recommendations to:

1. Ensure that domestic violence organization staff are appropriately recognized as essential workers and therefore prioritized for vaccines.
2. Prioritize domestic violence survivors in vaccine distribution.
3. Promote coordination between local public health departments and domestic violence service providers.
4. Ensure privacy and confidentiality for survivors receiving the vaccine.

On behalf of the California Partnership to End Domestic Violence, I write today to ensure domestic violence service providers and the specific needs and health vulnerabilities of the survivors they serve are prioritized in the distribution of the COVID vaccine. We include recommendations to 1) ensure that domestic violence organization staff are appropriately recognized as essential workers and therefore prioritized for vaccines; 2) prioritize domestic violence survivors in vaccine distribution; 3) promote coordination between local public health departments and domestic violence service providers, and 4) ensure privacy and confidentiality for survivors receiving the vaccine.

The Partnership is California's recognized domestic violence coalition, representing over 1,000 advocates, organizations and allied individuals across the state. Working at the local, state and national levels for nearly 40 years, the Partnership believes that by sharing resources and expertise, advocates and policymakers can end domestic violence.

As Californians are once again urged to stay home to prevent the spread of this disease, we are starkly reminded that "home" is typically an unsafe place for survivors and their children. When home is dangerous, the safety net of housing, economic, legal and health care, including mental health, supports

must be there to protect survivors from further harm. Throughout COVID, programs have reported an increase in hotline calls, as well as increases in severity and frequency of violence. During the March stay at home order, at one program in Orange County, calls surged 40% after the first week of shelter in place policies. In Sacramento County, District Attorney Anne Marie Schubert reported a 39% increase in referrals from law enforcement agencies for domestic violence prosecutions.

Domestic Violence Organization Staff As Essential Workers

Domestic violence service providers are an essential part of California's workforce and should be prioritized for vaccine distribution. The State Public Health Officer's list of Essential Critical Infrastructure Workers includes two areas that touch on the essential work of domestic violence service providers in the category, "Industrial, Commercial, Residential, and Sheltering Facilities and Services":

"Workers who support food, shelter, and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals, such as those residing in shelters." [20] and "Workers that provide or determine eligibility for food, shelter, in-home supportive services, child welfare, adult protective services and social services, and other necessities of life for economically disadvantaged or otherwise needy individuals (including family members).

Across California, domestic violence service providers support survivors, their families and communities every day in finding necessary safety and healing. This support includes 24/7 emergency response to crisis calls, emergency shelter needs, supporting survivors during law enforcement responses and through receiving emergency medical care, supporting long-term housing stability, counseling, and prevention work to stop violence before it ever occurs. These organizations are a core component of our safety net. If advocates are not safe, they cannot provide safety to others.

In FY 18-19, 18,808 domestic violence survivors and children stayed in California's domestic violence emergency shelters for a total of 645,863 bed nights. Of the 102 domestic violence shelter programs in the state, many utilize a congregant housing model, which create challenges for social distancing and quarantine protocols.

Programs are utilizing hotel stays and implementing safety protocols, but this in-person setting and need for on-site staffing increases risk of COVID. We have heard from multiple programs about COVID outbreaks among both shelter residents and staff, and risk of contracting COVID will continue until a vaccine is widely available. One positive COVID test can require multiple staff to quarantine in accordance with protocols, further reducing organizations' staff capacity and ability to support individuals in crisis.

Additional services such as counseling and legal services have largely transitioned to utilizing phone and video conferencing, but these are oftentimes imperfect solutions. The healing process often benefits from in-person connection, many survivors lack reliable internet to participate in video services, and as our courts transition back to in-person hearings, domestic violence advocates must be able to safely be present in person to support survivors.

Prioritize Domestic Violence Survivors in Vaccine Distribution

Domestic violence contributes to a number of health conditions, including circulatory conditions, cardiovascular disease, central nervous system disorders, gastrointestinal disorders, joint disease, and fibromyalgia. According to a CDC study of over 70,000 respondents nationwide, the reporting of health conditions (including asthma, arthritis, high cholesterol, strokes, heart disease) was significantly higher among women who had experienced IPV during their lifetimes compared with women who had not."ⁱ According to the CDC, these health conditions correspond to a risk of higher COVID rates and COVID complications. ⁱ

The November 30th meeting of the Community Vaccine Advisory Committee cited national recommendations from Advisory Committee on Immunization Practices and National Academies of Sciences, Engineering and Medicine that careful consideration for the next phases will be given to workers and residents in settings including homeless shelters and other residential facilities. ^{viii} Domestic violence shelter staff and residents should be included in this prioritization.

Coordination Between Local Public Health Departments and Domestic Violence Service Providers

Local public health departments should outreach to domestic violence programs to ensure that both program staff and the survivors they serve have information about when and how to receive the vaccination. A list of domestic violence programs and their contact information is available on the Partnership's website: <https://www.cpedv.org/domestic-violence-organizations-california>. The Partnership is also available to support these connections and is available at policy@cpedv.org or (916) 444-7163.

Ensure Privacy and Confidentiality for Survivors Receiving the Vaccine

Public health departments need to work closely with domestic violence programs to ensure survivors' privacy and confidentiality remains intact. Confidentiality is paramount to preserving the physical and emotional safety, privacy and trust of survivors and as a result there are numerous confidentiality protections at the federal and state level. We are concerned about survivors, and particularly immigrant survivors, being required to provide personally identifying information in order to receive the vaccine as currently required by the CDC's data-sharing agreement, and the possibility of that information being turned over to the Department of Homeland Security. We acknowledge and appreciate California opting out of providing identifiable data to the federal government and ensuring the data collected is only for public health purposes, we need to ensure that data collected is only used for public health purposes. All immigrant communities, including immigrant survivors of domestic violence, need access to vaccines without fear of deportation.

When survivors reach out for help, including in the context of a needed vaccine, they still need control over what happens to their information - whether it is their identity or their location. Survivors need support to make informed choices about information sharing. At minimum, survivors should be informed of what information is being collected and who will have access to that information. Best practice is allowing survivors to decide when, what information, and to whom their information is shared!

Vicky Keston

While I agree that teachers are important, I'm concerned that activists are moving those more at risk further behind. Please use scientific rationale for who is most at risk and how we can most reduce hospitalizations and deaths. After nursing homes, my impression is that the most deaths and hospitalizations are among those over 65 and those with serious comorbidities or immune suppressing medications/treatments.

Further, cases are not being transmitted at schools that run in person, so wouldn't grocery store workers be more at risk than teachers? I defer to whatever the data shows, but I am worried about those who are truly at risk.

Lastly, please do not put young adults and kids before parents in their 30's thru 50's. Just this week, a single mom in our community had to call 911 for COVID complications, and the EMTs left her 6 year old alone in the apartment. This is not ok. And married couples are only marginally in better shape, as it seems like if one catches COVID, the other is likely as well, given proximity.

Roberta D'Alois

Please get vaccine first to those of us over 65 especially those of us who still go to work.

Anne Coudrelle

A record number of 293 Californians died of Covid-19 on Wednesday.

At your next meeting, could you provide an estimate of how many people from the highest risk groups (i.e. people over 65, people with co-morbidities) you expect to die during the coming months?

I've looked at your proposal for Phase 1b. As there is no mention of these high-risk people, my assumption is that they are not to receive the vaccine until some time after the essential workers in Phase 1b. Even allowing for a percentage of overlap between these populations, that's a long wait for the rest - I've seen an estimate of 12 m essential workers, and it's a slow process, with 2 doses about 30 days apart.

So how many months? March? April? May? In just one month, we could lose upwards of 6,000 people.

Have you considered the human impact as thousands of people continue to die, day after day, week after week, while the State health authorities work their way through the list of essential workers?

Marilyn Black

Re your recommendations of who will get the vaccine first or second: What happened to giving it to the Seniors over 65 (some with pre existing conditions), who are most vulnerable to catching the virus? I think they should have priority over Florists and Uber drivers. Dr Fauci had recommended Seniors getting vaccinated in the second tier, after health care workers and nursing homes. There are many Seniors who don't live in nursing homes but should still be considered high priority.

Stewart Rubin

76% of Californians 65 and older have died from Covid-19 infection. Many had comorbidity. Many people 65 and older have some form of comorbidity.

Yet you are talking about meat preparers and others who have been less impacted ten fold. Putting every special interest group on your committee is a political move.

Distribution should be non-political. It should be based on which group is most impacted in terms of the numbers of deaths and then down. This should be performed by a statistician, not politicians.

Unfortunately we have no leadership in this State.

Lorna Hall, Corporate Fire, Life, Safety Manager, Holiday Retirement

Holiday Retirement operates senior living communities in CALIFORNIA. Each of our communities is the place of residence for approximately 110 seniors whose average age exceeds 80 years old. Our elderly residents, a significant number of whom have underlying medical conditions, are at increased risk from COVID-19.

We learned recently that the Department of Health and Human Services {HHS} partnership with CVS and Walgreens to provide the COVID-19 vaccine to residents in long-term care settings **will not** include residents in independent living settings, despite earlier indications to the contrary. Naturally, we are disappointed with this decision, which will leave our residents at higher risk to COVID-19.

We understand that each state also has priority access to doses of the COVID-19 vaccine, which it may distribute according to its specific priorities. Therefore, we would like to request that the residents of our communities, as well as the essential workers who serve the elderly residents at our communities, be added to the critical population for immediate vaccination when doses of the COVID-19 vaccine are made available to the state.

[Holiday Retirement Letter](#)

Steve Huntley

My name is Steve Huntley and I have worked as an environmental health risk assessor for the past 30+ years. I was quite surprised when reading reports this morning that teachers, restaurant workers, and grocery store workers are being considered for the next tier of vaccinations following health care workers and long-term care facility residents and workers. While I see the importance of societal considerations, I think it is far more important to consider the risk of severe disease outcome and death particularly to sensitive individuals due to underlying health conditions and those over the age of 65. Certainly, grocery store workers can be considered front line workers, and maybe they do need to be near the top of the list, but I don't believe that restaurants are currently essential businesses and since it is far too early to consider opening schools, I see no need to prioritize teachers either. Please, let's keep the focus on those who are at the greatest health risk.

Pat Farrell, San Jose

Where in the order of vaccinations do those 65 and over living in a non congregate setting fall? We are the people who have been isolating continuously since the onset of the pandemic. We are visiting with nobody, having groceries delivered and becoming severely depressed BUT we are keeping our Covid-19 numbers down. Are we being punished because of this and thus relegated to a lower position in the order of vaccinations? We have been silent and it appears we are being punished for following the rules. Wherein the order of vaccinations do those persons over 65 with comorbidities fall? It is disheartening to think that the elderly in non congregate settings have been relegated to the bottom of the ladder. Please do not devalue us.

Sharon Stepanek

According to Governor Newsom information regarding the distribution of the vaccine is online and transparent at covid19.ca.gov. It took some searching but I finally found information about phase 1B. I do not see any mention of seniors who are living independently, without assistance but very vulnerable to serious illness and even death from the virus. Is this group represented and discussed when the committee

meets? I see that many other, younger, less vulnerable groups are taking priority. Since the vaccine has not yet proved to prevent the spread of the virus, giving it to younger people will not protect seniors.

Hospitals are full and seniors have the highest death rate yet seniors aren't included in the early priorities. Why is this? There should be someone to advocate for independent seniors just as there is for other groups. Why isn't this happening?

I have not been able to find any additional priority information on the website. Why not? I would like to know when seniors, as I described above, will be offered the vaccine?

Maria Rea

Thank you for your public service on taking on such a difficult task. I wanted to share a perspective that comes from the field of risk assessment as applied to toxics management, and species management. That is simply that exposure x severity of biological outcome = risk. I realize this is less complex than some of the factors you are considering (from reviewing your website). What seems missing is the combination of exposure and severity of outcome (in this case risk of death due to age and co-morbidities). I think this simple conceptual framework would have you prioritize specifically those essential workers (high exposure) that have a likely severe outcome (older and/or co-morbidities of diabetes, etc). If, on the contrary, you prioritize all high exposure (all essential workers, even young and healthy ones) before starting all people with likely severe outcome (older and co-morbidities), then you are not prioritizing by overall risk. I realize this approach of using overall risk may raise some implementation challenges, but I think these could be overcome. I also do support your explicit look at equity. But not if it significantly deviates from overall risk (which seems unlikely due to intersectionality, as you have noted).

Best of luck to you on this tricky endeavor.

Waynette Runnels

My name is Ms. Waynette C Runnels of San Francisco, CA. Member of Kaiser Permanente Senior Advantage Program in Northern California Region. I'm looking forward to being on the list for the Covid 19 Vaccination Shot. Will you give me the information needed to sign up for the shot? This action would be greatly appreciated.

Liz Flanagan

Please consider the rate of death with the elderly. My Father-in-law who was 87 and living in a memory care facility died of Covid. We are now caring for my Mother-in-law at our house. She is 85 and high risk of DEATH from Covid. However she is nowhere in line for the vaccine. I cannot find any information on how and where to get her vaccinated. From reading your very vague documents, it seems that food and agriculture, educational workers are next in line with no discussion of the elderly. Let's not forget that Age is the most critical factor for death. Let's take care of those most vulnerable first. Essential workers (grocery stores, child care, etc) should fall behind them as they are not at risk of dying in the same way that 75+ are. FOLLOW THE SCIENCE OF DEATH!

Gwilym McGrew, Los Angeles

Sadly, it appears politics has entered your phase 2 vaccine distribution plans. Why are teachers who are working at HOME in line before my octogenarian relatives and my 95-year-old mother when age is the most impactful component of death with this virus?

Further proof of your political decisions will be evident when we see you vaccinating employees of the Disney, Warner Bros, and Universal or Google and Apple before the elderly in this state that are NOT residing in nursing homes.

Age must be made a key factor in distribution in phase 3.

Hannah Cohen

I wrote to you last week requesting your help in guaranteeing access to the coronavirus vaccine (now multiple vaccines) for elderly and high risk adults. I wanted to write again to reiterate my request, factoring in the advice that came from the CDC on Sunday, December 20.

I am an immunocompromised person living with my 70 year old father who also has comorbidities. Both of us are very vulnerable to this virus, and that is why I am imploring you to consider prioritizing the elderly and those with underlying conditions as the vaccine is rolled out.

The CDC is now recommending prioritizing the elderly 75+ in 1-b alongside certain categories of frontline workers. They have also placed 65-74 year olds like my dad and those with underlying health conditions like me in 1-c alongside a large group of “other” essential workers.

I really hope that you will consider one of the following paths forward:

A) Move vulnerable 65 and older adults and those with underlying health conditions to 1-b. There is reason to think 65 year olds are at significant risk of death and severe disease, as are immunocompromised people like me. This would be the most ethically sound approach.

Or

B) Should you adopt the CDC’s guidelines for 1-b and 1-c, sub-prioritize the levels of 1-c to make sure that healthy essential workers in industries listed by the CDC (i.e. finance, media, legal) are kept behind the many high risk individuals like us who have already been relegated too far back in line for this vaccine.

The CDC is already discussing putting “other” essential workers behind high risk and the elderly in 1-c, so this is a natural progression to keep the vaccine distribution equitable.

Stephen R. Thomas, Chief Judge, Ninth Circuit Court of Appeals

On behalf of the United States Courts in the State of California, the Ninth Circuit Court of Appeals and the Districts of Central, Eastern, Northern, and Southern California, I am writing to request your support for inclusion of federal judges and employees in the early priority phase of the COVID-19 vaccination program in the State of California.

For the rule of law to remain in force in California, courts must remain open and operational, but there are inherent risks in operating courts during a pandemic. It has proven challenging to keep the Third Branch of government operational during this crisis.

The Center for Disease Control and Prevention prioritization language includes “workers supporting the operations of the judicial system.” However, the Judicial Branch of the United States government lacks the necessary infrastructure to receive, distribute, and manage an internal vaccination program.

The U.S. Department of Homeland Security’s list of “Essential Critical Infrastructure Workforce” includes workers supporting the operations of the judicial system, including judges, lawyers, and others providing legal assistance.

Judges and employees are “frontline” workers who perform essential constitutional functions. Federal Judiciary employees (including judges) are working in courtrooms and chambers where they have regular contact with court users, jurors, and the public as they perform their essential duties. Our employees in California also include scores of U.S. Probation Officers and Assistant Public Defenders. Members of the federal judiciary have daily, personal contact with hundreds of detainees, defendants, and witnesses. Many of the detainees and witnesses reside in prisons, jails, halfway houses, and other settings where COVID-19 infections are common and spread easily.

While the federal judiciary in California is determined to keep the courts open and operating, we are equally determined to keep our employees and court users safe. We have continued to perform our core Constitutional functions using technology but some proceedings cannot be conducted by remote means and must be handled in person. It has been necessary to postpone thousands of court cases, creating a long backlog, with many defendants now confined in local jails for over a year awaiting trials that we are unable to firmly schedule. Maintaining this balance is and will remain nearly impossible until our employees are vaccinated.

While we understand that there are other groups who should have first priority for the vaccine, the judges and employees of the federal judiciary have been designated as “essential workers” and should be included in the early rollout of the vaccine.

Charles Dudley Lee, MD, American College of Correctional Physicians

Listened to the CDPH Community Vaccine Advisory meeting today. Absolutely no one addressed the challenges in correctional facilities, despite me raising the issue by a submitted public comment and chat entries. Please do not ignore this significant segment of our community. In addition, there is no member on the committee familiar with the issues in correctional facilities. Every other group subgroup was addressed. Very disappointing!!

The rate of COVID-19 in correctional facilities is 6 times the general population. The reasons are:

- 1) Inability to follow CDC guidelines (Varies tremendously from facility-to-facility)
 - a) Cannot effectively socially distance
 - b) Unable to get proper hand sanitizers
 - c) Live in close quarters
 - d) Inability to get tested
 - e) Poor ventilation
- 2) Increased inmate vulnerabilities
 - a) High medical & physiological age (>65 y/o in public =>50 those incarcerated)
 - b) Increased percent minorities

- c) Increased numbers of comorbidities
- 3) Consequences of high inmate & correctional infection
 - a) Increased deaths, including suicides
 - b) Increased correctional costs
 - i. County
 - ii. State
 - iii. Federal
 - c) Increased community infections
 - d) Increased use community medical resources
 - i. Clinics
 - ii. ERs
 - iii. Hospitals

It is strongly recommended that those in correctional facilities, both workers & inmates be prioritized and considered as high risk for coronavirus vaccination.

Jackie Gonzalez, Policy Director, Immigrant Defense Advocates and Lisa Knox, Legal Director, California Collaborative for Immigrant Justice

Thank you for your proactive steps to secure the state of California in the face of the continued threat of COVID-19. We commend you for your efforts to ensure safety and equity with respect to the distribution of the COVID-19 vaccine.

As organizations dedicated to serving immigrant communities, with an emphasis on representing and advocating for individuals in immigrant detention, we write to urge you to address the critical challenge posed by immigrant detention facilities in California.

One of the six indicators put forth by this administration’s plan to reopen the state is the ability to prevent COVID-19 outbreaks in facilities which are vulnerable to infection, including detention facilities.^[1] California is home to six immigrant detention facilities, five of which are operated by for-profit private corporations. All five of these private facilities have been the site of COVID-19 outbreaks. Inquiries initiated by local advocates have found a disturbing lack of coordination or oversight at these facilities.

While immigrant detention facilities are under the jurisdiction of the federal government, there are clear requirements for the operation of these facilities, which include explicit requirements to coordinate with and abide by state and local public health mandates. Furthermore the U.S. Ninth Circuit Court of Appeals has established that California has the right to exercise its police powers to “ensure the health and welfare of inmates and detainees in facilities within its borders.”^[2]

During a pandemic in which the actions of a few can impact the well being of so many, accountability for private prison operators is paramount. The humanitarian crisis posed by the spread of COVID-19 in immigration detention facilities in California had had disastrous consequences for those detained in these facilities, as well as neighboring communities. The reckless disregard for human life in for-profit detention facilities is particularly dire as two additional detention facilities are set to open in the coming months, bringing the total capacity in these facilities more than 7,200 and the total number of private facilities to seven.

The American Medical Association has recently adopted a policy in support of improved health measures of prioritizing vaccine access to vulnerable individuals in immigrant detention. The policy notes, “Recognizing that detention center and correctional workers, incarcerated people, and detained

immigrants are at high risk for COVID-19, the new policy also makes clear that these individuals should be prioritized in receiving access to safe, effective COVID-19 vaccines in the initial phases of distribution.”

To that end we appeal to your respective offices and working groups to ensure the following with respect to the plans, processes and procedures related to the COVID-19 vaccine.

- 1) California must include immigrant detention facilities located in California in any plan related to securing the state.
- 2) The Drafting Guidelines Workgroup, and the Community Advisory Vaccine Committee should meet with stakeholders on the issue of immigrant detention, including detained and impacted individuals, community organizations, and experts on immigration detention.
- 3) California must do everything in its power to protect the health and safety of individuals in these facilities, including prioritizing their access to the COVID-19 vaccine, while providing them an informed choice with respect to any decisions related to vaccination.

Sharon Dolovich, Professor of Law, UCLA School of Law; Director, UCLA Prison Law and Policy Program; Director, UCLA Law COVID-19 Behind Bars Data Project

The UCLA Law COVID-19 Behind Bars Data Project has convened over 300 experts and practitioners in bioethics, the treatment of infectious diseases, public health, epidemiology, and criminology who collectively urge federal, state, and local authorities to prioritize incarcerated populations and correctional staff for receipt of a COVID-19 vaccine.

As the CDC’s Advisory Committee on Immunization Practices prepares to meet on December 19th and 20th to discuss the next groups to recommend for prioritized receipt of the vaccine after health care personnel and residents of long-term care facilities, we recommend that the Committee, as well as state and local authorities, give people in carceral systems the same order of priority for receipt of the vaccine as their peers living and working in other congregate settings.

The 300+ signatories of the attached letter are also collectively of the view that, to maximize uptake while respecting the autonomy of incarcerated individuals, the distribution and administration of a vaccine to people in custody must occur via a process that provides education about the vaccine’s safety and efficacy and incorporates a meaningful opportunity to give informed consent.

We, the undersigned experts and practitioners in bioethics, the treatment of infectious diseases, public health, epidemiology, and criminal legal policy, urge you to prioritize incarcerated populations (also including those in immigration detention) and correctional staff (including on-site health care providers) for receipt of any COVID-19 vaccine approved for public use. We also urge that people in carceral systems receive the same priority for receipt of a vaccine as both their peers in other congregate settings, such as long-term care facilities, and staff working in the facilities in which they are housed.

We also emphasize that distribution and administration of a vaccine to people in custody must occur via a process that educates incarcerated individuals about the vaccine’s safety and efficacy and only when informed consent has been provided by recipients.

In making this appeal, we echo the recommendations made by the American Medical Association to prioritize people in congregate settings, including prisons and jails, within the initial phases of vaccine distribution.¹

Increased Risk of COVID-19 in the U.S. Carceral System

As the Centers for Disease Control and Prevention (CDC) has recognized, incarcerated people are among the most vulnerable to contracting and dying of COVID-19.² Like people living in other congregate settings such as long-term care facilities, the more than two million incarcerated people in this country live in close quarters, where they are often unable to socially distance and frequently lack access to basic personal protective equipment. Elderly incarcerated people and those with underlying medical conditions are at especially heightened risk of severe illness and death.

A study published this summer in the *Journal of the American Medical Association* found that during the early months of the pandemic, incarcerated populations were 5.5 times more likely to be infected with COVID-19 than members of the U.S. population as a whole, and 3 times more likely to die of the virus as compared to their non-incarcerated, same-age peers.³ Despite dramatic increases in community transmission in the American population more broadly, more recent calculations indicate that the incarcerated are, strikingly, still 4.8 times more likely to be infected than the non-incarcerated and, adjusting for age, 2.7 times more likely to die due to complications of COVID-19.⁴

Outbreaks in prisons and jails have had severe consequences. Since March 2020, around 250,000 incarcerated people have been infected by COVID-19 and close to 1600 have died.⁵ Over the same period, more than 53,000 correctional staff have been infected and over 90 have died.⁶ There is, moreover, strong reason to think that these reported numbers understate the true impact of COVID-19 on the people who live and work in carceral settings.⁷

Ethical Imperative to Prioritize Incarcerated Populations

Most state and federal agencies are in consensus about the need to prioritize for vaccination individuals living in long-term care facilities and other congregate settings due to their increased risk of infection. We are of the firm belief that those living and working in carceral facilities must similarly be prioritized, both for their own protection and for the safety of the incarcerated populations and outside communities with whom they interact daily.

Recognizing their vulnerability, the American Medical Association called for people who are incarcerated and work in correctional and detention centers to receive priority access to COVID-19 vaccines.⁸ The National Academies of Sciences, Engineering, and Medicine and Centers for Disease Control have also recommended prioritizing people in congregate settings, including prisons and jails, within the first two phases of vaccine distribution.⁹

However, an analysis of draft vaccine distribution proposals submitted by 48 states to the CDC on December 4, 2020, reveals that, at present, only 27 states even mention incarcerated people as a priority group for receipt of a vaccine within the first two phases of distribution.¹⁰ In several of those states, correctional staff are being prioritized over incarcerated people – even those who are elderly or have underlying medical vulnerability.¹¹ Similarly, the federal Bureau of Prisons (BOP) plans to reserve its initial allotments of a vaccine for corrections staff, rather than for people held in federal custody.¹²

We have seen arguments favoring prioritization of correction staff over incarcerated people, offered on the ground that staff are vectors of transmission from the facilities to the surrounding community and vice-versa. But incarcerated populations are not static; every day, in prisons and jails around the country, people cycle into and out of facilities, often transmitting the virus with them. The population churn is especially great in jails, which admit and release an estimated 10- 12 million people every year.¹³ To meaningfully reduce the rate of transmission, it is critical to ensure vaccination of the entirety of both the residential and working populations of corrections facilities. And given, as we have noted, the disproportionate risk of death the incarcerated face from COVID-19, as well as the possibility that

corrections staff may opt not to be vaccinated, we continue to strongly believe the incarcerated should be given equal priority for vaccination.¹⁴

Even in states where incarcerated people are explicitly identified in priority groups in the initial plans, which are subject to change, we fear that their access to a vaccine may be delayed as states finalize the vaccination plans. For example, contrary to the initial draft plan submitted to the CDC, Colorado has now deprioritized incarcerated people following objections by the Governor earlier this month.¹⁵

From an ethical perspective, we are of the firm view that, (a) incarcerated people must be given equal priority for early access to the vaccine along with correctional staff, and (b) among the incarcerated population, the elderly and/or those with underlying medical conditions, must be given the same priority as their non-incarcerated peers.

Importance of Education and Informed Consent in Vaccine Administration

Finally, all jurisdictions must ensure that distribution and administration of the vaccine to incarcerated people occurs in an ethically sound manner. Every effort should be made to: (a) educate incarcerated people about the safety and efficacy of any vaccine that is made available to them, and (b) provide incarcerated individuals with a meaningful opportunity to give – or withhold – informed consent. In light of the historical legacy of medical experimentation, the inherent reality of coercive control in carceral environments, and the deep distrust many incarcerated people and their families feel towards correctional authorities, careful steps must be taken when implementing the vaccine protocol in carceral facilities to maximize uptake while respecting the autonomy of incarcerated recipients.

As vaccine distribution plans are finalized and recommendations are implemented, we urge you to prioritize vaccination of both incarcerated people and corrections staff and ensure that those in custody are provided with the meaningful opportunity to be educated about the vaccine and give informed consent.

¹ “AMA policy calls for more COVID-19 prevention for congregate settings.” Press Releases. *American Medical Association*. November 17, 2020. <https://www.ama-assn.org/press-center/press-releases/ama-policy-calls-more-covid-19-prevention-congregate-settings>

² FAQs for Administrators, Staff, Incarcerated People & Family Members. *Centers for Disease Control and Prevention*. Last accessed December 15, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/faq.html>; Guidance for Shared or Congregate Housing. *Centers for Disease Control and Prevention*. Last accessed December 15, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>.

³ Brendan Saloner, Kalind Parish, Julie A. Ward, Grace DiLaura, and Sharon Dolovich. COVID-19 Cases and Deaths in Federal and State Prisons. *JAMA*, 2020; 324(6):602–603, <https://jamanetwork.com/journals/jama/fullarticle/2768249>.

⁴ Sharon Dolovich. Mass Incarceration, Meet COVID-19. *University of Chicago Law Review Online*. November 16, 2020. <https://lawreviewblog.uchicago.edu/2020/11/16/covid-dolovich/>.

⁵ Sharon Dolovich, Aaron Littman, Kalind Parish, Grace DiLaura, Chase Hommeyer, Michael Everett, Hope Johnson, and Neal Everett. UCLA Law COVID-19 Behind Bars Data Project: Jail/Prison Confirmed Cases Dataset. *UCLA Law*. Last accessed on December 15, 2020. shorturl.at/jCQV1.

⁶ *Ibid.*

⁷ For a discussion on causes of underreporting see Sharon Dolovich, Mass Incarceration, Meet COVID-19, *University of Chicago Law Review Online*. November 16, 2020. <https://lawreviewblog.uchicago.edu/2020/11/16/covid-dolovich/>.

⁸ “AMA policy calls for more COVID-19 prevention for congregate settings.” Press Releases. *American Medical Association*. November 17, 2020. <https://www.ama-assn.org/press-center/press-releases/ama-policy-calls-more-covid-19-prevention-congregate-settings>

⁹ COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations. *Centers for Disease Control and Prevention*. October 29, 2020. https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf; “National Academies Release Framework for Equitable Allocation of a COVID-19 Vaccine for Adoption by HHS, State, Tribal, Local, and Territorial Authorities.” News Release. *The National Academies of Sciences, Engineering and Medicine*. October 2, 2020. <https://www.nationalacademies.org/news/2020/10/national-academies-release-framework-for-equitable-allocation-of-a-covid-19-vaccine-for-adoption-by-hhs-state-tribal-local-and-territorial-authorities>

¹⁰ Katie Rose Quandt. “Incarcerated people and corrections staff should be prioritized in COVID-19 vaccination plans.” *Prison Policy Initiative*. December 8, 2020. <https://www.prisonpolicy.org/blog/2020/12/08/covid-vaccination-plans/>.

¹¹ Ibid.

¹² Michael Balsamo and Michael R. Sisak. “Federal prisons to prioritize staff to receive virus vaccine.” *AP News*. November 23, 2020. <https://apnews.com/article/coronavirus-pandemic-prisons-85361fcf7cda33c7b6afb5ad8d2df8a2>.

¹³ Wendy Sawyer and Peter Wagner. Mass Incarceration: The Whole Pie 2020. *Prison Policy Initiative*. March 24, 2020. <https://www.prisonpolicy.org/reports/pie2020.html>

¹⁴ Ensuring Vaccines Work. *Centers for Disease Control and Prevention*. Last accessed December 15, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness.html>; Vaccines FAQ. *Coronavirus Resource Center, Johns Hopkins University & Medicine*. Last accessed December 15, 2020. <https://coronavirus.jhu.edu/vaccines/vaccines-faq>; Bill Dentzer, “Some corrections officers say they’ll quit before getting COVID shot.” *Las Vegas Review-Journal*. December 9, 2020. <https://www.reviewjournal.com/news/politics-and-government/nevada/some-corrections-officers-say-theyll-quit-before-getting-covid-shot-2211129/>

¹⁵ Steve Staeger. “Prisoners moved down on Colorado’s vaccine priority list.” *9News*. December 9, 2020. <https://www.9news.com/article/news/local/next/colorado-vaccine-plan-2020-coronavirus-covid-prisoners/73->

[UCLA Law Vaccine Recommendation Letter](#)

David E. Womack, FACHE

I ask the committee to prioritize prisoners and corrections workers very high for COVID-19 vaccinations after healthcare workers and patients and workers in Skilled Nursing Facilities.

As a concerned citizen, I see the devastating effects of COVID-19 on individuals, families and communities. As a healthcare executive, I see local hospitals and my healthcare system being overwhelmed. I see my colleagues falling ill and under incredible strain.

Now that we have a vaccine, I urge you to prioritize its use where it will reduce the burden the most. In my community and in many others, prisons generate a large proportion of the cases. Since the prison population is contained, it will be easier and faster to vaccinate than many others. Vaccinating this population quickly will make a big difference to the healthcare system’s ability to keep functioning.

I realize some of the public may not agree that prisoners should be a high priority over other groups – yet I hope you will consider prioritizing prisons for the immediate and large impact it will make.

Please note this is my opinion and does not necessarily reflect the opinion of my organization.

Jackie Gonzalez, Policy Director, Immigrant Defense Advocates and Lisa Knox, Legal Director, California Collaborative for Immigrant Justice

Thank you for your proactive steps to secure the state of California in the face of the continued threat of COVID-19. We commend you for the creation of the “Vaccinate All 58” campaign, designed to ensure safety and equity with respect to the COVID-19 vaccine.

As organizations dedicated to serving immigrant communities, with an emphasis on representing and advocating for individuals in immigrant detention, we write to urge you to address the critical challenge posed by immigrant detention facilities in California.

Immigrants are a vital part of our communities, and are essential to the identity of California as a state. Thousands of California residents are affected by the issue of immigration detention, with parents, spouses, children or loved ones separated from their families and held in these facilities. As advocates we remain firmly committed to the safe release of all individuals from these horrific facilities, and recognize the importance of ensuring the health and safety of those who are forced to remain detained.

One of the six indicators put forth by this administration’s plan to reopen the state is the ability to prevent COVID-19 outbreaks in facilities which are vulnerable to infection, including detention facilities.¹ California is home to six immigrant detention facilities, five of which are operated by for-profit private corporations. All five of these private facilities have been the site of COVID-19 outbreaks. Inquiries initiated by local advocates have found a disturbing lack of coordination or oversight at these facilities.

While immigrant detention facilities are under the jurisdiction of the federal government, there are clear requirements for the operation of these facilities, which include explicit requirements to coordinate with and abide by state and local public health mandates. Furthermore the U.S. Ninth Circuit Court of Appeals has established that California has the right to exercise its police powers to “ensure the health and welfare of inmates and detainees in facilities within its borders.”²

During a pandemic in which the actions of a few can impact the well being of so many, accountability for private prison operators is paramount. The humanitarian crisis posed by the spread of COVID-19 in immigration detention facilities in California has had disastrous consequences for those detained in these facilities, as well as neighboring communities. The reckless disregard for human life in for-profit detention facilities is particularly dire as two additional detention facilities are set to open in the coming months, bringing the total capacity in these facilities more than 7,200 and the total number of private facilities to seven.

The American Medical Association has recently adopted a policy in support of improved health measures of prioritizing vaccine access to vulnerable individuals in immigrant detention. The policy notes, “Recognizing that detention center and correctional workers, incarcerated people, and detained immigrants are at high risk for COVID-19, the new policy also makes clear that these individuals should be prioritized in receiving access to safe, effective COVID-19 vaccines in the initial phases of distribution.”

We also believe that individuals in detention harbor serious fears and mistrust towards detention operators, and as a result may not feel safe accepting vaccines from detention operators. Given these serious challenges around trust towards detention operators we believe that public health officials and the

community can play a vital role with respect to how vaccinations and information are presented and shared with individuals inside these facilities.

The California Collaborative for Immigrant Justice reached out to two detained individuals who have been organizing inside the Golden State Detention facility. They shared the following statement on the vaccine: “The vaccine should be available, especially because there are elderly people here and people who are vulnerable. But people want to get it from someone outside, not ICE. We need someone to come in and educate on what the vaccine is, someone that people trust.”

To that end we appeal to your respective offices and working groups to ensure the following with respect to the plans, processes and procedures related to the COVID-19 vaccine.

- 1.) California must include immigrant detention facilities located in the state of California in any plan related to securing our communities.
- 2.) The Drafting Guidelines Workgroup, and the Community Advisory Vaccine Committee should meet with stakeholders on the issue of immigrant detention, including detained and impacted individuals, community organizations, and experts on immigration detention.
- 3.) California must do everything in its power to protect the health and safety of individuals in these facilities, including prioritizing their access to the COVID-19 vaccine, while providing them an informed choice with respect to any decisions related to vaccination.

¹ See California’s Roadmap to Modify the Stay-at-Home Order, pg. 7.

² U.S. v. California, 921 F.3d 865, 886 (9th Cir. 2019)

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Organizational Sign-ons

Centro Legal de la Raza
California Immigrant Policy Center
American Friends Service Committee-San Diego
Inland Coalition for Immigrant Justice Immigrant
Legal Resource Center
San Joaquin College of Law - New American
Legal Clinic Central American Resource Center -
CARECEN- of California Secure Justice
North Bay Rapid Response Network: Napa,
Solano and Sonoma Counties Pacifica Social
Justice
Kehilla Community Synagogue Pangea Legal
Services
National Center for Lesbian Rights Familia: Trans
Queer Liberation Movement VIDAS Legal
Services (North Bay)

Community Legal Services in East Palo Alto
NorCal Resist
Contra Costa Immigrant Rights Alliance Pueblo
Sin Fronteras
CALMA: Collective Action For Laborers,
Migrants & Asylum Seekers. Kern Welcoming
and Extending Solidarity to Immigrants (KWESI)
Jewish Action San Diego
Desert Support for Asylum Seekers Coastside
Immigrant Advocacy Group Dolores Street
Community Services Law Office of Helen
Lawrence Immigrant Legal Defense
Campaign for Immigrant Detention Reform
(CIDR) Alianza Sacramento

Kiran Savage-Sangwan, Executive Director, California Pan-Ethnic Health Network (CPEHN)

We, the undersigned organizations and members of the Community Vaccine Advisory Committee, appreciate the Administration’s commitment to equity throughout the vaccine distribution approach. The tremendous diversity of representatives on the Community Vaccine Advisory Committee, including each of our organizations, exemplifies the state’s desire to ensure that underrepresented voices are central to crafting our approach. To further this commitment, we believe that a place-based approach to vaccine prioritization and distribution is necessary. Furthermore, contemporaneous, robust, on-going education, outreach, and trust building is imperative to the success of this effort.

To ensure this, our recommendations are to:

1. Prioritize vaccine distribution for those Californians who live or work in congregate living settings and/or the most impacted areas of the state.

Considering equity as a primary factor for vaccine distribution provides us with an opportunity to begin to undo the generations of injustice that have led to the social conditions that result in people of color being more likely to both contract and die from COVID-19. Structural racism, homophobia, transphobia, ableism, ageism, and xenophobia are baked into the fabric of our state such that people of color, LGBTQ people, and people with disabilities are more likely to work in low-wage, frontline jobs, less likely to have access to needed health care, and more likely to be living with chronic health conditions. Furthermore, our communities often have limited opportunity to remain safe from the virus due to crowded housing conditions and limited or nonexistent financial safety nets. Low-income communities of color have suffered the greatest educational and economic impacts from the pandemic through job loss and the lack of in-person primary and secondary school. At the other end of the age continuum, [California’s long-term care facilities with Black and Latinx residents](#) are more likely to experience an outbreak of COVID-19. Finally, the critical metric of available ICU capacity in a given region is correlated to both the baseline health infrastructure and the likelihood of the population to have more spread and need more severe infrastructure—it’s noteworthy the first region to hit 0% ICU capacity was the Central Valley, given its income, demographics, and initial health system infrastructure.

California recognized that these factors are interconnected when the state made the decision to rely upon the Healthy Places Index (HPI) in the Blueprint for a Safer Economy. HPI aggregates many social determinants into a composite score that represents the health of a community. The Blueprint requires counties to invest resources into controlling the spread of COVID-19 within communities that fall into the lowest quartile of the HPI. An equitable approach to vaccine distribution must follow a similar approach.

- a. Expand Phase 1a prioritization for skilled nursing and assisted living facilities to include all congregate living settings, including state prisons, state psychiatric hospitals, homeless and domestic violence shelters, and farmworker housing. Within Phase 1a, subprioritize by using a place-based approach.*

COVID-19 has had the greatest impact on congregate living settings that house primarily older, low-income people of color, including state prisons and nursing homes. While the availability of the vaccine is initially insufficient for all of the residents and workers of congregate care settings, we must utilize an intersectional equity lens and prioritize facilities with the largest populations of color. Because facilities with relatively high shares of Black and Latinx residents have been more likely to report COVID-19 cases and deaths, they should receive the first available doses. This recommendation is aligned with the sub-prioritization process for nursing homes and assisted living facilities outlined in the November 30th CVAC meeting. In addition, we urge the state to expand this priority category to include state prisons, homeless shelters, domestic violence shelters, and farmworker housing.

Across the country, [Lafayette, IN](#), [Dallas, TX](#), [Portland, OR](#), and [Chicago, IL](#) have all reported recent outbreaks at homeless shelters. Here in California, [Santa Clara County](#) recently had a massive outbreak of 60 positive cases at one homeless shelter. People experiencing homelessness are more likely to be older, to be people of color, and to have underlying medical conditions. For those reasons, the CDC has stated that people experiencing homelessness are at an increased risk and a “particularly vulnerable group” for infection during community spread of COVID-19. Research analyzing data from [April-May 2020](#) shows that people who live in homeless shelters “[experienced higher SARS-CoV-2 prevalence](#)”.

H2A “guest” workers within the farmworker community are also at risk, as their employers control their workplace, transportation and lodging. H2A workers live in close quarters, often multiple to a room, in housing provided by their employer. [COVID-19 outbreaks among H2A workers](#) have impacted workers in Santa Barbara County (Rancho Nuevo Harvesting and Alco Harvesting), Monterey County (Elkhorn Packing), Ventura County (Villa Las Brisas, Magaña Services) and Fresno County (Wawona Packing). In Santa Maria (Santa Barbara County), where a high number of H2A workers reside, [farmworkers account for 20 percent](#) of the city’s COVID-19 positive cases.

Jails and prisons have also been a hot spot for the spread of COVID-19. While California has taken steps to reduce its population of inmates in prisons and jails, [approximately one-quarter of incarcerated Californians have been infected with coronavirus and 95 have died](#). Given the density, inadequate health resources, and high mortality among people who are incarcerated, the [National Commission on COVID-19 and Criminal Justice](#) recommends that prisoners and guards be included in the first phases of vaccine rollout. Additionally, we know people of color and LGBTQ people, who have been hardest hit by the COVID-19 pandemic, are disproportionately represented in our criminal justice system. Prioritizing these communities is a critical step in acting on the equity principles that the state has identified for its vaccine dissemination planning.

The effort to include a broader range of congregate facilities is in the interest of all Californians in preserving access to care in the health system on which we all rely. One major outbreak in a nursing home, prison, shelter, or other congregate facility could exceed the hospital and ICU capacity in that region, making it harder for others outside to get needed care for COVID or other emergencies or treatment, and more likely, that people with disabilities will be triaged out of COVID-19 treatment. Preventing such mass outbreaks needs to be a top priority, in the interest of the health of all Californians.

b. Expand the definition of the emergency response sector to include workers at non-profit and social service entities that are involved in direct service provision including but not limited to: food distribution, testing, counseling, transportation, and community outreach.

The list of types of emergency response workers presented at the December 16th CVAC meeting appears to exclude some non-traditional emergency response workers who serve the most vulnerable communities in our state. We urge the state to expand this category to include non-profit and social services entities (beyond those serving people who are older adults or living with a disability) that are involved in direct service provision such as community-based COVID-19 testing, food distribution, counseling, transportation, and community outreach.

c. Distribute the vaccine directly to residents and workers in geographic areas with the lowest HPI rankings first

Within the phase 1a and 1b essential worker sector prioritization (education and child care, emergency response, and food and agriculture), Californians who live or work in areas of the state that are most

negatively impacted by social determinants of health must be first in line for the COVID-19 vaccine. It is most important from an equity perspective, for example, for school staff in neighborhoods with the largest number of low-income children of color (such as those with large farmworker populations), to be vaccinated early so that these students are most negatively impacted by remote learning can get back into the classroom. This prioritization can utilize the HPI or a similar mapping tool.

Furthermore, for future phases, rather than (or at least alongside) prioritizing vaccination by industry, which is logistically difficult and may leave out many of our most vulnerable residents, the state should employ mapping tools such as HPI to develop prioritization guidelines. Californians who either live OR work in these areas should have the first opportunity to receive the vaccine in the immediately next phase. Depending on how many doses of the vaccine are available and when, the state can place different ZIP codes into tiers for distribution. Residents of these areas are most likely to have exposure at work – in industries such as agriculture, child care, or food processing – and to have exposure at home as a result of other members of the household who work in frontline occupations. In addition, residents of these neighborhoods are more likely to live with a chronic health condition, although many do not have a formal diagnosis due to lack of access to medical care. We would be concerned if future phases of vaccine distribution require individuals to produce evidence of a health condition or to rely on outreach from a health care provider. Many of those most at risk for COVID-19 do not have a usual source of health care and communities of color are most often misdiagnosed due to racism in health care. While we strongly recommend a place-based approach, we also recognize that there are some people with disabilities who do have long-term formal diagnoses, living in the community with significant levels of care needs and receiving home and community-based services through Medicaid waivers or In-Home Supportive Services. These individuals should not be precluded from vaccination because they do not live or work in precisely designated areas.

This dual approach will make it easier to distribute the vaccine through sites that are local and known to the community, and to ensure compliance with priority groupings. Depending on which vaccine is being used, distribution can occur via mobile vehicle in specific neighborhoods or at local clinics or pharmacies. A place-based strategy would also be logistically easier to administer. It would be much easier for people to give proof of their address than their industry or occupation, and easier for a pharmacy or clinic to adjudicate or administer.

2. Distribute vaccine doses based on an equity analysis of the state as a whole and ensure robust state oversight of distribution and compliance.

Counties have a fundamental role to play in vaccine distribution and controlling the pandemic. However, certain counties, particularly in the Central Valley, have endured a much heavier burden from the pandemic than others and must receive a larger share of the first available doses of the vaccine. In fact, due to the rapid spread of COVID-19 and weak health care infrastructure, the ICU capacity in the central and southern regions of the state recently dropped to zero. It is clear that we must deploy additional resources in these regions as well as others that are continually underserved and devastated by social and economic determinants. While some doses should be distributed to all counties,

California should reserve a portion to be allocated directly to the most impacted regions of the state, as determined by HPI, ICU capacity, and COVID-19 transmission rates.

Furthermore, the state should play a more active role in distribution in these regions, particularly where there is a weak public health infrastructure or limited resources. The state should work directly with community providers in the most impacted counties and ZIP codes to equitably distribute the vaccine.

Finally, we remain concerned about the impact of considerable discretion for implementation of the prioritization guidelines being left to counties or even to individual providers. Providers affirming that they will abide by state and federal laws and guidance is, by itself, insufficient. The unrelenting stress of the pandemic and the expedited timeline of the vaccine rollout can allow implicit biases to fester in a way that cuts against those most at-risk. The state must ensure that priority guidelines are followed or we risk further embedding distrust into the process, which will have an immense negative impact on our goal of vaccinating all Californians.

3. Begin outreach and education immediately and invest dollars in effective strategies to build trust in historically marginalized communities

Regardless of the approach to prioritization, we must immediately invest resources into strategies that are designed to build trust and overcome vaccine hesitancy in low-income communities of color, LGBTQ communities, Deaf communities, and especially those who share two or more of these characteristics. We must provide scientifically accurate, culturally and linguistically competent information to communities. At the same time, we must continue to encourage risk-minimizing behaviors such as mask wearing and social distancing and we must continue to vigorously enforce worker protections to minimize worksite COVID-19 transmission. We recommend:

- Equip trusted community messengers, including community health workers, community faith leaders, community advocates, and community-based organizations with the resources and tools to be the frontline advocates and educators.
- Following the lead of diverse communities, develop and implement a culturally and linguistically competent media outreach plan.
- Engage stakeholders and survey impacted communities to understand barriers and facilitators to vaccine acceptance and proactively address community concerns as a part of communications efforts.
- Prioritize communications and education to keep impacted communities safe, including promoting vaccine acceptance, helping communities understand how to access vaccines, and emphasizing the importance of continued adherence to public health guidelines such as mask wearing and social distancing.

We applaud California's efforts to vaccinate the most at-risk individuals by prioritizing residents of long-term care facilities in phase 1a. Such prioritization, however, is meaningless if the state, in partnership with CVS and Walgreens, does not engage with residents to learn their concerns about the vaccine and incorporate those concerns into its outreach and education strategy.

4. Facilitate working groups to identify and address the access and logistical challenges associated with vaccine distribution.

It is important to acknowledge that identifying priority populations, setting guidelines, and conducting outreach is essential but not sufficient for a successful vaccine rollout. Our most impacted communities lack basic access to medical care and these barriers must be addressed. We recommend that the state convene smaller working groups to address these issues, perhaps on a regional or population basis.

Thank you for your attention to these recommendations. We hope they can further the productive discussion in the CVAC as well as the Drafting Guidelines Workgroup. If you have any questions, please contact CPEHN Executive Director Kiran Savage-Sangwan at ksavage@cpehn.org or 916-447- 1299.

Sincerely,

California Black Health Network
California Consortium of Urban Indian Health
California LGBTQ Health and Human Services Network California Pan-Ethnic Health Network
The Children's Partnership California Rural Legal Assistance
Disability Rights Education & Defense Fund Health Access California
Housing California Justice in Aging
Latino Coalition for a Health California
Mixteco Indígena Community Organizing Project

Stephanie N. Wiggins, CEO Metrolink, Southern California Regional Rail Authority

On behalf of the Southern California Regional Rail Authority (Metrolink), thank you for your hard work to help contain the coronavirus and keep local residents safe. We are heartened by the news of a vaccine and request that public transportation workers across the State be included in the earliest phase possible of California's vaccine distribution plan.

Since the early days of the pandemic, public transportation has played a critical role in transporting essential frontline workers to their jobs – including healthcare, education, utility and grocery store workers. 71% of our current riders self-identify as working in essential industries as defined by the State of California; 39% of current riders work in the healthcare industry. Metrolink employees have maintained transportation services across six Southern California counties for those essential trips. Our agency also provides dispatching services for freight and intercity rail services across our 538 route-mile network. Prioritizing public transportation will help prevent service disruptions by ensuring our essential workforce remains available.

The American Public Transportation Association (APTA) has worked with the Department of Homeland Security's Cybersecurity and Infrastructure Security Agency (DHS/CISA) to have public transit workers designated as Essential Critical Infrastructure Workers at the national level because they perform critical functions that place them at higher risk of exposure to COVID-19 infection. The Centers for Disease Control (CDC) proposed that essential workers, which includes transportation workers, be included in the Phase 1b priority group, after healthcare personnel and residents of long-term care facilities.

Public transit service is critical to the state's recovery as communities re-enter the workplace and return to the lives they desire. Public transit also performs the essential role of connecting communities to public health facilities, employment and housing every day. We are ready to partner with the California Department of Public Health if we can support facilitating vaccine distribution and assist connecting residents to vaccination sites. If you have any questions, please contact Donald Filippi, Chief Safety, Security & Compliance Officer at FilippiD@scrra.net. Thank you for your continued work to maintain the health and wellbeing of the state.

Same letters just replacing name of organization and contacts

**Marvin E. Crist, Chairman of the Board, Antelope Valley Transit Authority,
Michael Pimental, Deputy Executive Director, California Transit Association
Antelope Valley Transit Authority**

On behalf of the Antelope Valley Transit Authority thank you for all your efforts to help contain the coronavirus and keep our residents safe and healthy. We are heartened by the news of a vaccine and urge you to include public transportation workers in phase one of California's vaccine distribution plan.

Since the early days of the pandemic, public transportation has played a critical role in transporting essential frontline workers to their jobs in health care, education, utilities and at grocery stores. At the Antelope Valley Transit Authority, our employees have been “Heroes Moving Heroes.” Public transit workers have labored tirelessly throughout the pandemic to move our community and have been instrumental in our economic recovery.

The American Public Transportation Association has worked closely with national health and safety organizations and we are pleased to report that public transit workers have been designated as “essential workers” at the national level. On December 3, the advisory group for the Centers for Disease Control recommended that such essential workers be included in the second priority group, after health care workers. In addition, transit workers have been designated by the Department of Homeland Security’s Cybersecurity and Infrastructure Security Agency (DHS/CISA) as Essential Critical Infrastructure Workers, whose performance of critical functions places them at higher risk of exposure to COVID-19 infection.

Public transit service will be even more critical to the recovery of our Antelope Valley communities as people return to work and the productive lives they desire. Public transit is essential for our community to survive and thrive.

We also want you to know that the Antelope Valley Transit Authority system is here to help in any way to facilitate the vaccine distribution and to get residents to vaccination sites.

Steve Jones, Chairman, Orange County Transportation Authority (OCTA)

The Orange County Transportation Authority (OCTA) appreciates the magnitude of the challenges the coronavirus (COVID-19) pandemic has created for the State and local agencies, in continuously seeking to ensure evolving guidance and best practices comport with the latest scientific, financial, and safety data. We are hopeful that having new vaccination options will present a path forward to resolving the pandemic and re-establishing a sense of normalcy statewide. With the federal Food and Drug Administration’s approval of a vaccine on Friday, December 11, 2020, OCTA is formally requesting that public transportation workers be included in Phase 1B of the state’s vaccine distribution plan, following healthcare workers and those in congregate facilities.

Throughout the pandemic, OCTA has delivered critical services in transporting essential workers to their jobs and residents in need of making essential trips to the grocery store, medical facilities, and more. A large majority of our current ridership have jobs considered essential, which include healthcare, education, utility, and grocery store workers. In providing these services, one of our top priorities has always been the safety and health of our employees, OC Bus riders, and those engaged in constructing capital improvements on our multimodal transportation system. We have closely monitored public health and physical distancing guidance from federal, state, and local officials while we fulfill our responsibility to facilitate those activities deemed essential to fighting the spread of COVID-19. Specifically, the Department of Homeland Security has designated 16 Critical Infrastructure Sectors, one of which is the Transportation Systems Sector, and Executive Order N-33-20 identified transportation as essential in preserving the health and safety of Californians.

As we move forward, the transportation sector will be critical in the recovery from the COVID-19 pandemic by both facilitating the movement of people and providing for necessary economic stimulus through the delivery of infrastructure projects. Therefore, the health and safety of our transportation workers must be a top priority for the State and should be prioritized in the forthcoming Phase 1B vaccination distribution guidelines.

David Gonzalez, Gonzalez Government Consulting

I had a client ask about CA's distribution plan. Slide 24 mentions UPS, FedEx and DHL. Do you know if other transport companies can help out? And if yes, who they would contact?

Not sure if they transport loop is limited or not. Sorry again for the inquiry. You all are very popular!

Ryan Waguespack, Senior Vice President, National Air Transportation Association

The National Air Transportation Association (NATA) would like to commend you for the measures you have taken to help protect your citizens during these unprecedented times. As the country moves toward the COVID-19 vaccine rollout, NATA, on behalf of the tens of thousands of pilots and aviation service workers it represents, has been actively working with the CDC and FAA on connecting our members with guidance and access to these life-saving vaccinations. NATA's aviation business members provide vital lifelines to rural America and can be found at nearly 4,500 general aviation airports throughout the country. As NATA exists to assist our members, these essential businesses exist to assist their communities and regions in times of great need. To that end, NATA's aviation business members are uniquely positioned and have the capabilities to assist with the vaccine distribution process.

Throughout the COVID crisis, NATA members have continued to serve as critical response and recovery staging hubs for general aviation operations benefiting the public including critical medical flights. General aviation airports and general aviation businesses support EMS, cargo, organ transport, non-emergency medical transport, charter, and providing medical staff from major cities to the community to provide routine medical service amongst many other services.

By way of background, NATA is a 501(c)(6) nonprofit trade association headquartered in Washington, D.C. representing nearly 3,700 member companies. The Association was founded 80 years ago to serve the needs of aviation businesses, such as FBOs, on-demand air charter, aircraft rental, storage, flight training, aircraft maintenance, parts sales, line support and business aircraft and fractional ownership fleet management. NATA members range in size from large companies with international presence to smaller, single-location operators that depend exclusively on general aviation for their livelihood.

Aviation businesses will be a lynchpin in your state's response to the coronavirus and a critical part of the recovery of the air space system. NATA will continue to empower our members to remain safe operations as we navigate the logistical process in getting the general aviation industry workforce vaccinated. On behalf of our membership, I appreciate your attention to this letter and please let me know if NATA and our members can be of any service to the state of California in the vaccine distribution process.

Janet Lamkin, United Air Lines

United has been closely monitoring the CDC updates and guidelines on vaccine distribution to keep our employees and passengers safe, and identify any opportunities to support. We're grateful to play a role in transporting Pfizer's vaccine to position doses for quick distribution, pending approval from the FDA and other regulators.

We learned through the CDC Advisory Committee on Immunization Practices (ACIP) that the CDC has finalized its overall guidance and that Essential workers, which includes aviation workers, are included in Phase 1b. I understand that the CDC will provide allocation guidance to the states and ultimately states will decide on how to prioritize allocation of the vaccine.

I'm writing to ask that California's distribution plan mirrors CDC guidance and include essential workers, including aviation workers, in the first phase of your allocation prioritization list since a healthy aviation workforce is critical to ensure that the vaccine is distributed equitably and quickly throughout the entire country. Our pilots, flight attendants and cargo teams have been working diligently for the past few weeks to transport Pfizer's vaccine and we hope to keep doing this as long as we need to ensure everyone has access to the vaccine. As the country and state's rates of COVID cases are increasing, we're seeing a similar rise in cases in our workforce. We'd like to do everything we can to keep our workforce safe and healthy so they can continue playing this critical role in transporting the vaccine.

Thank you for your consideration. Please let me know if you have any questions or would like to discuss further.

Cliff Costa, Legislative Advocate, California Advocates, Inc.

On behalf of our client Delta Airlines, we are requesting a call with the Department to discuss vaccine distribution issues for essential airline and airport workers. We are getting a lot of questions and would appreciate a chance to coordinate with the Department. We know you are very busy and appreciate any time in the coming weeks.

J. Scott Kirby, Chief Executive Officer, United Air Lines

United Airlines is proud to be one of California's largest employers and a critical part of the state's economy. We take pride in the vital role our industry continues to play in the pandemic response, including transporting personal protective equipment (PPE) for front-line medical workers and now shipping life-saving vaccines here in the U.S. and across the globe. In recognizing those efforts, and the devastating toll the virus has taken on our business, I respectfully ask you to prioritize airline workers in the earliest part of the next phase of the COVID-19 vaccine allocation in your state distribution plan.

Our employees have been on the frontlines of this crisis, working onsite and alongside their colleagues to support the traveling public and getting life-saving goods where they're needed most. Since March, our people have shown up for work, day in and day out, to protect the health and safety of our customers and their co-workers, all while working to preserve the integrity of our critical transportation and logistics network both here in California and around the country.

We understand that the equitable distribution of the vaccine is important. The Centers for Disease Control and Prevention (CDC) has issued guidance saying essential employees, which includes aviation workers, should be in "Phase 1b" of the vaccine distribution. The guidance follows the Department of Homeland Security's Cybersecurity and Infrastructure Security Agency (CISA) designations which include aviation workers as essential to maintaining our nation's critical infrastructure. We encourage the state to follow the CDC guidelines and prioritize front-line airline employees and all critical aviation workers throughout the system.

We stand ready, willing and able to assist with the state's efforts to distribute and dispense the vaccine, including to the critical aviation workforce. Please do not hesitate to reach out if we can be of assistance

to your efforts. Thank you for your leadership during this unprecedented time and for your unwavering efforts to support United and the entire airline industry. As we continue to combat the virus and look to safely reopen the economy – air transportation will remain an essential part of both those efforts.

Julee Malinowski-Ball

I represent Southwest Airlines. They have asked I reach out to the group deciding who the essential workers are. Any chance you can point me in the right direction? Thank you in advance.

Thank you so much for getting back to me. I think the more specific question we have is how are you deciding who gets the vaccines first. Looks like you'll be doing it in phases but where would airline workers fall in the phases. Its more of a process question.

Same Letter

Mike Leon Guerrero, California Resident

Mike Brown

Request is hereby made that you classify all “Essential Airline Employees” to be put into Tier 3 for receiving the Covid-19 Pfizer or Moderna vaccine (once FDA approved). There are several reasons for this essential designation:

1. Airline employees have been designed “Essential” employees since January 2020 and have been physically coming into the worksite, and on publicly flown airplanes, since the pandemic started in January 2020;
2. Due to Airline employees (including Airline mechanics, engineers, flight attendants, pilots, etc.) coming into daily contact with the public, it is an essential medical tool to vaccinate these public-facing employees so they do not spread the virus to passengers who will then spread it to all USA states or internationally to other countries;
3. Other “Essential Workers” in retail establishments do not have daily public contact with passengers who get on airplanes and fly to all USA states and international countries, so Airline Essential Employees should be located in Tier 3 to prevent more virus spread in America and throughout the World;
4. The airline industry is essential to American businesspersons, and worldwide businesspersons, conducting needed meetings and commerce - and should be continued at all costs, without fear of employees spreading the virus, to prevent an American Recession;
5. Because Essential Airline Employees come into daily contact with travelers from all USA states, and with international travelers, these airline employees are at heightened risk to contract Covid-19 and to then spread it to new passengers
6. All airline employees (mechanics, engineers, pilots, etc.) come into daily contact with each other at the worksite due to mechanical failures, meetings, etc. so all Essential Airline Employees should be moved into Tier 3 for the vaccine.

Patrick Welch, Legislative Director for Energy, California Municipal Utilities Association

As a follow up to the coalition letter noting the importance of providing priority access to essential utility employees, attached are COVID-19 infection updates from the Los Angeles Department of Water and Power (LADWP), which shows 422 LADWP staffers have been infected with COVID-19 to date, with 130 staff currently in quarantine. LADWP unfortunately also lost their first staff member to the virus this week. I don't know how many of the infected staff are considered essential vs. office staff. But I'm certain many of them are essential.

I understand the Community Vaccine Advisory Committee is meeting tomorrow to consider Phase 1-B vaccine allocation.

I wanted to share this information as it shows the clear need for vaccine priority in the utility sector (both electric and water).

[Los Angeles Department of Water & Power – Passing of Employee Bulletin](#)
[Los Angeles Department of Water & Power – COVID-19 Resource Office Update 12/15/2020](#)

George Pavlov, Water Superintendent, City of Martinez

As CDPH develops plans for distribution of the COVID-19 vaccine, City of Martinez Water Utility asks that our frontline 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 utility staff members is particularly important because, as a lifeline sector, water sector services underpin all aspects of society, including hospitals and long-term care facilities. Due to the specialized skills and licenses required for water 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.

Martinez Water Utility provides water services to residents of the city. In addition, we provide services to Contra Costa County, Martinez Unified School District, Kaiser and Veterans Affairs Hospitals, and large industrial customers, such as Eco Services (chemicals manufacturer) and PBF Energy (refinery). Our services are essential for keeping these facilities operating and for protecting public health. We estimate that **11** essential utility staff members should be given priority for the vaccine in Phase 1-B.

I appreciate your time and consideration of our critical water workers in your vaccine prioritization plans. Please contact me at my mobile number below, if you have any questions or would like to discuss vaccine prioritization for our workers.

Bart Broome, Director, State Government Relations Santa Clara Valley Water District

The Santa Clara Valley Water District (Valley Water) respectfully urges you to ensure that California's water and flood protection Essential Critical Infrastructure Workers, as determined by the State Public Health Officer, are included in the state COVID-19 Vaccine Plan's Phase 1-B vaccine distribution. As a wholesale water supply and flood protection agency responsible for protecting the health and safety the 2 million people of Santa Clara County, our critical infrastructure workers have been on the job since some of the first U.S. cases of COVID-19 appeared in our service area and impacted our workforce.

Valley Water recognizes the gravity of the decisions that must be made to prioritize a safe and efficacious vaccination for COVID-19; and we thank you for your service to the people of California. We understand that there are multiple priorities and logistics to consider, including coordination with federal and local

government partners. We also affirm the importance of ensuring California’s healthcare workforce is prioritized in receiving the vaccine.

Like other Essential Critical Infrastructure Workers, our staff are putting their personal health at risk to support critical functions, such as providing drinking water to the residents and business of Silicon Valley. Our staff also have continued work on critical dam safety and flood protection projects in advance of the winter rains that can flood our urban areas and vital transportation infrastructure. Performing these public health and safety functions often requires working in conditions where recommended social distance cannot be maintained.

Pursuant to Executive Order N-33-20, the State Public Health Officer designated certain utility employees as Essential Critical Infrastructure Workers. These Essential Critical Infrastructure Workers perform work at locations such as water treatment plants, pump stations, and along waterways to conduct vegetation management that ensures flood protection infrastructure continues to protect health, safety, and property.

To reduce the risk of COVID-19 transmission, Valley Water has changed the way our employees work. Managers ensure that personal protective equipment is available and used properly. We have staggered shifts, made work teams smaller, and have reduced the number of people to which an individual employee may be exposed over time. However, there are times when these employees need to be in close proximity, making vaccination an important and necessary workplace protection. These Essential Critical Infrastructure Workers need the protection a vaccine will provide so that Valley Water’s highly specialized workforce can continue to provide drinking water and flood protection to the millions of people we serve.

As you do the important work of determining who will receive vaccinations and when, we respectfully request the Governor’s COVID-19 Vaccine Task Force Drafting Guidelines Workgroup to keep our Essential Critical Infrastructure Workers a high priority. Specifically, we ask that water and flood protection Essential Critical Infrastructure Workers as identified by the State Public Health Officer, be included in Phase 1-B of the state’s vaccination plan. Thank you for your consideration and again for your service to the people of California.

Victor Corrales, Operations Plant Supervisor, City of Riverside, RWQCP, Public Works

As Riverside County Department of Public Health develops plans for distribution of the COVID-19 vaccine, *The City of Riverside – Water Quality Control Plant* 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 Riverside – Water Quality Control Plant provides wastewater services to residents of The Cities of Riverside, Jurupa Valley, Rubidoux, Edgemont & High grove. In addition, we provide services for *The Riverside Community Hospital, The Pacific Grove Hospital, The Parkview Community*

Hospital & Kaiser Permanente's Magnolia Hospital. Our services are essential for keeping these facilities operating and for protecting public health. We estimate that 104 essential staff members should be given priority for the vaccine in Phase 1-B.

Jon Newby, District Manager and Engineer, West Valley Sanitation District

As the Drafting Guidelines Workgroup to Advise State on COVID-19 Vaccines develops plans for distribution of the COVID-19 vaccine, West Valley Sanitation District asks that our frontline, essential workers receive priority in Phase 1-B. This phase includes “people who play a key role in keeping essential functions of society running and cannot socially distance in the workplace,” as described in the Centers for Diseases Control and Prevention (CDC) *COVID-19 Vaccination Program Interim Playbook for* vaccinating wastewater employees is particularly important because our critical infrastructure must function properly to ensure the public is not exposed to the hazards in wastewater. The increased use of toilet paper and disposable wipes have caused fouling of our collection system requiring immediate actions to prevent overflows and spills that can result in public health exposure to pathogens and viral loadings. Our employees are exposed to wastewater droplets carrying viral loadings due to the nature of their work and characteristics of the wastewater to perform this required spill response and preventive maintenance increasing the possibility of exposure to COVID -19.

West Valley Sanitation District provides wastewater collection and disposal services to residents of City of Campbell, Town of Lost Gatos, City of Monte Sereno, Town of Saratoga and unincorporated Santa Clara County. Within these jurisdictions we provide essential wastewater collection and disposal for four hospitals, 11 senior care facilities, over 50 independent doctor offices or complexes, eight fire stations, two police stations and numerous other essential government entities.

Our services are essential for keeping our community safe and functioning. Due to the specialization of district employees, and the corresponding challenges in finding replacements for staff members who may become ill or exposed, it is necessary to mitigate key staff members' COVID-19 risks through all possible means, including vaccinations.

We estimate that 27 essential staff members should be given priority access to the vaccine in Phase 1-B. We appreciate your consideration of our essential workers in California's vaccine prioritization plans.

C. J. “Jeff” Shelton, CIH CSP CIT | Industrial Hygienist, Western Area Power Administration

The Western Area Power Administration is seeking the appropriate public health contact to discuss prioritization of our mission-critical workers for receiving the COVID-19 vaccine. Some of our personnel perform work essential to maintaining electrical power across a significant portion of Northern California.

We are unsure of the protocol for prioritizing at the local level, but would like to make sure our mission-critical employees are included in the process. With whom in your agency would it be best for us to discuss these priorities and protocols?

Thank you for your help and guidance.

Brian K. Rice, President, California Professional Firefighters (CPF)

The California Professional Firefighters (CPF), state council of the International Association of Fire Fighters, representing over 30,000 career firefighting and emergency medical service personnel statewide, write today regarding the California Department of Public Health's (CDPH) "Interim" COVID-19 Vaccination Plan (Plan) and ongoing work of the Community Vaccine Advisory Committee and the Drafting Guidelines Workgroup.

The men and women that are professional firefighters in California are all-risk and respond to all disasters that occur in California, including responding to the COVID-19 pandemic. Most of California's professional firefighters are Firefighter-EMTs (FF-EMT) and Firefighter Paramedics (FF-Paramedic). Some of California's firefighters are not FF-EMTs or FF-Paramedics but provide emergency response and may render medical aid on a regular basis.

We are disappointed that the CPF, and the fire service at large, was not invited to participate on the Community Vaccine Advisory Committee or consulted on the development/inclusion of firefighters in the vaccine distribution guidelines. Firefighters have been and continue to be on the front line of the State's fight against the COVID-19 pandemic and have an important voice that has not been included to date. As I will highlight in this letter, CDPH and the work groups would benefit from a better understanding of the fire service and the State's emergency response system.

Since the first confirmed case of COVID-19 was diagnosed in California on January 26, 2020, the disease caused by the novel coronavirus has spread rapidly throughout the state. Thankfully, Governor Newsom took early and decisive action against the spread of the virus, instituting the first state-wide stay at home order in the nation on March 19, 2020 and implemented strict measures to flatten the infection curve and ensure that the state's healthcare system would not be overwhelmed. However, these measures were never promised to eradicate the disease, but to slow its spread. As expected, COVID-19 and the SARS-CoV-2 virus has continued to spread throughout California's communities and puts those who must face exposure to the virus in great danger.

We were happy to see the news that the Pfizer/BioNTech Covid-19 vaccine received approval from the FDA and is already being delivered to California. Additionally, we are optimistic that several different safe and effective vaccines may soon be available for distribution and use. It is critical that along with frontline healthcare workers, firefighters be prioritized and protected through access to vaccinations in order to maintain their readiness to respond to COVID-19 and non-COVID19 emergencies, as we have clearly entered the second wave of the disease amidst flu season. The federal government has recommended first responders be placed in Phase 1-A with other essential healthcare providers and we need to make sure that California has stepped up and adopted the recommendations in a manner that includes all firefighters within the first responder category. ¹

The CPF appreciates and strongly supports the inclusion of "Paramedics, EMTs and others providing emergency medical services" in Phase 1-A of the plan.² Moreover, we appreciate the identification of this group in Tier 1 of Phase 1-A by the Drafting Guidelines Workgroup³. While this is positive, all California firefighters should clearly be included in Tier 1 of Phase 1-A. The language used in materials to date is not clear with regard to the coverage of the entire fire service and may suggest that firefighters may be in Phase 1-A and Phase 1-B where the materials reference "First Responders, Police, CHP, Fire Ambulance"⁴. We believe this language should be clarified making clear that all of California's firefighters have prioritized access to the vaccine by being included in Phase 1-A, Tier 1.

In addition to responding to calls for medical aid, California's firefighters are performing heroic acts defending Californians from wildfires that have impacted more than 4 million acres in 2020. These fires continue to rage in Southern California and require a response from our CalFire firefighters and local municipal firefighters that are working hand in hand to defend life and property. To date, it has been a mix

of skilled planning and luck that has prevented large COVID-19 outbreaks on the fire lines. It is imperative that all firefighters have access to the vaccine in Phase 1-A not just to protect firefighters themselves but also the communities they interact with daily.

According to our International Association of Firefighters (IAFF), as of November 2020, the IAFF has had nearly 30,000 members exposed to COVID-19, 11,430 members placed in quarantine, 5,502 members in isolation and 134 members hospitalized, as well as 17 line-of-duty deaths due to COVID-19. This year has shown both California and the world how crucial the workforce that keeps us safe and healthy truly is.

It is imperative that California protects the women and men who are on the front lines of this pandemic. It is with this context that I hope that all firefighters have access to the vaccine in Phase 1-A and that this is made clear by the Drafting Guidelines Workgroup.

We look forward to this clarification and all firefighters being clearly included in Phase 1-A.

¹ Center for Disease Control, Phase 1 allocation COVID 19 vaccine: Work Group Considerations: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-09/COVID-07-Dooling.pdf>

² California Department of Public Health, COVID-19 Vaccination Plan – Interim Draft, October 18th, 2020, Version 1.0. See page 16: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/COVID-19-Vaccination-Plan-California-Interim-Draft_V1.0.pdf

³ California Department of Public Health, Drafting Guidelines Workgroup, *Guidelines to California's Health Departments Allocation of COVID-19 Vaccine During Phase 1A*: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Allocation-Guidelines-COVID-19-Vaccine-Phase-1A.aspx>

⁴ California Department of Public Health, Community Vaccine Advisory Committee Presentation from 12/9/20, Page 31: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Community-Vaccine-Advisory-Committee-12-9-2020.pdf>

Jeffrey “Keith” Snoddy, M.S., Emergency Services Manager, City of Torrance Fire Department
I will be on the call today and for public comment, I would like to ask (or have answered) the question, “Will healthcare workers be considered and included in the high-risk health care workers category when developing an equitable allocation plan for the COVID-19 vaccine?”

Jaleh J. Donaldson, Brownstein Hyatt Farber Schreck, LLP

On behalf Cepheid, based in Sunnyvale, CA, is an essential global manufacturer of PCR-based tests for CoV2 and a Flu A/B/RSV/Cov2 minipanel. Cepheid manufactures these products in Lodi and Sunnyvale CA and its manufacturing operations alone require hands on assembly by over 1,600 people. As an essential business at a unique risk of supply interruption due to viral transmission and outbreaks, we are requesting special consideration for early vaccine access. Please see the attached letter for additional information.

Not only is it critical for the workers in manufacturing plants of COVID tests to stay healthy if we as a nation are to continue to try to work toward acceptable levels of testing, it is also critical to ensure that

workers are free of coronavirus while they manufacture the tests. We are requesting this meeting to discuss further how individual COVID status could impact the manufacturing process.

Cepheid's Chief Medical and Technology Officer, Dr. Dave Persing would like to meet with the vaccine committee regarding this urgent request. We would like to share some additional information.

Christina Menor, MD

Many colleagues of mine do not have hospital affiliations yet are performing aerosolizing procedures on a daily basis— How can we ensure they have early access to vaccines also?

Tobi Karchmer, MD, MS, VP, Worldwide Medical, Baxter International, Inc

I am writing to respectfully request that the state of California consider certain aspects of Baxter Healthcare's workforce in the development of vaccine allocation decisions. Specifically, our workers that perform critical functions alongside healthcare professionals and directly with patients on the front lines should be included in Phase 1 based on their risk of exposure and to ensure continuity of patient care throughout the health care system. These employees include:

- Clinical trainers and field service specialists who install, train, or maintain lifesaving devices and equipment inside California licensed healthcare facilities such as hospitals, alternate care sites, and renal dialysis facilities in clinical areas where patients care is delivered.
- Drivers that deliver life-sustaining peritoneal dialysis drugs, devices, and supplies directly into end-stage renal disease patient homes.

Additionally, manufacturing employees and others, who ensure our life-sustaining and life-saving devices are produced and move throughout the medical product supply chain to the patient bedside, should be included in Phase 2 or other appropriate phases with other critical manufacturing workers.

Baxter Healthcare appreciates your consideration and we look forward to supporting Indiana to achieve a transparent and equitable allocation of COVID-19 vaccines. I would be pleased to discuss these issues in greater detail at your convenience.

James (Joe) Brister, Vice President of Health, Safety, Environment and Quality, Messer Americas

We are writing to transmit a letter to Director Shewry from Messer Americas CEO Jens Luehring. We are writing to request that Messer's California employees, who produce and deliver medical oxygen and other essential products, be included in plans to provide COVID vaccinations to essential workers. Messer Americas is a large-scale provider of:

- Medical-grade oxygen and other medical gases;
- Gases that are essential for food production and distribution; and
- Gases that are essential for steel production and other types of manufacturing.

In California, Messer has large production facilities in Keyes, Torrance, Carson, City of Industry, and Sacramento; and our trucks deliver critical supplies throughout the state.

As you will see in the attached letter, Messer's Vice President for Health and Safety would be the appropriate contact person to coordinate this request:

Travis Mannon, Chief Executive Officer, Flexcare Medical

My company FlexCare Medical Staffing (Roseville Ca) currently employees over 500 Critical Care Traveling RNs that are here in California working on emergency contracts to help fight Covid-19. Since these folks are not employees of the facility we are wondering how we get added to the plan of getting our folks vaccinated that are working predominately Covid + ICU units all over California. Can someone reach out and help me navigate getting our employees access to the vaccine?

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

In this exciting week when front line health care workers throughout the state will begin to receive the Pfizer/BioNTech COVID-19 vaccine, I write to you on behalf of Biocom California's over 1,300 dues-paying members throughout California to request consideration of life science industry workers in the state's vaccine allocation prioritization.

On December 11, 2020, the Advisory Committee on Immunization Practices (ACIP) released a revised recommendation on initial allocation of the vaccine, placing workers in direct health care and long term care facilities (LTCF) in the initial "Phase 1a" allocation,¹ as they unquestionably should be. These front-line heroes have earned this prioritization as they continue to put themselves at risk as they serve others.

California's essential workforce definition² clearly includes the life science industry in its "Health/Public Health" section, specifically numbers 6 through 8. As such, Biocom strongly urges you to consider essential workers within this sector as those who will be eligible to receive the vaccine in Phase "1b" of California's vaccine allocation.

As hospitalizations rise within the state of California and cause surge capacity issues, having an uninterrupted supply of administration tools and diagnostic agents as well as the therapeutics to treat patients not only with COVID-19 but for any number of medical crisis's is essential, as is the need to maintain care to medically fragile patients. Including essential workers within the life sciences in the "1b" vaccine allocation will ensure that patients and consumers will not have to navigate through interruptions in availability of medications, medical devices, critical diagnostics or even food (via bioagriculture) as we work towards control of this pandemic.

Biocom California is proud to represent the life science industry which has been so integral to the fight against the pandemic, from diagnostics and tools companies, those working on therapeutics, to companies working on vaccines (including the Pfizer vaccine being administered as you read this). Utilizing this life science ecosystem, we will control this pandemic. Thank you for your consideration of this request.

¹ The Advisory Committee on Immunization Practices' Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020, <https://www.cdc.gov/mmwr/volumes/69/wr/mm6949e1.htm>

² <https://covid19.ca.gov/essential-workforce/>

Stanley M. Bergman, Chairman and Chief Executive Officer, Henry Schein

Thank you for your tremendous leadership during this pandemic. Henry Schein, a global healthcare solutions company with over 19,000 employees, has for years volunteered and engaged as a thought leader and implementation partner towards a number of national and global pandemic response initiatives. For this reason, we would like to assist in ensuring that California’s vaccine distribution measures up to the world-class standards you have set.

We are a Fortune 500 company who provides healthcare products and solutions to more than 1 million healthcare practitioners globally (approximately 54,000 of whom are in the State of California), focused on office-based practitioners, including physicians, dentists, community clinics, First Responders, and Urgent Care facilities. We are also among the nation’s largest distributors of flu vaccine to office-based practitioners, which is where most Californians receive their inoculations.

We specialize in delivering healthcare products to thousands of small and large healthcare practices each day. This experience and proven logistics network afford us unique insights into gaps in vaccine distribution strategy, and the ability to address those gaps in a cost-effective manner so that California can implement the most effective and cost-efficient distribution strategy.

GAP IN VACCINE STRATEGY

Henry Schein has been a part of the federal government’s FEMA – and, subsequently, HHS Supply Chain Task Force – since its inception, and remains actively engaged in various dimensions of the fight against COVID-19. As part of our ongoing conversations on the pandemic response, we identified a gap in the vaccine distribution plan which will have significant impact on the uptake of the vaccine and worsen health equity issues:

- Office-based physicians and dentists lack an easily-accessible central registration portal.
 - With hundreds of thousands of individual providers, the State of California may have difficulties managing all the coordination needed as providers apply to administer the vaccine.
 - In addition, on the practitioner side, the reporting process is cumbersome and difficult. For many practitioners and already under-resourced community clinics, this will create a significant barrier to their being able to administer the vaccine. This process risks adding significant delays, paperwork and expense to both the State and practitioners.
 - Lastly, it is anticipated that many states, including California, will consider expanding more health practitioners’ scope of practice to include the administration of the COVID-19 vaccine in order for residents to have the ability to be vaccinated at as many entry points into the healthcare system as possible. For offices that are unfamiliar with vaccine reporting requirements, this process might seem unduly burdensome and pose as barrier to begin vaccinating patients.
1. Trust and Vaccine Hesitancy: With only half of Americans (and only 32% of Black adults) saying they would get the COVID-19 vaccine, leveraging the physician-patient relationship is critical.
 - Almost no public health awareness campaign will be effective without the partnership of the physicians. Disseminating information through them is particularly important now.
 - Unlike the regular flu vaccine, which has been used for decades and is well understood, the COVID-19 vaccine is completely new and is undergoing clinical trials and FDA evaluation in real time and in the public eye. Patients will want to consult their trusted practitioners and receive their COVID-19 vaccine in a setting they are familiar with and trust.
 2. Health Equity: COVID-19 has highlighted the health disparity that confront communities of color.

- For many communities of color, their local community clinics or personal physician is their trusted resource for healthcare. Often community clinics are providers from a similar background and have deep cultural competency. Given the history of disparate healthcare access, it is imperative to build trust within these communities of color.
- In many cases, these healthcare practitioners are chosen and trusted by patients because of language barriers in other parts of the system.
- To understand the concerns around health equity Henry Schein has been partnering closely with Black Coalition Against COVID, which includes the National Medical Association supporting Black physicians, the Black Nurses Association and Blackdoctors.org.

PROPOSED SOLUTION

While pharmacies have a Network Administrator to help handle the registration process and receive allocated vaccines, there is no such support for office-based providers, community clinics or urgent care centers. We believe that practitioners and community clinics will benefit from having the same structure in place, and such support will greatly enhance vaccine uptake in the State. Henry Schein can provide that support.

As Henry Schein currently serves in excess of 54,000 healthcare practitioners in California, including unrivaled experience with vaccine logistics and delivery—, we are in a unique position to handle the registration and coordination of office-based practices as well as community clinics and urgent care facilities. Our existing network can provide 24/7 service, disseminate educational materials and directly assist in registering, tracking, and sending out reminders to patients for second doses.

We would greatly improve efficiency and deliver cost savings by allowing the State of California to coordinate with one entity instead of tens of thousands, and utilize existing expertise and infrastructure instead of building a new one.

By using Henry Schein’s proven network to improve coordination with office-based practices, community clinics, and urgent care facilities, we will greatly improve vaccine uptake, particularly in communities of color in a cost-effective and reliable manner.

Unfortunately, efforts to address COVID-19 have been rife with fraud and abuse as unproven and unreliable actors have entered the healthcare space. In our 88 years, we’ve developed a global reputation for reliability and excellence. Our team at Henry Schein would be honored to partner with the State of California to improve vaccination distribution, and stand ready to discuss any opportunities to assist.

Chris Jahn, President and Chief Executive Officer, American Chemistry Council

The U.S. chemical industry plays a vital role in the health, safety and well-being of Americans during this time of crisis as we continue to fight the largest public health emergency in the history of our nation. We provide many of the essential inputs needed to produce products that are critical in the fight against COVID-19. Among many others, those include personal protective gear for front line workers; medical equipment needed to save lives; chemical biocides and disinfectants; refrigerants and dry ice, and plastic packaging materials that help prevent the contamination of food and other consumer products.

Recognizing this, the Department of Homeland Security (DHS) and the Centers for Disease Control (CDC) designated the chemical industry as Essential Critical Workers as outlined in CDC and DHS Guidance on this subject¹. In doing so, the Agencies identified the chemical industry and its employees as critical to public health and safety, as well as economic and national security. Throughout the pandemic,

states have relied on this guidance to help ensure that the supply of critical products and services can continue to flow throughout the supply chain unimpeded.

With the history-making production and distribution of a vaccine now underway, states have rightly, and in alignment with CDC guidance, prioritized health care personnel and residents and staff of nursing homes, to be among the first to receive the vaccine. We urge you continue to adopt the CDC guidance on vaccine distribution and rely on the sound definitions of essential critical infrastructure workforce offered by the DHS, as it applies to essential workers second in line, after those serving on the front lines and those most vulnerable among us.

These terms are comprehensive and well understood by the chemical manufacturing community. Moreover, the DHS explanations of industry sectors that comprise the nation's critical infrastructure can be applied uniformly in various emergency and response circumstances determined by states and their elected leaders. Without clear and consistent definitions around essential employees and essential businesses for vaccine distribution, needless confusion and misallocations of scarce resources could result, harming public health and safety.

Under your leadership throughout the pandemic, essential critical infrastructure and its workforce continued to operate. We know that many more decisions of critical import have and will continue to be made in the coming days and weeks. We ask now that you once again recognize the criticality of the chemical industry and the role that it plays in protecting the lives of all Americans by adopting the CDC and DHS guidance as a framework for identifying essential facilities, supply chains and their workers to ensure that employees in the chemical industry have access to vaccines when your state is ready to deploy larger-scale vaccinations.

We look forward to working with you, so together we can lead our economic recovery and national renewal. Should you or your staff have any questions or comments, please do not hesitate to contact Tim Shestek, Senior Director, State Affairs, Western Region at 916-448-2581 or tim_shestek@americanchemistry.com.

¹ COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations, Centers for Disease Control and Prevention (CDC) October 29, 2020 Version 2.0.
DHS Guidance on the Essential Critical Infrastructure Workforce; Ensuring Community and National Resilience in COVID-19 Response, Version 4.0, August 18, 2020

Kara Bush |Senior Director, State Government Affairs – West Region, Charter Communications

It's been a while since we last crossed paths. I think Keri and I were both at the California Grocers Association working on WIC issues. It's nice to see you are still with CDPH.

Keri and I are now with Charter Communications, a leading connectivity company providing broadband to more than 4.5 million customers across 242 California communities under the brand name Spectrum. We have roughly 9,000 employees in the State.

We wanted to touch base with you as we are trying to determine if the State is anticipating or is preparing to incorporate direct distribution of the COVID-19 vaccine through companies, similar to a flu shot clinic model. It may be too early in the process for you to know, however, we would greatly appreciate being included in these discussions as we employ thousands of critical workers in California.

Any thoughts, guidance or input you can share is greatly appreciated. I hope all is well and look forward to hearing from you.

Scott M. Lebar, Managing Editor, The Sacramento Bee

On Dec. 20, the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices released recommendations on the prioritization of vaccine distribution following frontline health care workers. The committee included the “Media” in the list of “essential workers” that should receive a vaccine in Phase 1c.

As the editor of our California publications, I respectfully encourage you to consider not only to follow the recommendations of the ACIP, but to move media higher in priority. We are pleased that we are classified as essential workers in the recommendation. We obviously agree. We provide news and information that our communities desperately need to combat the spread of the virus. And in that endeavor, we are not only key resources for the citizens of California, we are prime agents of messaging about a world shut off to many.

In our pursuits to show how our communities have been affected, our reporters and visual journalists have been in the field since March, spotlighting schools, businesses, hospitals, nursing homes, city streets, regional parks, the homeless and the sheltered-in-place to bring key information and understanding. In McClatchy’s California publications – The Sacramento Bee, The Fresno Bee, The Modesto Bee, The San Luis Obispo Tribune, and The Merced Sun-Star – we have written more than 7,500 stories about the coronavirus this year.

Beyond those numbers, our journalists have risked exposure covering health care, protests, rallies and fires while strictly maintaining protocols of distancing, sanitizing and masks. They do this with a passion and commitment to providing insight into the issues and developments that matter so dearly to a weary constituency hungry for connections.

They have geared up and headed out as the vaccines have been deployed, again trying to provide clarity about a critical development in an ongoing story. You know how valuable we are in disseminating the information we all need to get through this. Please consider our critical value, and our health and safety, in binding our communities together for our overall wellness.

Thank you for your time and consideration,

Chris Micheli, Aprea & Micheli, Inc.

It is my understanding that funeral home workers/embalmers/removal personnel are deemed first-responders under the CDPH Vaccination Guidelines.

However, mortuary personnel have not been notified about where and when they can get their vaccination shorts.

Do you have any information that we can share with the funeral industry? Thank you!

Carolyn McIntyre, President, California Cable & Telecommunications Association

The California Cable & Telecommunications Association (CCTA), on behalf of our member companies and thousands of employees employed by those companies, respectfully request that the workers of communications infrastructure providers be recognized as a priority in the COVID19 vaccine distribution. These employees are on the front line working to keep broadband networks operating to support California's essential services.

On March 19, 2020, Governor Newsom issued Executive Order N-33-20, directing all residents immediately to heed current State public health directives to stay home, except as needed to maintain continuity of operations of essential critical infrastructure sectors.

In accordance with this order, the State Public Health Officer has designated a list of Essential Critical Infrastructure Workers to help state, local, tribal, and industry partners as they work to protect communities, while ensuring continuity of functions critical to public health and safety, as well as economic and national security. Included in the list of Essential Critical Infrastructure Workers, is the Communication and Information Technology sector <https://covid19.ca.gov/essential-workforce>.

As Californians now depend on the Internet to manage their daily lives, including access to work, education and telehealth among other important matters, we want to make sure that the “critical workers in high-risk settings – workers who are in industries [critical] to the functioning of society and at substantially higher risk of exposure”- are maintained as a priority. This would include the workers for communication and technology companies that are necessary to maintain these needed services, especially those essential workers that must enter residential homes or businesses to install or repair communications services.

CCTA respectfully requests that the State of California, Department of Public Health recognize employees of communication companies, specifically ISP employees, as a priority and include them in the category of critical populations in the next phase of distribution of the vaccine.

Thank you for your consideration.

Silbano Banuelos

I am a fire protection service worker I would like to know when and what list I am on to take the vaccine thank you

Bridget McGowan, Edelstein Gilbert Robson & Smith, LLC

In subsequent phases of vaccine distribution planning, how does CDPH and the Drafting Guidelines workgroup plan on classifying and prioritizing essential workers that are not in the healthcare sector? Is there an estimated schedule or phase these workers might be placed in?

Josh Feinberg, President, Cleaning Coalition of America

The Cleaning Coalition of America respectfully urges you to consider access for contract cleaning professionals as you continue to develop and finalize COVID-19 vaccine distribution plans.

Comprised of seven of the cleaning industry's most established and respected organizations, the Cleaning Coalition of America (CCA) represents more than one million professional public and private cleaning workers across the nation. Our cleaning professionals work in the country's hospitals, long term care

facilities, public transit systems, schools and universities, airports and airplanes, office buildings, stadiums and arenas, and other public spaces. Since March, professional cleaners have played an important role in sanitizing essential facilities during the COVID-19 crisis. Going forward, our cleaners will continue to play a significant role in ensuring that all places where people gather together, whether for work or recreation or health care, are clean and safe.

Ensuring that these essential frontline workers are in the first priority group of essential workers to qualify for the vaccine is consistent with the general Phased Allocation Phase 1b recommendations of the CDC Advisory Committee on Immunization Practices (ACIP). Allowing contract cleaning professionals to access the vaccine after healthcare personnel and long-term care facility residents and staff (Phase 1a) and in conjunction with other frontline workers and at-risk groups will support the dual objectives of protecting public health while also promoting safe and responsible economic activity.

Contract cleaning professionals will continue to play a key role in COVID-19 prevention and mitigation during this bridge period before the vaccines become widely available to the general public. Professional cleaners help create the confidence needed for the public to return to work and restore the economic well-being of the country. Even as the vaccines are rolled out to targeted populations, there will be a continued need to maintain heightened cleaning standards to continue to reduce community spread through shared spaces. Protecting the workers who are providing those cleaning services every day will pay forward indispensable public health benefits until a larger percentage of the total population is able to get vaccinated. Prioritizing and protecting cleaning professionals from the outset will maximize those benefits for everyone.

Thank you for your consideration of this request and more broadly for your steadfast commitment to public health and safety throughout the pandemic. The Cleaning Coalition of America looks forward to continuing to work with you in support of those efforts.

Joe Berry, President / CEO, California Broadcasters Assoc.

Radio and television broadcasters have worked tirelessly as “first informers” to provide vital information about COVID-19 to communities throughout California. So, we appreciate that throughout this pandemic the State of California has recognized radio and television news as essential services in concurrence with the federal Cybersecurity & Infrastructure Agency (CISA) guidance.

As the new vaccines are distributed, we understand and support the value of first vaccinating frontline health care workers, first responders, the most vulnerable at-risk Americans including communities of color, and additional deserving critical fields and sectors. However, when the Commission decides it is our turn for the vaccine, please let our news personnel in local stations throughout the state assist you in educating their viewers and listeners about vaccination plans and procedures.

Every day, regardless of the dangers or hardships broadcasters face in covering breaking news, natural disasters and civil unrest, Californian’s get the information they need. But in this health crisis, broadcasters represent an even more critical lifeline - serving as the connective fabric for those who are socially isolated and physically separated from each other. The people of California invite our reporters into their homes and cars every time they turn on the television or radio. Stories about our station employees receiving vaccines and encouraging others to do so can take advantage of this emotional connection to ensure audience members are receptive and comfortable with the vaccination process.

The broadcast industry is full of creative people, eager to help their communities. We look forward to working together to save lives across the state.

Steve Shirley, ND-ISAC Executive Director, DIB SCC Vice Chair, National Defense ISAC

FOR MEMBERS / DEFENSE INDUSTRIAL BASE SECTOR COORDINATING COUNCIL (DIB SCC)

FOR ND-ISAC EXECUTIVES / MEMBER COMPANY REPRESENTATIVES

ALCON

You are receiving this email because you or your company appear on the member list of the Defense Industrial Base Sector Coordinating Council (DIB SCC), or you represent your company as a member of the National Defense Information Sharing & Analysis Center (ND-ISAC)

Please see DHS reissue of its [Essential Critical Infrastructure Workforce Guidance, Version 4.0](#) for COVID-19 response.

Denny Chan, Justice in Aging

We received word that LA DPH has decided to disenroll all SNFs in its jurisdiction from the federal partnership and work directly with facilities to distribute the Moderna vaccine. See email below.

I hope we can get some further clarity on the federal partnership at our meeting on the 16th. This last-minute move from LA County DPH seems to be generating a lot of confusion. I understand there are timely questions of 1-B prioritization, education and outreach, and more that the CVAC should focus on, but with the first vaccines set to drop next week, unresolved issues regarding phase 1-A seem to linger. If part of the role of CVAC members is to help communicate as trusted messengers, we need to be armed with the right details and in a timely manner.

Thanks again for all your work, and I apologize for adding to what I suspect is a deluge of emails in our inboxes.

Floresita Hernandez

I am an IHSS provider, when can I get the Covid-19 vaccine?

Chris Calvi, Calvi Bros Seafood

Where are commercial fishermen in the vaccine list? I'm a deckhand on a Dungeness crab boat based at Fisherman's wharf, San Francisco. It is impossible to social-distance on a small fishing vessel. I am forced to stay outside 24/7 to avoid exposure to the captain and crew in the small, enclosed cabin, without any air circulating. I sleep in the rain and cold out on deck, and it makes my dangerous job even harder and more tiring. Please help commercial fisherman to get vaccinated. It's a small community and most fishers go on each other's boats in close quarters at the dock. It's only a matter of time until we all get sick in a cluster. We are your local seafood producers! Keep this local food source safe by including fishermen in the essential food workers list!

William E. Adams, International President, International Longshore and Warehouse Union and James C. McKenna, President and CEO, Pacific Maritime Association

As the COVID-19 crisis began in the United States earlier this year, you and other leaders in the state and federal government designated certain infrastructure sectors critical, and workers in those sectors were asked to continue their work because of the importance of these sectors to Californians' health and well-being. The men and women of the ILWU answered this call and have worked continuously through the pandemic at substantial risk to their own health and well-being in order to keep West Coast cargo moving. Their work has been heroic. We write to you today seeking your help to protect these workers and our state's ports, which together play an integral role in the economy of our state and nation.

In no state has the continuous flow of imports been more important than California. Our three largest ports – Los Angeles, Long Beach, and Oakland – are among the nation's leading and most strategically-important centers of trade, accounting for a significant portion of the nation's GDP and supporting hundreds of thousands of jobs in the Golden State alone.

Since the COVID-19 outbreak, ILWU dockworkers have continued to play an enormously critical role in supporting our economy – ensuring that Americans receive vital goods, including PPE and medical supplies. During this time, our industry has led ongoing efforts to protect the health of the longshore workforce and keep our terminals fully operational.

In recent months, an historic surge in imports from Asia has created significant congestion that has challenged our world-class ports and stretched the limits of the entire supply chain. The roughly 17,000 dockworkers in California, along with the officials of PMA and the ILWU both locally and at headquarters in San Francisco, have worked tirelessly to manage this situation and keep the goods moving. At this critical juncture, it is absolutely crucial to eliminate any additional risks to the ports' continuous operations. This means, first and foremost, protecting the health and well-being of the men and women on the docks.

As the COVID-19 vaccine becomes available in coming weeks, we understand that there are many more frontline workers to protect than available doses and that healthcare workers in particular face the highest risks. It is vital, however, to recognize that longshore workers – deemed essential – are critical to keeping West Coast ports open and cargo flowing, including the COVID-19 vaccine that will soon move through our ports. Thus, we request that they be given an appropriate level of priority for receiving the vaccine.

We appreciate your consideration of this request and urge you to use your influence as Governor to secure priority status for the longshore workforce.

Dan Baxter, Executive Director, California Veterinary Medical Association

On behalf of its 7,800 members in the statewide veterinary community, the California Veterinary Medical Association (CVMA) requests that the California Drafting Guidelines Workgroup designate the veterinary profession for prioritized allocation of the COVID-19 vaccine.

According to guidance published by the federal Cybersecurity and Infrastructure Security Agency (CISA),¹ veterinarians and veterinary technicians/staff are considered part of critical infrastructure/essential workers. On page 20 of its guidance document, CISA specifically designates “[v]eterinary nurses, technicians, veterinarians, and other services supporting individuals and organizations with service animals, search and rescue dogs, and support animals” as “essential crit

ical¹¹ personnel. Veterinary personnel are also expressly designated in this manner in the context of the Food and Agriculture listings found on page 11 of the guidance document.

In addition, the California State Public Health Officer maintains an official list of “Essential Critical Infrastructure Workers.”^{11 2} As with the CISA guidelines, veterinary practices are twice included in this state-specific grouping (being listed under both the Health Care/Public Health and Food and Agriculture sectors). It is also important to note that guidelines from the Center for Disease Control (CDC) regarding vaccine distribution state that groups considered for early vaccination if supply is limited include workers in essential and critical industries, among others.

Because veterinarians and veterinary technicians/staff are considered part of “essential and critical industries,” they should be on the priority list for receiving the COVID vaccine if vaccine supply is limited. Accordingly, and especially because there is no veterinarian representative on the Drafting Guidelines Workgroup, the veterinary profession is hopeful that you will remember to include the veterinary profession as essential workers in early vaccine allocation

¹ www.cisa.gov/sites/default/files/publications/ECI_W_4,0_Guidance_on_Essential_Critical_Infrastructure_Workers_Final3_508_1.pdf

² covid19.ca.gov/essential-workforce/

Kenneth G. Hodder, National Commander, The Salvation Army USA

On behalf of The Salvation Army, I ask that you prioritize vaccine distribution to frontline Salvation Army essential workers serving vulnerable populations within your state. To prioritize for early allocation of COVID-19 vaccines our essential workers, particularly those serving in residential/shelter facilities, social services, and childcare workers in all out-of-school-time settings, is a matter of public health safety. Dr. Robert Marbut, Executive Director of the federal U.S. Interagency Council on Homelessness, has provided an endorsement letter for Salvation Army essential workers for early allocation of the COVID19 vaccine, which we have attached.

For 140 years The Salvation Army in the USA has been providing services to Americans in need - the hungry, the homeless, those struggling with addiction, and people challenged by poverty or natural disaster. The Salvation Army serves both as a church and social services provider. Our mission is to preach the Gospel of Jesus Christ and meet human needs without discrimination.

With more than 7600 centers of operation across the United States, The Salvation Army annually provides 10 million nights of lodging in its array of emergency shelters, domestic violence shelters, anti-human trafficking shelters, transitional housing, rapid re-housing and permanent supportive housing, and is considered the largest social services organization in the country.

During the COVID-19 pandemic, The Salvation Army has greatly expanded its service across the nation to provide shelter for unhoused households. In the period of March through July 2020 we have provided over 1.3 million nights of shelter for those with nowhere to go, a significant increase over the same period in 2019. We have also seen significant increases in other social services, especially food services. In the first 6 months of 2020, The Salvation Army served more than 120 million meals through the preparation and serving of prepared meals and food box distribution. Salvation Army childcare operations, both new and existing, has made it possible for community healthcare and other essential workers to continue in their vital responsibilities knowing that their children are being supervised, well taken care of, and benefitting from in-person education.

As you can see, the citizens of the United States depend upon The Salvation Army and need a confidence to know that services will continue unhindered. Please ensure that Salvation Army officers and staff protect themselves and those they are serving by prioritizing them for COVID-19 vaccination distribution. It is a public health issue for our most vulnerable persons - people experiencing homelessness - to be sheltered in a place where they can stay healthy and reduce the demand on the hospital care system.

Ingrid Lebert, Head of Government Relations, Pharmavite LLC

Apologies for the cold call/email, but in these COVID times, well, stepping outside of normal contact order is sometimes an unfortunate necessity.

I watched the CVAC meeting yesterday and was impressed with depth and magnitude of vaccine responsibilities that you and your colleagues are challenged to resolve. What an undertaking!

I understand that ACIP will be meeting this weekend to finalize recommendations for states, and that the Drafting Workgroup may incorporate some suggestions from the same, so I email today on behalf of Pharmavite LLC—the makers of NatureMade, et al. dietary supplements (short summary attached)—in the hopes you may consider our industry for phase 1b priority.

I know everyone is jockeying for priority, but as a company that provides vital, immunity-supporting products to consumers, we believe that preserving access to the same is critical in the fight against this pandemic.

Pharmavite complies with all federal and CalOSHA requirements, but line workers, et al. must come into our facilities and, due to the nature of work, remain susceptible to COVID. Ensuring early access to a vaccine (behind HCPs, of course) for these employees provides critical health products to citizens.

Again, apologies for the rather unorthodox approach. If you would be amenable to any discussion on the above, I would greatly appreciate the time to press my case further :)

Jason Sprinkle

Good morning, I am writing to ask if there are any plans for distribution of vaccines to essential workers. How do I get my organization of essential workers in line for the vaccination?

Missy Johnson Senior Legislative & Regulatory Specialist, NIELSEN MERKSAMER

I'm reaching out to you as one of our pharmaceutical manufacturer clients, we represent six companies, has a couple of questions regarding the Vaccine Scientific Safety Review Workgroup. I hope you are the appropriate staff contact. If not, my apologies and I ask that you let me know to whom I should direct this inquiry.

1. How does the workgroup receive information for review? Do they receive this information from the FDA or is there an expectation that the manufacturers will provide product information or a presentation to the workgroup?
2. What is the scope of the workgroup's review? Does their review focus on the safety & efficacy of COVID-19 vaccines or will it also review COVID-19 treatment products?

Mistyn Block

Additionally, there has been concern that this vaccine is rushed without the appropriate animal testing. This is a vital safety step.

Nancy Elbassir Campus Event Manager, Hilton Garden Inn Los Angeles/Redondo

I hope this message finds you well and that you and your loved ones are staying healthy and safe during these times. I am reaching out on behalf of Evolution Hospitality, a hotel management company and subsidiary of Aimbridge Hospitality. My local team and I oversee three hotels in the Los Angeles area with a combined 503 guestrooms and suites, just south of LAX and adjacent to the 405-freeway. We are open and ready to assist in setting up lodging agreements for medical staff, government workers, or even full-property takeover. We are also open to other needs you may have that require a central location, for example pop up vaccine distribution centers, meeting space for essential business etc.

Do you have any needs that we can help you fulfill?

The three hotels I directly oversee are in the Los Angeles/Redondo Beach area, however, we have nearly 1800 hotels nationwide. We can offer competitive rates and have hotels to suit every travel need. If your needs are outside of Los Angeles, please let me know what cities are your current hotspots so I may connect you with our corporate sales team.

Please acknowledge that the email was received and connect me to the appropriate person so I may understand the needs and provide a quick proposal. Once we have a full picture of the needs, we can determine what options we have within our portfolio of hotels in hopes to secure an agreement.

Eric Garris, Director of Advocacy and Government Affairs, Healthy Moms, Healthy Babies

Hope this message finds you well and happy holidays. Thanks again for the information on how things are going with the implementation of screening for SMA.

Today I was hoping you might point me in the right direction who I could talk to about March of Dimes being appointed to serve, on the Community Vaccine Advisory Committee. I've been following the work of the committee and plan on watching the stream of this afternoon's meeting. March of Dimes is particularly interested in ensuring pregnant people and infants are considered in response activities as we learn more about the vaccine's impact on pregnancy or on people planning a pregnancy.

As always appreciate any feedback and assistance you might offer.

Tina Werblin

It would be helpful if the Communication toolkit is available to the public. I would love to share with the local African-American churches who need to communicate with their congregations.

Cheryl Bowman, Health & Wellness Manager, Los Angeles Job Corps Center

I am writing on behalf of the Los Angeles Job Corps Center. Each year, our center helps hundreds of at-risk youth gain education and training in high demand jobs at a residential school. I am writing to ask you to help us provide this vital service by prioritizing the COVID-19 vaccine for Job Corps staff and students.

Our center provides services to 16-24-year-old youth who live in poverty within our state. At any point, over 379 students can live on our campus. The youth we serve come from diverse backgrounds and have limited access to resources and opportunities. During their time with Job Corps, youth receive free education, training, medical and dental care, meals, and housing, as well as other wrap-around resources. We partner closely with local businesses to ensure the students have the skills and experience to support the hiring needs of the local economy.

Unfortunately, COVID-19 has taken a high toll on the populations we serve. In March 2020, our students were sent home to protect them from contracting COVID in our residential setting. However, the youth we serve have limited, if any, access to Internet, computers, and other technology, making the transition to online education problematic. Throughout this year, our students have struggled with food and housing insecurity and have not had access to the counseling, healthcare, and other resources they receive on our campus. The pandemic has also had a more profound impact on the economics of these already struggling youth. Unemployment rates for youth, particularly Black, African American, or Hispanic youth, are nearly four percentage points higher than the national unemployment rate. To help these youth receive the education, training, and services they need and to provide them with long-term economic security, it is vital that our campus can fully reopen.

We are asking for your support to help us fully reopen our campus for instruction and to help us provide critical services to at-risk youth. Our campuses are a residential, congregate setting, and students and staff are in close contact through the day and evenings. This environment is key to meeting the unique needs of our student population. Every day, Job Corps staff are engaged in the work of changing lives, improving local economies, and making a difference for communities. These dedicated staff should not have to risk their health in order to serve youth and the community.

Please support Job Corps by prioritizing COVID-19 vaccines to Job Corps staff and students with health risks.

I also would like to invite you to visit our campus and learn more about the amazing work we do to change the lives of young people.

Helene Schneider, Regional Coordinator, U.S. Interagency Council on Homelessness

Today, the CDC issued a new [FAQ document titled: COVID-19 Vaccination for People Experiencing Homelessness](#).

**Dr. Robert G. Marbut Jr., Chair - The Federal COVID-19 Homelessness Response Task Force;
Executive Director - US Interagency Council on Homelessness**

As you consider your phased allocation framework for the SARS-CoV-2 vaccine, we respectfully ask that you consider the importance of including the Department of Homeland Security, Cybersecurity & Infrastructure Security Agency (DHS/CISA) “officially designated” essential critical homelessness service workers in your top tiers of allocation based on equity and clinical factors. Specifically, we ask that you consider:

- 1- Designating front-line essential critical workers like the staff of the Salvation Army that work in homelessness service shelters, centers, campuses, food banks, food pantries and other essential programs within the group of first responders and include these individuals in the top tier of allocation.
- 2- And to include families and individuals that are experiencing homelessness in the very next allocation tier.

In terms of social equity, the homelessness community is disproportionately composed of communities of color. Almost 50% of people experiencing homelessness are Black, Native American and Asian, and over 20% people experiencing homelessness are Hispanic. Additionally, the community of homelessness is disproportionately composed of families and individuals that are significantly economically disadvantaged. Similar racial and ethnic demographics exist within the front-line corps of homelessness service workers.

In terms of medical acuity, families and individuals experiencing homelessness have some of the highest levels of medical acuity in United States. The Federal COVID-19 Homelessness Response Task Force's mission statement has been to "*SAVE LIVES, AND DON'T CRASH THE EMERGENCY MEDICAL SYSTEM.*" Any medium-sized homelessness service shelter/center that would become medically compromised would crash 1-3 emergency departments, and a large homelessness services campus could overload a regional network of emergency departments.

(HUD) has another. ED and HUD also use different metrics and methodologies to measure the number of families and individuals experiencing homelessness and success. It is therefore important to use by definitions in determining phased allocations.

Will Clemens, General Manager, Oceano Community Services District

As the Drafting Guidelines Workgroup to Advise State on COVID-19 Vaccines develops plans for distribution of the COVID-19 vaccine, the Oceano Community Services District asks that our frontline, essential workers receive priority in Phase 1-B. This phase includes "people who play a key role in keeping essential functions of society running and cannot socially distance in the workplace," as described in the Centers for Diseases Control and Prevention (CDC) *COV/D-19 Vaccination Program Interim Playbook for Jurisdiction Operations*.

Vaccinating frontline special district employees is particularly important because our critical infrastructure and community services underpin all aspects of society, including services fundamental to a community's health, safety, and economy.

Oceano Community Services District provides water, wastewater, solid waste, fire, and recreation services to residents of Oceano. In addition, we provide services for critical care facilities in our area including medical centers and care facilities.

Our services are essential for keeping our community functioning. Due to the specialization of operations, and the corresponding challenges in finding replacements for staff members who may become ill or exposed, it is necessary to mitigate key staff members' COVID-19 risks through all possible means, including vaccinations. We estimate that four to nine essential staff members should be given priority access to the vaccine in Phase 1-B.

We appreciate your consideration of our essential workers in California's vaccine prioritization plans.

Diana R. Dykstra, President and Chief Executive Officer, California and Nevada Credit Union Leagues

The California Credit Union League is the trade association representing California's credit union industry. This correspondence is intended to highlight the importance of frontline credit union employees as it pertains to the availability of the COVID-19 vaccine for essential workers and seek their inclusion in the Phase 1b distribution.

As financial institutions, California's credit unions are proud to make up part of the essential critical infrastructure workforce, as designated by the U.S. Department of Homeland Security's Cybersecurity and Infrastructure Security Agency (CISA) in its March 16, 2020 Advisory Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response (Advisory Memorandum). Throughout this pandemic, tellers, loan officers and other key employees have kept branches open and systems operating while consistently working to adhere to the latest safety protocols. At the same time, our industry has worked behind the scenes to assist Californians who have suffered financially during this time, both through the development of forbearance programs for borrowers facing repayment shortfalls and in supporting legislation to help protect tenants, homeowners and small landlords and reduce the number of potential foreclosures and evictions throughout the State.

We are greatly encouraged by the announcement of emergency-use authorizations for COVID-19 vaccines by the Food and Drug Administration (FDA) and fully support the plans announced by the Center for Disease Control (CDC) for phased allocation of the vaccine to ensure that those at the highest risk are first in line. It is our understanding that Phase 1 will be sequenced into three tiers:

- Phase 1a: Health care personnel and residents of skilled nursing facilities, assisted living facilities, and similar long-term care facilities
- Phase 1b: Essential workers
- Phase 1c: Adults with high-risk medical conditions and adults ages 65 and over

It is our desire to ensure that, as part of the essential workforce, credit union tellers, loan officers and other frontline workers are included in the Phase 1b distribution to essential workers. In its updated Advisory Memorandum dated August 18, 2020 and Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response (Version 4.0; August 18, 2020), CISA identified the following financial services employees within its designation of "essential critical infrastructure workforce:"

FINANCIAL SERVICES

- Workers who are needed to provide, process, and maintain systems for processing, verification, and recording of financial transactions and services, including payment, clearing, and settlement; wholesale funding; insurance services; consumer and commercial lending; public accounting; and capital markets activities.
- Workers who are needed to maintain orderly market operations to ensure the continuity of financial transactions and services.
- Workers who are needed to provide business, commercial, and consumer access to bank and non-bank financial services and lending services, including ATMs, lending and money transmission, lockbox banking, and to move currency, checks, securities, and payments (e.g., armored cash carriers).
- Workers who support financial operations and those staffing call centers, such as those staffing data and security operations centers, managing physical security, or providing accounting services.

- Workers supporting production and distribution of debit and credit cards.
- Workers providing electronic point of sale support personnel for essential businesses and workers.
- Workers who support law enforcement requests and support regulatory compliance efforts critical to national security, such as meeting anti-money laundering and countering terrorist financing and sanctions screening requirements.

We believe that, among these essential workers, frontline credit union employees who regularly interact with the general membership and the public are at the greatest risk of contracting and spreading the virus and should be prioritized for vaccine access. These frontline staff include tellers, loan officers, and employees with responsibilities that require face-to-face membership contact. They are critical to ensuring that members can quickly access financial services while ensuring continuity in the full faith of our financial system. In order to protect both workers and the public, many credit unions have been forced to restrict branch hours and access, due to limited staffing availability and health concerns. Members who are dependent upon in-person access to financial services, who are also often the more vulnerable segments of the population, are the most adversely affected by these limitations. It is our desire to ensure that frontline credit union employees are well-protected so that they may continue to meet the needs of all members, regardless of location or electronic access.

We thank you for your consideration of these matters and would be happy to provide any additional information that might assist you and your staff as you develop the Phase 1b distribution plan.

Melissa Patra Martin, Senior Director and Counsel, Policy Research

Good afternoon. I work for Stateside and do policy research. I am interested in finding the answers to the questions below and I am aware that not all of these questions/answers are provided within the state Vaccine plans. I am in the process of reviewing the plans for the states which is very time consuming due to how much information is included in the plans. I wanted to find a state contact that would be able to help me with the questions below for California. I am working on this research on behalf of a healthcare company and their employees and we would like to get the answers as quickly as possible to determine how to prepare for the vaccines.

I recognize that you are a co-char of the Drafting Guidelines Workgroup and I realize how busy this time is as the vaccines are about to come available. Due to the high priority nature of the situation, please let me know as soon as possible if these questions can not be answer by December 15th. I understand this is a fast pace situation so I appreciate your help and response as soon as possible.

Topline Questions:

- Where are the remaining points in the state’s plan where there is discretion in determining the prioritization of vaccination?
- How will the prioritization of ‘essential workers’ be determined as to which industry in this broad designation gets vaccinated first?
 - Has CA released this information?
 - Has there been any preparation for when vaccines will be administered to essential workers that do not work in health care facilities?
- Who is the appropriate point of contact at the state and local level to advocate on employees’ behalf?
 - I understand that CA established the several workgroups as detailed in this website - <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Vaccine-Task-Force>

- [Committees-and-Workgroups.aspx](#)and If you are not the correct contact is there someone else among these groups that can help provide information that would be helpful.
- Our locality of interest is West Sacramento, CA.

Ancillary Questions:

- How will ‘essential workers’ be identified when they show up to be vaccinated by a health care provider?
- If an employer mandates employees be vaccinated as a condition of employment, how can the employer know the employee was vaccinated?
- Can employers set up their own vaccination clinics to vaccinate employees on their campus?
 - Is special training required?
 - Would vaccine be delivered or need to be picked up?
 - Can vaccine designated for employees in one state be transported across state lines to be vaccinated in another state? (or can employees cross state lines to be vaccinated?)
- How does an employer get their most at-risk (eg – multiple co-morbidities for covid-19) personnel vaccinated? Is this something an employer needs to be concerned with or does the employer leave it to those employees to determine?
- Should companies register proactively as a provider of vaccine using the national registration process or do we wait until after the shortage phase is over?

Lee Young

I am a self-employed teacher and my wife is a childcare provider.

A friend of ours made us aware that this advisory committee is deciding on the order of who should receive the covid-19 vaccine. Considering we are both in essential work in education and childcare, it appears we may be eligible in Phase 1b.

We are wondering: How will we be able to get access to this vaccine once it becomes available to us?

We do not work directly within a school system, so we do not have an employer to notify us or provide us with a vaccine. Will we be able to go to our local clinic to get set up to receive it? Any additional guidance you could provide for self-employed or informal learning settings like ours would be greatly appreciated.

Please help us understand how we will be able to get on the list to be vaccinated.

Jordan A. Firestone, MD, NASA

I am the medical director for NASA-Ames Research Center at Moffett Field, CA, and I am reaching out to learn how our Health Unit team can participate in the effort to distribute COVID vaccines.

You may know that NASA-Moffett Field is located in Santa Clara County. It is a federal airfield and aeronautics research facility, complete with protective services, fire department, and onsite occupational health unit. [About NASA’s Ames Research Center | NASA](#)

The NASA essential/mission-critical workforce at Moffett Field includes ~50 first responders, ~10 healthcare workers, ~150 essential infrastructure maintenance workers, and ~700-800 other mission-critical workers.

We are fortunate to have access to ultra-cold freezer storage, through our life sciences research program facilities here at the Ames Research Center.

We also have experience in vaccine distribution to the NASA workforce, from our annual flu vaccine campaign.

No doubt you are very busy, so thanks in advance for any information you can share.

I have cc'd Jane Bean, our Clinic Operations Manager. We would very much appreciate hearing from you.

Jeanette Cotinola

When and where phase 1B workers can go to get shot? Could you tell me when and where I could go to get my vaccine?

Shahnaz Tafreshi

I will appreciate if we can get the vaccine as soon as possible, because we have had a hard time during the pandemic.

Becky Errotabere, Lincoln resident

I had a few questions about the roll out of vaccines to the "general public". Will local county government be involved in the process and establishing distribution protocols...like county supervisors? What is the role of the county public health officer in the distribution at the local level?

Maj Charles Christian, CAP, Director of Emergency Services, California Wing

I wanted to reach out and see if the Civil Air Patrol can be of assistance to the CDPH for vaccine distribution in California. We are the civilian auxiliary of the U.S. Air Force and under contract with Cal OES for emergency response. We work regularly with the National Guard and Cal OES as a Title 10 federal asset assisting CA state authorities.

Tasking CAP with transportation is relatively easy via Cal OES and we are experienced in quick state-wide transport of sensitive cargo such as blood products, tissue samples, and PPE. We can provide door to door transport using aircraft and vehicles (including military bases) because of our federal affiliation and we are trackable live.

Today, CAP, began vaccine delivery in several states around the country.
[S.D. Wing Flies 1st COVID-19 Delivery Mission \(cap.news\)](#)

We would very much like to assist California in this endeavor.

Would it be possible to setup a five minute call with your department this week to discuss our capabilities and support?