WRITTEN PUBLIC COMMENT TO COMMUNITY VACCINE ADVISORY COMMITTEE (CVAC)
Submitted from April 13, 2021 to May 10, 2021

The Right Most Reverend Anthony Evans, President, National Black Church Initiative

We are excited to let you know that the National Black Church Initiative (NBCI) has spoken with the Centers for Disease Control and Prevention (CDC) to pledge our overall support for your state's vaccine program objectives. They have asked us to reach out to you and let you know about NBCI's Comprehensive COVID-19 Action Plan and how our 2.5 million volunteers nationwide are working within your community.

We are ready to serve the state of California in any way we can to ensure it is on track with COVID-19 vaccinations. Please let us know how we can discuss strategies to achieve vaccination goals moving forward.

Recently, we developed a comprehensive plan to work with states to vaccinate over 106 million African Americans and Latinos in the country, with a special emphasis on marginalized communities (i.e., the homeless, the disabled, the homebound/bedridden, those who are dually diagnosed, seniors, and those who are visually and physically challenged).

NBCI is a coalition of 150,000 African American and Latino Churches working to eradicate racial disparities in healthcare, technology, education, housing, and the environment. NBCI's mission is to provide critical wellness information to all of its members, congregants, Churches, and the public. Our methodology is utilizing faith and sound health science.

This effort is part of our 5-year plan to deal with the issues of health equity, health disparities, and the issue of mistrust in our healthcare system. Our plan is called *NBCI's Sustainable Action Plan to Maintain the Health of the African American Community 2020-2025: COVID-19: Eradicating Underlying Disparities in Healthcare.*

This will be the largest, faith-based mobilization of African American and Latino Protestant denominations in the country to achieve a single health goal. NBCI has had its hand on the pulse of the African American and Latino communities for over 25 years, which is why it is the ideal organization to lead this effort.

African Americans account for 1.4x the number of COVID-19 cases, 3.7x the number of hospitalizations, and 2.8x the number of COVID-19 deaths as White people. These numbers are 1.7x, 4.1x, and 2.8x for Latinos, respectively. Both communities are being devastated by this virus. Because African Americans and Latinos do not receive high quality primary care, we have more underlying conditions, such as, uncontrolled high blood pressure, diabetes, asthma, obesity, and heart disease. These pre-existing conditions make it harder for us to survive COVID-19 and put us at risk in developing lingering problems after we recover from the acute stage of the disease.

The NBCI COVID-19 vaccination plan has three main goals:

1. Work with each state's public health system. Integrating our plan into each state's strategy will ensure that all states' most vulnerable individuals get vaccinated, including those communities that have a vaccine-resistance rate above 80%. Only culturally tailored plans that speak to the concerns of each community will work.

2. Create a comprehensive outreach and education plan about the COVID-19 vaccines tailored specifically for the African American community and its reluctance to take medicine for underlying health conditions or to receive vaccines.

3. Administer COVID-19 vaccines in an effective, safe, and culturally sensitive setting. Vaccine distribution must fit into the life, community, and cultural habits of the most vulnerable populations who need it, including those who work in retail, those who interact with the public daily, pregnant women, dependent children, the homeless, and individuals with compromised immunity, especially in areas where the poverty rate is above 30-40%.

We are looking forward to speaking with you further to make sure you know these resources are available to your department. We are hopeful that we will receive grant money from the CDC for the purposes that we have set forth. Please notify us of your grant processes so that we can access available funding and assist you in the future during this pandemic.

Lindsay

I qualified under disability status but cannot drive (that's part of my issue). I could only book a vaccine that's four hours of driving to attend. I am desperate and no other appointments have been closer. I've tried for weeks.

My chiropractor, who is 74 and treats patients in a group office with six employees cannot get one either (he has tried since January) because he cannot drive and uses the phone (not savvy with forms). I think we still need a key that gives priority over general public and specific designated sites for priority groups to streamline booking. Please help.

Mobility issues create barriers to receiving vaccines even for medical workers and priority teams.

Missy Johnson, **Senior Director of Government Affairs**, **Nielsen Merksamer**, **Parrinello Gross & Leoni Llp**

On behalf of Merck, we are sharing information with the CA Vaccine Advisory Committee (CVAC) regarding the decreased rate of school-age vaccinations during the pandemic, the imminent need to catch up on vaccines as schools reopen and the interplay with approval of the COVID-19 vaccine for 12-16 year-olds (anticipated later this summer/early fall). We know CVAC is working tirelessly to encourage all Californians aged 16 and up to get the COVID-19

vaccine and is engaging with a variety of community groups to target underserved and difficult to reach populations.

Based on media reports it appears the COVID-19 vaccine emergency use authorization (EUA) for 12-16 year-olds is likely to be granted within a matter of months. The attached CDC data illustrates how all children and that specific demographic is currently lagging on routine immunizations because of skipped well-child/pediatric visits. To avoid complications related to the timing of the vaccine administration for the routine public school vaccines AND the COVID-19 vaccine (they must be given at least two weeks apart), we are asking that CVAC include in its communications to community partners information encouraging parents to get caught up on their children's immunizations so they there will be no issues with their children being able to receive the COVID-19 vaccine once approved.

Link to CDC Letter regarding vaccinations for kids

Genenvieve Flores-Haro, MICOP; Irene de Barraicua, Lideres Campesinas; Helen McGrath, Flying M Ranch/Farm Bureau of Ventura County; Rachael Laenen, Kimball Ranches – El Hogar; Debbie Brokaw Jackson, Brokaw Ranches; Debra Walker, Limoneira; Yissel Barajas, Reiter Affiliated Companies; Ana Martinez, CA Strawberry Commission; Louise Lampara, VCCoLAB; Rob Roy, Ventura County Agricultural Association; John Krist, Farm Bureau of Ventura County; Scott Deardorff, Deardorff Family Farms; Cassie Van Deluyster, Calavo Growers; Dave Murray, Good Farms/Andrew & Williamson; Ellen Brokaw, Brokaw Nursery LLC

In Ventura County, a group of stakeholders including representatives from the farmworker community, public health, farm employers, farmworker advocates, industry associations, and others has been meeting biweekly since March of 2020 with the sole purpose of supporting the safety and health of farmworkers during the COVID-19 pandemic. We would like to express our concern with vaccine distribution as vaccination eligibility is set to expand on April 15th. Ventura County is a majority-minority county (44.6% Latinx/Hispanic) with various vulnerable communities who remain disproportionately unvaccinated due to lack of vaccine supply.

As this committee is well aware, the COVID-19 virus has disproportionately affected farmworkers, in our county and throughout the state. Our committee of stakeholders, with the support and commitment of Ventura County Public Health, VC Human Services Agency, and County Executive Office has prioritized farmworkers in our vaccination roll out through the creation of the Farmworker Mobile COVID-19 Vaccination Program, targeted pop-up clinics and large vaccination clinics coordinated with community-based organizations and agricultural partners. Despite these exhaustive efforts, we estimate that only 19,602 (49.5%) out of the estimated 40,000 farmworkers in Ventura County have been vaccinated to date.

As the state prepares to expand vaccination eligibility to everyone ages 16+, we are seeing a severe lack of vaccine supply and transparency in how vaccines are allocated to counties. Week after week, Ventura County officials have advocated for more doses to protect our most vulnerable communities, especially our farmworkers. Week after week, we see higher amounts

of doses being allocated to counties with comparable populations, but significantly less vulnerable populations (i.e. City & County San Francisco). Ventura County has the infrastructure, personnel and strategy in place to administer large quantities of the vaccine to our most vulnerable communities, plus the commitment of all relevant partners. We simply need more doses.

What will undoubtedly occur in the coming weeks will be a bottleneck effect of those with time, resources, internet connectivity, etc., securing the limited number of vaccination appointments. Farmworkers in our county are in the midst of peak employment with Spring harvest, pruning, planting, and a variety of other skilled essential work, and they will continue to be left with no immunity protection.

We ask that this committee, CHHS, CDPH, and Governor Newsom deliver on the promise made weeks ago to our vulnerable communities by allocating doses to counties based on the proportion of farmworkers, vulnerable populations and transparent health metrics. All decisions made about vaccination allocation must be more transparent and equitable in addressing the needs of vulnerable populations.

Same Letter
Dr. Nicole Croom, UCSF Pathology and Laboratory Medicine Resident; Sylvia Ladenheim, Los Altos; VIju Mathew, Berkeley; Natalie Neale, San Francisco; Malaika Scott, Berkeley

I am appalled by the negligence of the California Department of Corrections (CDCR) to protect incarcerated people and urge CDCR to implement the demands of impacted communities, public health officials, and medical experts to urgently decarcerate prison, jail, and detention facilities while ensuring equitable access to the vaccine.

California prisons are home to the largest COVID-19 outbreaks out of all state prisons, jails, and ICE detention centers nationwide. Over 50% of people in California prisons have had COVID-19, and as of 4/5/21, 218 have died as a result of CDCR's medical negligence. The California Department of Corrections (CDCR) has failed to implement basic public health measures, including social distancing, provision of Personal Protective Equipment (PPE), staff compliance with face covering and social distancing requirements, and adequate testing protocols to keep incarcerated people safe during this pandemic.

With vaccine distribution well underway inside California state prisons, we must prioritize the health and autonomy of the nearly 100,000 people incarcerated in California. Reports from incarcerated people in prisons across CDCR has highlighted inadequacies in vaccine rollout such as: incorrect doses, different first and second vaccines, and ignoring incarcerated people's health needs around reactions post-vaccination. CDCR has shown it is incapable of providing adequate healthcare and was found in violation of incarcerated people's healthcare rights. Additionally, despite the fact that infection rates in carceral facilities are significantly higher than the rest of the country, correctional officers nationwide are declining to get vaccinated at staggering rates, directly putting themselves, incarcerated people, and the larger community at risk.

Research shows that even high-efficacy vaccines will be significantly less effective in high-spread, congregate settings like prisons, due to factors like overcrowding, inadequate healthcare, and mistrust of the carceral healthcare system by those with lived experiences of harm within CDCR. Additionally, vaccines may not protect as well against emerging SARS-CoV-2 variants. Thus, we caution state policymakers and prison officials from treating the vaccine as a simple solution to what is in fact, a deeply rooted and complex public health crisis.

A COVID-19 vaccine will not stop the threat of the next pandemic or end the other public health crises already plaguing carceral facilities in California or elsewhere. Every year poor conditions and overcrowding spur outbreaks in carceral facilities, such as the flu, tuberculosis, valley fever, and legionella. Despite this well-documented issue, CDCR and California Correctional Health Care Services (CCHCS) continuously fail to ensure equitable and adequate healthcare. Like many infectious diseases, COVID-19 exacerbated the pre-existing public health harms embedded in the prison system, including unsafe practices such as involuntary transfers that have made incarcerated people more susceptible to severe illness and death during and beyond this pandemic.

For months, authoritative health bodies including the American Public Health Association and National Academies of Sciences, Engineering, and Medicine alongside policy experts and academic scholars have released statements, reports, and journal articles calling for decarceration, but CDCR has failed to implement this lifesaving measure.

The COVID-19 pandemic has magnified, but did not create, the intrinsic threat that incarceration poses to the public health and safety of incarcerated people and surrounding communities. This pandemic has continued to reveal what people directly impacted by incarceration have long recognized — it is impossible to keep people safe and healthy behind bars. Policymakers and prison officials must treat the COVID-19 pandemic as a wake-up call to the deep-rooted violence of structural racism and mass incarceration and immediately grant large-scale releases. Decarceration is an urgent, necessary step towards public health and racial justice.

Moving towards health equity in California requires the release of people in prisons, jails, and detention facilities. I urge that:

1. Governor Newsom and CDCR decarcerate all prison, jail, and detention facilities immediately to below 50% capacity, at minimum, by granting emergency releases without exclusions based on conviction or sentence.

2. CDCR permanently stop all involuntary transfers of people between facilities, including the transfer of formerly incarcerated people from prisons to ICE detention centers.

3. All local public health officers use their powers under the California Public Health and Medical Emergency to "abate any public health hazard" and order facilities in their jurisdiction to urgently decarcerate.

4. California Department of Public Health's vaccine distribution plan prioritize incarcerated people for vaccination while safeguarding people's autonomy by not using punitive practices to force incarcerated people to take the vaccine against their will.

5. CDCR require that any staff who interact with incarcerated people or enter carceral facilities show proof of vaccination.

Pamela R. Perls, Lafayette

I was dismayed to see that the Governor's newest COVID eligibility plan did not include an equity benchmark. Please see the article in the East Bay Times below regarding that omission:

https://www.eastbaytimes.com/2021/04/11/californias-reopening-plan-includes-no-equity-benchmarks-for-hard-hit-communities-2/

I understand that the counties have been largely responsible for targeting underserved, at-risk, and BIPOC communities. However, I find it disturbing that the issue of equity, which is so important to us all, was not even mentioned in the Governor's plan to open up vaccines for everyone in CA.

Even if the counties are to remain responsible for identifying the underserved communities and providing vaccines, the Governor's plan should have highlighted that continuing responsibility. The omission seems glaring and puts into question the Administration's commitment to insuring the fair and equitable distribution of the COVID vaccine.

I urge you recommend that the Department of Public Health correct and amend the Governor's flawed COVID eligibility plan. The Administration must include a reference to CA's equity commitment and to its updated plans to achieve the goal of vaccinating our high-risk and underserved communities.

Del Miller

Got my first Pfizer vaccine through Stanford at the Alameda County Fair last 4/9 and realized they scheduled my second shot 4 weeks out (5/7). I know that the recommended interval is 21 days, so I am confused. Getting different information from different sources. I would like to address a couple of questions: (1) Does the data support any deviation on the 21 days protocol? So 4 weeks does not have any negative impact on the efficacy? (2) Is there a supply issue - that's why it is being pushed back to 4 weeks? Or state trying to provide first vaccine to as many people first? Which I understand and as long as that does not affect the efficacy of the vaccine.

It is concerning to me after seeing that Walgreens did the same 4 weeks and now reverting to 3 weeks.

Appreciate all the hard work but also would be good to get your feedback to all of us who have concerns. Probably a good idea to give us the explanation upfront instead of having to search for answers everywhere. I tried to email Stanford and then the County. county sent me to you.

Tony Inlow

I strongly oppose the use of vaccine passports in California. This vaccine isn't mandatory and is experimental. Any attempt to require American citizens to submit to an experiment is unlawful and unconstitutional.