

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

**Submitted from January 19 through February 1, 2021**

**From UC Berkeley School of Public Health: Ben Delikat, MBA/MPH Program; Amy Garlin, MD, Associate Clinical Professor; Ann Keller, PhD, Associate Professor; Rev. Dr. Clyde Oden, Jr., Anti-Racism Steering Committee; Sarah Anne Reynolds, PhD, Researcher; Stephen Shortell, PhD, MPH, MBA, Distinguished Professor & Dean Emeritus; and May Simpson, Chair, Berkeley City Community Health Commission**

As members of the UC Berkeley School of Public Health's anti-racism during COVID working group, we urge the California Department of Public Health to advance an anti-racist, equitable approach to vaccination. The current approach needs to take into account the twin pandemics of structural/toxic racism and Covid19 that is creating a syndemic for communities of color in California.<sup>1</sup> By placing equity on equal footing with speed in rolling out the state's vaccination effort, California can serve as a model for the country in achieving a well-run vaccination effort that does not leave behind the communities who bear the brunt of the syndemic. To achieve this, we recommend that California:

**1-Create a priority queue for individuals from communities experiencing a Covid19 and racism syndemic**

By creating a separate queue with lowered barriers and priority access for those most at risk and currently least engaged by the healthcare system, vaccination can meet two distinct sets of vaccination demand without one queue slowing down the other. If designed properly--akin to airport TSA pre-check lines--priority access lines can serve those facing the greatest risk, but also fill in any unused appointments with individuals from the current phase and tier. Using this approach, creating streamlined vaccination for those facing the syndemic will increase equity without slowing down the overall pace of vaccinations.

**2-Increase outreach so that Californians facing the syndemic are well informed about the vaccine**

California must increase outreach to the communities most at-risk for COVID infection and mortality. Providing reliable, language-appropriate, and culturally relevant information about the vaccine will allow individuals to make informed decisions about vaccination. Community leaders will be essential partners in sharing information about the vaccine and vaccination roll out. For its part, the state can identify communities at risk using CDC social vulnerability index or the state's own [CalEnviroScreen](#). Mobile vaccine and pop-up clinics should be provided to communities that lack reliable or geographically accessible healthcare access. Because of disparities in internet access, the state should make it possible to register for vaccination by phone.

**3-Report Progress in Vaccination in communities bearing the brunt of the syndemic**

We acknowledge that public pressure to deliver available vaccine doses is mounting. Media outlets are currently reporting the ratio of doses administered to doses received by the state and using this metric to indicate leaders and laggards in the race to vaccinate. This distribution metric is important. But when public focus is on this metric alone, we risk exacerbating disparities in equitable vaccine distribution. Early data show predictable racial disparities in vaccination rates with vaccination rates for Black and Latino Americans trailing their White counterparts.<sup>2</sup> By monitoring the rate at which communities facing the pandemic are vaccinated, California can identify where additional efforts are needed to decrease racial disparities in vaccine delivery.

4 - Seek federal support where that can help the state meet these goals

The Biden Administration is emphasizing equity across its policy initiatives and will likely be supporting states and counties in their efforts to roll out vaccination equitably. California can work with the federal government to model what that might look like by clearly communicating where federal support can aid the state in mitigating the effects of the syndemic stemming from structural/toxic racism and covid.

We remain ready to support the Community Action Advisory Committee and the California Department of Public Health's immunization efforts however we can.

<sup>1</sup> Sharma, A. (2017). Syndemics: health in context. *Lancet*, 389(10072), 881.

<sup>2</sup> See, for example: C. Owens. 2021. Communities of color falling behind in America's vaccine effort. Axios (January 26, 2021), available [here](#); H. Recht and L. Weber. 2021. As Vaccine Rollout Expands, Black Americans Still Left Behind. Kaiser Health News (January 29, 2021), available [here](#); and J. Cosgrove, L. Money, R. Lin, & C. Shalby. 2021. Growing racial inequities in L.A. County vaccine rollout raise alarms (January 27, 2021), available [here](#).

### **Nancy McPherson, State Director, AARP**

On behalf of AARP's 3.3 million members in California, I thank you for the efforts you have undertaken to address the unprecedented public health and economic crisis we face due to the COVID-19 pandemic.

However, as a member of the California Community Vaccine Advisory Committee, AARP is very concerned that some advocates on the committee are ignoring the facts and science and pushing the state to deviate from its vaccine deployment strategy to prioritize people 65 and over in Phase 1b, Tier 1.

We recognize that the scarcity of vaccine supplies has caused some advocates to lobby for their constituents, regardless of what the science tells us. While we acknowledge the many challenges in determining how to equitably, safely, and effectively distribute the vaccine, we urge you to stay the course and continue to be guided by science and data.

We understand these are difficult decisions, but as you grapple with issues of equity, I would remind you that age *is* an equity factor, and, in this pandemic, it is the *one* factor that cuts across all demographics.

As of January 20, nearly 93 percent of the 34,345 deaths from COVID-19 in California have been among people 50 and older. The data clearly show that older people are at a much higher risk of serious illness and death if they contract COVID-19. In addition, this is affecting multicultural communities at alarming rates. Among Latinos, individuals over the age of 50 account for 90 percent of deaths. In the African American and Asian American communities, those over the age of 50 account for 93 percent and 96 percent of the deaths respectively. The numbers only get worse in older age groups, with those between age 65 and 74 being 90 times more likely to die from COVID-19 after contracting the virus than their younger counterparts. Given these facts, we urge you to stay the course you have charted for California by continuing to use age as the primary factor for determining vaccine prioritization.

We cannot stress enough how eager Californians are to receive the COVID-19 vaccine, which offers so much promise for a return to normal life. We hear from our members daily about the fear and isolation they are experiencing during this very difficult time. The vaccine has provided hope, and our members are confident you will continue to determine California's vaccine distribution strategy using science and data, not personal feelings or unfounded opinions. AARP stands ready to work with you, and we support your efforts to get vaccine information to Californians as quickly as possible.

### **Jamie Graves**

I have exhausted every avenue available to me. I have contacted three covid vaccine hotlines, the LA County Department of Public Health, her doctors office, the governors office, and this is the third time I am writing you. I have written you two letters previously and none of them were found on the public comments. I am begging you to please read and give me some sort of response to this very important question.

There seems to be a population of our country that has been overlooked regarding the COVID-19 vaccine. My aunt is 94 years old and is being cared for at home. She has been bedridden for two years, on a feeding tube, oxygen, and completely non-ambulatory. She can only be transported by ambulance. There seems to be no way to get her the vaccine. I have contacted her doctors office, several COVID-19 hotline's, the LA County Department of Public Health, and Governor Newsom's office. Nobody has an answer for this! She also has caregivers 24 hours a day, so she is exposed to the virus by outside sources. She is definitely in the most vulnerable population and yet there is no program in place to get the vaccines to homebound patients.

### **Shireen McSpadden, Board President, California Association of Area Agencies on Aging (C4A)**

The California Association of Area Agencies on Aging (C4A) urges your committee to make older adults and people with disabilities the TOP priority in the delivery of COVID-19 vaccines. We also encourage the inclusion of the professionals and volunteers that provide direct services to these individuals to be included in that priority group.

C4A consists of the directors of each of California's 33 Area Agencies on Aging (AAA's), covering every inch of California. AAA's are charged with overseeing and implementing the programs of the Older Americans Act and the Older Californians Act. Those ACTS designate the AAA's to represent all older adults in our state, regardless of their health, wealth, or cultural background.

We realize the task of prioritizing vaccines is tremendously challenging, often heart-wrenching, and must weigh the needs and desires of broadly based and diverse populations. We recommend that decisions be fact-based and data-driven and therefore separated from emotional arguments, no matter how compelling those arguments may be.

Recent figures show that 65% of all state ICU beds are currently occupied by individuals aged 61 years or older. Even more astounding is that 85% of California's COVID-19 deaths are of this same 61+ population.

Older Americans Act service providers – delivering food, providing rides, protecting those in skilled nursing and residential care facilities, providing legal protection, etc., are clearly essential workers and provide vital life-sustaining essentials for these older individuals. As such, it is imperative that these care providers be prioritized in the vaccination process; to protect our seniors, to protect their families, and to protect themselves.

C4A appreciates your consideration of our recommendations, and of our mutual goals of defeating the COVID-19 pandemic.

### **Valerie Jones**

Hello I am 67 and have an autoimmune disease and asthma. I should be in group 1A tier 1. I have not been able to find anywhere to get a vaccine. I would very much appreciate any help with this. I live in Manteca.

Also, my mom is 87 and living alone in another town. We have not been able to see each other. She needs her vaccine too. I know people in care facilities have gotten theirs. It seems our elders are falling through the cracks. I would so much like to see her and give her help.

### **Susan Morita**

I am a caregiver for my partner, who suffered a severe traumatic brain injury on Jan 9, 2020. After a hospital stay that lasted 10 weeks, he was discharged and we have been sheltering at home due to the possible adverse outcomes he would suffer if he were to contract the corona virus. He is 65 and I am 62. We have been unable to make an appointment for him to receive the corona virus vaccine here in San Diego.

During the pandemic, we have only dare venture out to the local Kaiser Permanente medical center for selective treatments, avoiding services such as physical therapy, due to our fear of possible exposure to the virus. However, now he needs to be able to follow-up with additional treatments and visits which we have been hesitant to do during the pandemic.

How do vulnerable patients arrange to obtain the vaccinations as soon as possible? Also, as a caregiver, living in the same house, though I am only 62, would it be possible to be vaccinated at the same time? I have been scanning websites to better understand the guidelines that determine priority but don't see anything helpful.

I'm writing to share our situation as I am sure we are not the only ones whose lives were touched by a traumatic brain injury or other severe, life-threatening injury.

### **Bernard Katzmann**

I would like to thank you, the CDPH, and your committee for the dedication and long hours that you have been, and are, giving to the control of the pandemic and the distribution of the vaccine.

I have a medical background and fully understand how difficult the decisions that you and the vaccine committee have been considering are. I am 73 and my husband is almost 64. Both of us have comorbidity health issues. I am hopeful that I will have access to the vaccine very soon but it appears as if my husband, who has at least 3 significantly comorbidity issues, will be significantly lower on the priority list. We have been super careful and the only times we have left our home for the past 10 months has been for a daily walk, to go to a drive-through flu vaccine clinic and my husband's visit to the ER and several visits for a multitude of tests.

Because of our ages and health issues, we have been semi-isolating in almost solitary confinement, and have avoided seeing any and all friends and family, even at a distance, for the past 10 months, This has been mentally exhausting and, quite honestly, we are both suffering from anxiety and bouts of depression. While we understand the need to go for daily walks, these too have been extremely stressful. We are always masked, but the vast majority of people we encounter are not masked, or have a mask not covering their mouths and noses. To avoid people without face coverings, it is not unusual for us to cross from one side of the road to the other as many as four times in a single block, which is in of itself, dangerous. We often feel super stressed when we come home because of the fears and concerns that arise when someone, not infrequently, walks up behind us without a mask and comes within 2-3 feet of us, which creates significant fear and anxiety for us.

I fully concur that anyone working in a healthcare facility and physician's offices, as well as residents and staff at senior care centers, should have first priority. The graph shown today showed a very significant risk for those over 60 for hospitalizations and deaths. I recognize and appreciate the process for prioritization, but I learned yesterday of a healthy 19 year old work as an animal handler at a veterinary clinic who has received his first shot.

Because of the extreme risk to the health and lives that so many older Californians, especially those with other health concerns, we as a group have been subjected to an almost total loss of human contact. I am sure that you can fully appreciate the mental and psychological consequences that we have subjected to, in addition to the extreme fear that we feel when stepping outside of our homes. I am hoping that both the life and safety threats, as well as the mental effects, on seniors will be given serious consideration and that all seniors be placed high in the next group for prioritized access to the vaccine.

### **Thomas Brown**

I am a resident of Palm Springs CA advocating for homebound seniors who have not been recognized nor provided for in the State and County tiered vaccination schedule. Currently, there are no effective distribution channels in place whereby homebound seniors can be vaccinated.

There is a disproportionately large population of retired seniors which results in a large number of homebound seniors being cared for by unpaid family members. Being cared for at home saves valuable resources especially during this pandemic. Yet, as vulnerable as they are to contracting the virus and dying, by all appearances the state and county seems to consider them collateral damage at worst, or perhaps this group does not have a central voice, yet, and are viewed as not likely to create a fuss. I honestly don't know how this high risk group has been overlooked, but it is a travesty and needs to be addressed immediately.

I have expressed my concerns to the offices of Congressman Raul Ruiz, Gov Newsom, and the Riverside Co Public Health Dept, apparently to no avail.

Case study: I have a 91 year old incontinent homebound friend suffering from Alzheimer's. Her retired disabled veteran daughter gives her exemplary care and has kept both of them free of covid. Now, the vaccine is here, but no options exist that would serve them. You see, they can't wait in line for hours if they were even able to score a vaccination appointment utilizing the county's vaccine portal that crashes due to being overwhelmed. The county's suggestion that she gets vaccinated by her primary physician is laughable as they already asked him and no vaccines are available to him (at Kaiser).

Yet, the daughter must still go out in the world unvaccinated to get groceries and essentials risking exposure each and every time, while caregivers in skilled nursing have been vaccinated along with the patients. Frankly, I see homebound patients at higher risk than them.

Walgreens has actively been vaccinating patients in skilled care, why not extend their reach further and vaccinate homebound seniors in their homes? Are they any less valuable or any less at risk? I think not.

Sadly, I brought up this oversight with Congressman Raul Ruiz's office 6 weeks ago. Regardless, there is no reason that this has not been addressed and rectified. I have nowhere else to go after this letter, the buck has to stop somewhere. If we continue on this path, many more

may needlessly die, at which point I will see to it that the public is made aware of warnings that have been ignored and by which accountable parties.

This demographic group may not comprise a large percentage of the state's population, but each senior's life is no less important than yours or mine.

Mr. Aragon, I know you have only been in your position for a few months and inherited many issues, but this issue cannot be postponed nor ignored. We have all had, or probably will have, a loved one live with us in their twilight years and recognize the benefit to all involved. I ask that you carefully consider how you would advocate for your loved one to be vaccinated if they were not provided for in a vaccine schedule

### **Inna Lauris**

I read in SF Chronicle that California state is rethinking vaccine rollout algorithm to scale up fast. They said that the current thinking is to do the rollout based on age like they are doing in Israel which is making amazing progress toward vaccinating the whole country by mid March.

As the statistics show majority people in hospitals are 60 and over.

So if you will add 60-65 to vaccination you will be able to significantly reduce stress on our hospitals.

Moreover with only a driving license required to obtain vaccine the pharmacies will not have a burden of verifying eligibility and people can make appointments and get the vaccine easy in their neighborhood faster.

Those of us 60-65 are left from the priority vaccination at the moment while still being more likely to suffer from covid.

I hope you consider adding 60-65 as the next tier after 65 to reduce hospitalization and reduce fatalities.

### **Marcia Stern**

I am writing to appeal to the task force to please consider placing people in ages 60-64 in the next rollout of tier 1-B. As you know we are currently in Tier 1-C and we are in a very vulnerable position for hospitalization/ICU admission.

Since people age 65 and up were added to tier 1-A ( I just missed the cut off I will be 65 in August, is it possible for people who will be 65 this year to schedule now?) and if the objective is to immunize the most vulnerable of our population and the data shows people 60 and up are the most vulnerable it makes sense to add us to the next tier 1-B.

Also, I would love for California to have a stand by system whereby they could call or notify people on a list if they happen to have shots left over through no shows or cancellations. I have heard stories of people just calling friends/family with leftovers without regard to vulnerability and this doesn't appear very equitable.

### **Andrea Friedman**

Why haven't bedridden, homebound seniors been mentioned as a high risk group? Why aren't all Home Health agencies given vaccines for their homebound patients? These are extremely vulnerable, high risk patients that you have totally forgotten!! Please make vaccines available so their nurses from Home Health can go to their homes and vaccinate them, or alternatively, have shots provided to their primary care doctors so they can take the shots to their bed bound patients. UCLA has a lot of patients like this but no plan in place to get shots to these patients.

Why has this group been forgotten?

### **Camille Miller, Activities Director, Chateau Cupertino**

I'm reaching out on behalf of an Independent Retirement Community with vulnerable residents. We have been attempting to facilitate a vaccine clinic for our community since November 2020. Our community has almost 200 residents, with a moderate amount requiring assistance ranging from medication management to full 24 hour medical care. We have been told by the CDC, State and County that are residents must wait, because we are not considered a LTCF. According to CDC guidelines, we should have been considered a "similar setting" to a LTCF. What is the state doing to ensure that this situation is resolved? I've reached out to several other Independent Communities in the area and they have not received clear answers either. Cases for both residents and staff are rising daily, more so since the beginning of 2021. When can we have a clinic for our residents?

### **Miriam Lauff, County of San Diego**

"To simplify vaccine rollout, California considers an age-based system"

Something that finally makes sense!!

Proving underlying conditions and essential worker status is going to require quite a bit of red tape and be a huge undertaking, not to mention time consuming. We don't have that luxury right now. All statistics show age is the largest risk factor with COVID. I know the UK has adopted this system.



**Richard Daggett, President, Polio Survivors Association; Member, American Academy of Home Care Medicine, Downey**

Covid-19 vaccines are available, and are being given to select groups, deemed to be at high risk. I have no objection to this. But one group that seems to be overlooked is the group with catastrophic disability. The individuals in this group, that I am most familiar with, are those in the In-Home Support Services (IHSS) program.

The purpose of the IHSS Program is to provide supportive services to Aged, Blind, and Disabled persons who are unable to perform the services themselves, and, I quote, “who cannot safely remain in the homes or abodes of their own choosing unless these services are provided.” That means these individuals need someone with them. It also means that “self-isolation” is not possible. These individuals, even if masked, are at risk.

In addition, these individuals often have transportation difficulties. They are unable to get to mass inoculation centers, nor are they able to wait hours in line to receive a vaccine. The State of California has a database of all IHSS recipients. It would be very helpful to these individuals, and to the health of the general population, to facilitate the vaccination of the IHSS population.

**Heidi Dvorak**

I just attended a town hall attended by more than 600 people about the COVID-19 vaccine and why the state of California has relegated those with mental and physical disabilities to Tier C.

This is outrageous. I am a mother of a 40-year-old son who has had mental and physical disabilities since birth. He cannot fend for himself. His immune suppression, recurring urinary tract infections, and other medical conditions are well documented. I'm sure you are aware that scientific research shows that those with mental and physical disabilities are at higher risk for contracting viruses, in this case, COVID-19.

My question is: What is the California state government doing to elevate the tier for this at-risk community? Something needs to be done NOW. Disabled people frequently visit hospitals, doctors, and other medical facilities more often than others. They contract illnesses more often than others. They are at risk more than most. Relegating them to tier C is criminal. What are you doing to change this NOW?

**Kayla Shore**

My name is Kayla Shore and I'm a resident of Los Angeles. I'm an ally to the senior and disability community; there are many people who are high risk for COVID who need to get vaccinated. The new guidelines to only vaccinate by age leaves out people with disabilities who are at high risk for becoming very sick with COVID. Other states are vaccinating high risk of all ages. Please do the right thing and vaccinate everyone at high risk of any age.

## **Katherine Mancuso**

As a member of Senior and Disability Action and the Disability Justice League, I wish to express that I am angry and dismayed at Governor Newsom's decision last week to override the previous vaccine priority work of this committee and instead move to an age-based system exclusively. This harms essential workers who are disproportionately people of color, high risk people with health conditions (who are also disproportionately people of color and poor people as asthma, COPD, and diabetes among others have higher prevalence in those groups), people in group homes/congregate care and who are dependent on IHSS/DDS caregiving services who need to have contact with many people (again, more likely to be poor people and people of color), incarcerated people, and many other groups. Please do whatever you can to encourage the governor to put a system in place for vaccine priority that reflects the work of this committee on vaccine equity and the CDC recommendations.

## **Elisa Herman**

I'm advocating and asking for vaccine equity in regards to younger, high risk individuals in California.

California should have never dropped this group from a higher vaccine priority tier. The risk from dying of Covid is increased substantially because of their health disabilities.

California should be at the forefront and leading when it comes to the disabled. It may be easier to just roll out the vaccine by age group, but it is flat out wrong and many people will die. We need to look out for those most vulnerable which is why vaccines have been given out to long term care residents and those 65 and over. The next priority tier should absolutely include what the CDC states, are high risk individuals. Being a younger age does not mean you aren't considered high risk for Covid death.

I was on a Zoom call today with a disability group. Steve Kay, at UCSF compiled data from existing stats to show that the disabled should be bumped up to the next age category when it comes to Covid risk. There is data and it should be used.

Please reconsider the decision for younger, high risk individuals and put them back on a higher priority vaccine list. Do the right thing California.

## **Tamara Shipman**

Why is California not protecting our high risk citizens between 50-64? High risk between 16-49 get to jump up one age group, but 50-64 don't get any consideration, and that is just wrong. They should be included in the 65+ age group. I know many people in many other states that are receiving the vaccine as high risk candidates and they are bringing letters from their doctor or prescriptions as verification. I don't understand why we can't do the same here. The way I see it, darn near everyone will be eligible before my husband, who has cancer, copd, heart disease, and

vascular disease and is 63-1/2. How is that possibly fair or just? Why is his life worth less than a prisoner? Why can't we protect our vulnerable citizens like other states?

I've heard people say high risk should stay home. WE HAVE BEEN. For almost a year, going only to doctors and hospitals. but those are necessary trips and put us in contact with others, who may be covid positive. We have groceries delivered, and I am working from home. My husband has ongoing cancer infusions that put him in multiple clinics and offices every three weeks, and he places himself at risk every time he goes. That's why his oncologist wrote a letter for him to get the vaccine and is urging him to do whatever is necessary to get the vaccine asap. He will die if he gets covid. That is not an assumption, that is not a probability. With his health conditions, his oncologist has made it VERY clear that he will not survive. Yet, California is not protecting him in any way. All data shows the largest percentage of deaths are from those with comorbidities, and the higher number of risk factors, along with higher age groups, increases those percentages even more. Your own data shows over 61 has the highest chance of dying, yet my husband, who is 63-1/2, is being ignored and forgotten by the state he has lived in his entire life, and the community he has contributed to through his work and taxes. Why are you not vaccinating those with the highest chance of dying? You are vaccinating grocery workers and prisoners first, healthy young adults that have very little chance of dying from covid will all be protected before him. By the time it gets to him, it will be late summer, and he may not survive this that long, especially with the new more contagious strains and his need for treatments and doctor's visits. Your plan is cruel and short-sighted and needs to change!

What I don't understand is that there is no proof that vaccinated citizens can't still spread covid. They may still get the disease, just a lesser version, and are more likely to be asymptomatic. That means those people will be safe, but MORE LIKELY to spread it to vulnerable people like my husband and other high risk citizens. Please protect these at-risk citizens. They have worked and contributed to this community. Many of them have shortened life spans due to their diseases, don't take away what little time they have left by forcing them to die.

Please act immediately to PROTECT YOUR HIGH RISK CITIZENS and give prioritization to the 50-64 age group of high risk residents by moving them to the 65+ category. If not, their deaths will be on your hands, and I can guarantee there will be wrongful death class action lawsuits filed against the state and this board, which seems far more interested in listening to special interest groups rather than protecting vulnerable citizens.

### **NoBodyIsDisposable Coalition**

While we appreciate your work on vaccine prioritization, we're writing to draw your attention to a life-threatening oversight that disproportionately impacts several vulnerable subsets of the California population. The omission of a safety valve for high risk Californians in need of crucial medical care, treatment, or testing delivers a harmful message of disposability to (1) California's disabled community, (2) higher weight Californians who are disproportionately Black, Latinx, and Indigenous or from certain minority communities, and (3) transgender people.

Please take a moment to hear from these Californians:

“I am high risk as I have Lupus as well as a number of other health conditions. I also have polycythemia and require medically supervised blood draws every three months to bring down my risk of stroke, as well as to help with symptoms like fatigue, itching, and abdominal pain. I have not been having them due to Covid risk in the shared infusion center.”

-California Survey Respondent. Care delayed 10 months and counting

“I need to get screenings every three months as part of managing a diagnosis of uterine cancer. I have not been able to do the screenings, because I have not felt safe going into a medical environment. I have been strictly isolating since last March.”

-California Survey Respondent. Care delayed 10 months and counting.

“I started having serious blood oxygen desaturation problems in March (dropping into 70s), but my doctors said it was too dangerous for me to finish testing due to COVID. Meanwhile, I used to do aqua PT 4X/week to manage severe lymphedema. I can't resume PT without the vaccine. Without PT, my disability has progressed - I'm now unable to comfortably leave my bedroom and am using O2 while I wait for testing. I may never recover from the repercussions of having to wait so long for the vaccine; I may not survive six more months of waiting.”

-California Survey Respondent. Care delayed 10 months and counting.

"I have been waiting since the beginning of lockdown to receive gender affirming care including top surgery and to receive blood panels and similar care to monitor my medication and keep tabs on my physical disability."

-California Survey Respondent. Care delayed 9 months and counting.

Many people at high risk for severe COVID-19 have been isolating for almost a year, during which time they are forced to delay urgently needed medical care, treatment, and testing. Asking people to continue delaying through late summer - to forego care for a year and a half - is unconscionable. This creates not only suffering, but potentially permanent life-altering or life-limiting consequences.

We realize that it may not be possible to include all people at high-risk for severe COVID in Group 1A or 1B Tier 1, however a “safety valve” is simple and desperately needed. This safety valve will enable people who are both (1) at risk of severe COVID and (2) in need of crucial medical care, treatment, or testing to be moved into Priority group 1A or 1B (Tier 1) with their doctor’s verification of need.

We already reached out to the Vaccine Community Advisory Committee through the public comment process and direct communication. We are also aware that the disability and aging groups have reached out with a Public Letter on this topic, with no success. To help you understand the problem, we created a survey so you can hear the voices of the people themselves who are impacted. We have more than 450 stories so far - we're going to send you just four each day. Please take action to send a clear message that people with disabilities, higher weight people, and transgender people are part of California for All.

**Update:** Thank you for continuing to listen to the voices of high-risk Californians who have been delaying urgently needed medical care while they wait for access to a vaccine. We still have hundreds of stories to share, but today we are asking you to read just one longer story. We believe this person has an important message that deserves to be heard in full by decision makers.

*"I have been sheltering in place since March 2020. I have several conditions that make me medically vulnerable, most notably a primary immune deficiency. I was born with PI. I also have asthma, several heart issues and hypersomnia. Before I was diagnosed with PI and began treatment I fought frequent infections, spending about 300 days on antibiotics some years. Since March 2020 I've been leaving my home only for necessary medical treatment, such as IVIG. My cardiac checkpoint tests were delayed about six months this year; I've postponed dental visits and other medical care that is not urgent. I've had nearly a year of holidays, birthdays and social interaction strictly via Zoom and email. Since I do not drive, I am dependent on delivery services to bring food, meds and supplies.*

*I've been looking at the vaccine as a possible light at the end of the tunnel - not a panacea, not a cure, maybe just a way to walk through my world with less trepidation and more protection. California just decided to shift its vaccine priority list to prioritize age only. State health officials have discarded the guidelines that placed those aged 16-64 with health issues in group 1C, just after people in the 65+ age group. I now have no idea when I will be able to get the vaccine.*

*I feel as though my state has left me to die. And it has. By saying that it is 'too difficult' to use the guidelines they'd already developed and allow non-elderly disabled to get vaccinated in 1C, they're saying it's too hard to care about our lives. We need more doses of the vaccine in California, but we also need California's leadership to understand that age is only one factor in determining risk and vulnerability."*

- California Survey Respondent. Isolating since March 2020.

Please remember that you have the continued opportunity to rectify a potentially life-threatening oversight that disproportionately impacts several vulnerable subsets of the California population. By moving to an age-based prioritization system, California is contributing to an ongoing crisis of delayed medical care for at-risk disabled and higher weight Californians.

Please do everything within your power to create a safety valve that allows priority access to the vaccine for:

- People who both (1) are at risk of severe health consequences from COVID and (2) are in need of critical medical care, treatment, or testing.
- People who receive long-term services and supports (LTSS) through Medi-Cal waiver services and programs, the In-Home Supportive Services (IHSS) program, the Program for All-Inclusive Care for the Elderly (PACE), which includes people 55 and older, and through Regional Centers.
- People who can demonstrate with medical evidence that they are at great risk of severe health consequences including death if they acquire COVID-19.
- People in congregate settings, including incarcerated individuals.

**Update:** We hope you will take a moment to read four more stories from disabled and higher weight Californians who are in need of equitable vaccine access. The newest vaccine prioritization change, which eliminates EVEN the very low 1C prioritization, puts this community in an even worse situation than before. Asking these folks to now wait potentially MORE than a year and a half for care is unconscionable. We need a safety valve.

*"[I put off] MRIs that could helpful in diagnosing spine/central nervous system issues (seizures this last year did bring me to the ER twice but minimal help was offered), and then less life-threatening needs for care like PT, specialists, testing for other types of chronic pain, degenerative bone and spine issues etc."*

-California Survey Respondent. Isolating since March, 2020.

*"I am supposed to have regular scans and testing to see if my lung cancer has recurred. ... Because this is a lung condition and because I am categorized as 'obese' I have not left my apartment for even one minute since March 6th, 2020."*

-California Survey Respondent. Isolating since March, 2020.

*"I had a uterine fibroid embolization in July 2020 and am supposed to have an MRI at the six month mark to be sure there is no necrosis of the fibroid tissue. I am also pretty certain I have at least one dental cavity. However I live in Los Angeles County, where 1 in 3 people currently have COVID, so I am not willing to go to the hospital for an MRI or to the dentist for a filling."*

-California Survey Respondent. Isolating since November, 2020.

*"I have delayed a lumpectomy for DCIS since March, as well as a follow-up endoscopy for esophageal erosion. I have delayed getting care/surgery for a very arthritic ankle. I did go in for an injection procedure for spinal stenosis (only very temporary relief), but will delay any surgery for that until I am fully vaccinated."*

- California Survey Respondent. Isolating since March, 2020.

*"I've delayed a yearly MRI for my TBI, Blood draws for med levels, eye exam for neuro, follow up for bladder and vulva surgery, and I have new seizures symptoms I've shared over video but really need a Dr to see in person. My neurologist only wants me to go to hospitals or Drs offices if I am in an ambulance and tonic clonic... My "insurance" does not qualify for my meds to be delivered to me so I must go pick them up at the hospital every 3 months which is scary and anxiety provoking everytime!"*

- California Survey Respondent. Isolating since March, 2020.

Many Californians cannot access urgently needed medical care until they can get vaccinated. This IS an equity issue, and a particularly intersectional one where higher weight is involved because higher weight is more common among Black and Latinx and other minoritized populations. In addition, transgender people at high risk for severe COVID are also delaying care which can have devastating effects compared to their cisgender peers.

Thank you so much for your time and any assistance you can provide to save lives and deliver a message that, when we say "California for All" we actually mean it.

## **Ana Gonzalez**

Greetings. I am sure you are already working on behalf of the Los Angeles disabled community. I want to confirm that the following issues, regarding the COVID-19 vaccine equitable distribution, are being addressed ASAP.

- Prioritize the Disabled for COVID-19 Vaccines ASAP in Phase 1B. People who have an underlying health condition or disability which increases their risk of severe COVID-19, had been placed in Phase C in LA County (likely March/April roll out), then removed to aged base. This is NOT acceptable.
- Ensure that the vaccination appointment website and other registration programs are accessible/navigable for the disabled.
- We need accessible and timely notification of eligibility, and the mechanism for registering for and securing the vaccines.
  
- We need to develop mechanisms for mobile vaccination sites for community centers and home visitation.
- We need to ensure that caregivers and people in the same housing unit get vaccinated at the same time.
  
- We need to compile the data showing the disparate impact of COVID infection on people with disabilities and use it to support our advocacy.

Be assured that I speak for hundreds, if not the 400,000 + disabled people in Los Angeles. They do not have a voice and it is my job and YOUR job to listen and act on getting them a vaccine.

## **Nancy Becker Kennedy**

Vaccination problem for PWD and seniors: Almost 80% of seniors and disabled people don't have transportation other than Paratransit

Vaccination centers waits in Los Angeles can be as long as four hours. As we noted in the power shut, off about 80% of seniors and people with disabilities don't have transportation and depend on Paratransit. Access Services will not wait at drive-thru vaccination centers for even many local vaccination sites for seniors and people with disabilities. Does anyone know if this is being addressed? Many people are trying to get vaccination appointments for me but I don't have transportation to and from them and I am one of hundreds of thousands wanting and needing them. We need time limited appointments at hospital doctors' offices, senior centers that we can use Paratransit to come to and from in a predictable window because Paratransit will not wait for us.

**Dina Garcia, Chatsworth**

My name is Dina Garcia. I have a disability, Cerebral Palsy. Due to my disability impacting my daily life, I have an IHSS worker who helps me so I can live an independent and productive life.

The CDC's new guidance released on January 12, 2021 directed that people with pre-existing conditions should be prioritized for vaccination. My disability makes my immune system very weak. When I get a simple cold it goes to my lungs and I have a hard time breathing. My doctor told me that if I get Covid, I may not survive. I receive IHSS. My worker has already told me they would not take the vaccine. I am extremely worried that I will not survive this pandemic. Please move people with disabilities up in the priority vaccination list.

**Dr. Veronica Kelley, San Bernardino County Behavioral Health Director, President, County Behavioral Health Directors Association; Michelle Doty Cabrera, Executive Director, County Behavioral Health Directors Association; Jessica Cruz, MPA/HS, Chief Executive Officer, NAMI California; Le Ondra Clark Harvey, Ph.D., Chief Executive Officer, California Council of Community Behavioral Health Agencies; Albert Senella, President, California Association of Alcohol and Drug Program Executives, Inc.; Christine Stoner-Mertz, LCSW, Chief Executive Officer, California Alliance of Child and Family Services; and Robert W. Harris, Policy Advisor, California Society of Addiction Medicine**

On behalf of the undersigned organizations, including the County Behavioral Health Directors Association (CBHDA), NAMI California, the California Society of Addiction Medicine (CSAM), the California Council of Community Behavioral Health Agencies (CBHA), the California Alliance of Child and Family Services (Alliance), and the California Association of Alcohol and Drug Program Executives, Inc (CAADPE), we write to you with an urgent request for the state of California to consider providing additional specificity in published state guidelines shared with Local Public Health Departments and the public to clarify the status of the behavioral health workforce on the frontlines of mental health and substance use disorder services, as included within the state's definition of "healthcare workforce" and therefore eligible for prioritization under Phase 1A and 1B. In addition, we respectfully request your consideration of an amendment to the recently updated vaccine distribution guidelines to also prioritize individuals with serious mental illness and substance use disorders in vaccine distribution, in addition to individuals over age 65.

- Request to Add Mental Health and Substance Use Specificity to CDPH's Guidelines to California's Local Health Departments Regarding the Allocation of COVID-19 Vaccine

CBHDA appreciates the opportunity to participate in the Community Vaccine Advisory Committee (CVAC) with our appointed representative and Board President, Dr. Veronica Kelley. Further, we are grateful for the Committee's consideration and adoption of many of our comments to date, including the request that behavioral health (i.e., mental health and substance use disorders) providers be considered on par with other parts of the health system as in need of first tier prioritization in vaccine distribution due to the unique factors impacting the service delivery and vulnerability of staff and clients in behavioral health. County behavioral health



workers and our contractors have continued to deliver in-person and field-based services throughout the pandemic, often without parallel prioritization for personal protective equipment (PPE), and all while working with populations who are less likely to adhere to both social distancing as well as mask wearing health and safety precautions. The population served by county behavioral health and our contractors is often at risk, and ambulatory.

While the state has accepted many of CBHDA's recommendations to the CVAC, including naming psychiatric hospitals, alongside acute care and correctional hospitals, because behavioral health workforce is not explicitly called out in the other areas of the state's written guidance to local health departments, this status may not be readily conferred on the behavioral health facilities and workforce, which can create unnecessary delays and confusion.

Specifically, we the undersigned request that residential and congregate care settings for individuals with mental and substance use disorder diagnoses be specifically named in Tiers 1 and 2, consistent with the CVAC recommendations, as are skilled nursing and intermediate care settings.

We would also request that CDPH publications related to vaccines, including the state website, should be updated to add behavioral health related specificity. In general, we would suggest the addition of "behavioral health" to those areas of the state guidance which also reference health and long-term care, as requested by Dr. Kelley at the January 20<sup>th</sup> CVAC meeting.

Furthermore, we would respectfully request that future publications specify behavioral health where it is also included as a priority sector, as is done with health and long-term care, to ensure our local public health departments, as well as behavioral health providers and the public, have clear understanding of the state's intention to place behavioral health providers on par with physical health and long-term care providers in all priority Tiers.

- Request to Amend the Revision of Allocation Guidelines for COVID-19 Vaccine, Updated January 22, 2021 to Include Consideration of Individuals with Mental and Substance Use Disorders

October 2020 research from a national study of US electronic health records found that individuals with a diagnosed mental disorder were at significantly higher risk of COVID-19 infection, and also had worse outcomes, including higher rates of hospitalization and death when compared with individuals without a diagnosed mental disorder.<sup>1</sup> Individuals with mental illness face stigma and discrimination in accessing health care through traditional health care settings, and this contributes to these worse outcomes. In particular, factors which contribute to their negative COVID-19 outcomes include concomitant medications, premorbid overall health, physical comorbidities, lower socioeconomic status, congregate living settings, and worse access to medical care. Even before the advent of the COVID-19 pandemic, individuals with diagnosed serious mental illness had a mortality rate which was two to three times greater than the general population. It is well documented that individuals with serious mental illness die approximately 20 years earlier due to comorbid *physical health conditions*.

Because California's Department of Public Health and the Drafting Guidelines Workgroup have prioritized equity in all aspects of COVID-19 vaccination in California, we urge the Department and the Workgroup to consider an amendment to the January 22<sup>nd</sup> updated guidelines to consider both mental health as well as substance use disorder diagnoses in the distribution of vaccines. We believe the documented evidence of higher rates of infection, hospitalizations, and mortality also meet the Drafting Guidelines Workgroup criteria for prioritization based on evidence and risk-based allocation criteria.

The journal, World Psychiatry, published an opinion piece in November 2020 urging global prioritization of people with severe mental illness for vaccine prioritization, "persons suffering from a severe mental illness have more difficulties in following and applying the confusing and constantly changing rules and obligations that are established in relation to the fight against COVID-19. It thus becomes clear why severe mental illness is a major risk factor for COVID infection and negative COVID-19 related outcomes."

Thank you for your tireless dedication to the people of California during these extraordinary circumstances. We respectfully request your consideration of these changes to existing state vaccine guidelines. Please do not hesitate to contact us directly if we can provide any additional information to clarify any of our requests.

---

<sup>1</sup> Wang Q, Xu R, Volkow ND. Increased risk of COVID-19 infection and mortality in people with mental disorders: analysis from electronic health records in the United States. World Psychiatry. Published online October 7, 2020. doi:[10.1002/wps.20806](https://doi.org/10.1002/wps.20806)

### **Noel Milligan**

My son has multiple disabilities. He is at a high risk of becoming very sick from COVID-19. Please include disabled adults in the current or next phase to have the Covid vaccine. His very life depends on it.

### **Rick Jackson**

I'm writing on behalf of the community of people with disabilities. I have both family members and friends who are part of this community. These individuals are at higher risk of serious harm or death because of the COVID virus, and as such should be prioritized for vaccination. Also, vaccine clinics should be accessible to all. I urge you include people with disabilities in the next phase (1B) of vaccinations.

### **Royce R Howell, Community Connections, Supported Living Services**

I am writing to you on behalf of my clients who are both IHSS and Supported Living clients. They receive these services in their homes, so their home actually is the workplace for essential workers. My agency, Community Connections has 55 clients and 100 employees. A few weeks

ago I received a call asking how many clients and how many employees my agency served. I gave those numbers to the caller, a county employee, with the understanding that the vaccine would be coming soon for these populations. We received the email almost two weeks ago regarding all IHSS workers being able to schedule their vaccine and went to work getting that done. There was no provision for the clients. This would not have been so tragic if a full 27-30% of the employees had not declined the vaccination. This leaves my clients increasingly vulnerable as the numbers in our county soar. My clients, some who may have as many as 9+ staff per week have no way to protect themselves from these employees who have declined the vaccine. The clients are sheltering at home and following all protocols while the employees, although following protocols at work, otherwise continue, in large part with life as usual, meeting with friends, co-mingling households and vacationing on Florida beaches, San Diego and in Las Vegas. My clients, on the other hand, are desperately trying to do everything right. Many are immunocompromised, have Down Syndrome, diabetes, obesity, epilepsy or a myriad of other health concerns that put them at greater risk and are left with no recourse. My concern is further compounded by the fact that it has not yet been confirmed that the person vaccinated is not able to spread the virus and the protection may be only to the vaccinated person.

I implore you to at least let the clients who have staff who have declined the vaccine, take their place to receive the doses the staff have neglected to avail themselves to. In a perfect world it would have made sense to have these essential workers vaccinated, but in this most imperfect of situations, the client's home has become the workplace and the risk to the clients being exposed by their staff far outweighs any risk to the staff from their clients.

### **Marielle Kriesel, Systems Change Advocate, Disability Community Resource Center**

People with underlying health conditions and comorbidities have been designated to receive COVID-19 vaccinations in phase 1c, but should be included in phase 1b to receive immediate vaccinations

because their conditions put them at high risk to become sick with COVID-19, possibly fatally.

The Centers for Disease Control issued revised data in late December 2020 online at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html> to reflect the most recent knowledge about a range of comorbidities and risk of COVID-19. This list includes but is not limited to cancer, Down syndrome, heart conditions, weakened immune systems, obesity, asthma, neurologic conditions and liver and pulmonary diseases. It is therefore essential that individuals with comorbidities be moved from phase 1c to phase 1b to receive a COVID-19 vaccination immediately!

As of Tuesday, more than 400,000 people in the United States have died from COVID-19 coronavirus since the pandemic began. By the end of February, health officials fear the death toll might hit 500,000, a number that would have seemed unthinkable a year ago.

The United States has had more total Covid-19 deaths than any other country in the world. It simply cannot be overemphasized how this deadly virus has ravaged our country's population, economy, and political stability!

Timely eligibility should be extended to people with underlying health conditions and comorbidities to protect them from this deadly virus. This is the right thing to do and reflects our belief in human value.

Please consider including people with underlying conditions and comorbidities in phase 1b to receive an immediate COVID-19 vaccination!

**Kandieann Merrill**

My IHSS worker has another client and that client has passed away from covid or heart attack but tested positive for covid so everyone's being tested I'm homebound in a wheelchair I'm being tested but I don't go anywhere so but she's the only one she comes in my home without her I'd be lost I would drown within 24 hours without the assistance that she provides me how can we stay safe I would like for her to get the vaccine at least and if I must I'll wait but she is necessary essential and as far as I'm concerned is a non-medical first responder for me IHSS caregiver I could not get by during this shelter place.

**Edward Schlesinger, Caregiver, San Mateo County**

I urge California to provide Covid vaccination to family caregivers at the same time the vaccine is provided to their loved ones. Family caregivers, most often unpaid, provide essential in-person services to elderly people. The Veteran's Administration and many communities across the United States are already giving Covid vaccinations to caregivers. Vaccinating family caregivers will help protect our most vulnerable populations.

**Kathleen Barajas**

My name is Kathleen Barajas, and I am an avid disability rights advocate. My disability of cerebral palsy affects my entire body, and I have had recurring bouts of bronchitis over the last 12 years. I am a recipient of In Home Supportive Services, and depend on my caregiver for many of my personal needs.

The CDC's new guidance released on January 12<sup>th</sup>, 2021 directed that people with pre-existing conditions should be prioritized for vaccination. This needs to be enforced as soon as possible, as many individuals with disabilities have weakened immune and respiratory systems; should we contract Covid, it is possible that we would not survive. Even a cold and cough affects my breathing significantly; I sometimes need to use an inhaler until I get better, and my recovery time is much longer than the average person. For this reason, I am asking that individuals with disabilities be moved up higher in the priority vaccination list.

**Jamie Graves, JD**

There seems to be a population of our country that has been overlooked regarding the COVID-19 vaccine. My aunt is 94 years old and is being cared for at home. She has been bedridden for two years, on a feeding tube, oxygen, and completely non-ambulatory. She can only be transported by ambulance. There seems to be no way to get her the vaccine. I have contacted her doctors office, several COVID-19 hotline's, the LA County Department of Public Health, and Governor Newsom's office. Nobody has an answer for this! She also has caregivers 24 hours a day, so she is exposed to the virus by outside sources. She is definitely in the most vulnerable population and yet there is no program in place to get the vaccines to homebound patients.

**Susan Chandler, Disability Advocate (CDR), Los Osos**

I just found out that the CDC's new guidance released on January 12<sup>th</sup>, 2021 directed that people with pre-existing conditions should be prioritized for the vaccination list! My name is Susan Chandler and I am 78 and a paraplegic of 39 years! I am also a disability advocate for all those with disabilities.

I think that it is entirely unthinkable that you are totally ignoring the newly released CDC guidelines by not including those who have disabilities that compromise their health but are younger than 65 in the priority list before the general public! This will be a costly mistake and cost the State of CA a lot of money for medical treatment that could easily be avoided by a simple vaccine! So please include people with disabilities of all ages in the priority for vaccinations.

**Ruthee Goldkorn, Principal, No Barriers Disabled Access Consulting and Advocacy Services; Member, Executive Committee, Californians for Disability Rights, Inc.**

Transportation to vaccination sites is a critical need. Such transportation that is fully accessible is the duty of the state and counties to coordinate. Paratransit will drop off and maybe come back hours later. Not acceptable. Ride share companies are NOT accessible and cost money. Cabs may be accessible but are outrageously expensive.

Remember, lines of cars and buses means hours of waiting. Accessible transportation services must have a separate que and be tended to expeditiously.

Figure it out and quickly.

**Sharon Thompson**

My quadriplegic medically fragile son is 23 soon to be 24. He is way way way down on the Covid vaccination list and getting him to a large long lined vaccination clinic is daunting. Please advise me what you would do if this was your son.

### **Adrian Ratter**

I have heard about the changes recently made to California's planned rollout of COVID vaccines.

I am a 33 year old with a history of severe lung disease. Due to my existing lung damage and infection tendency, I am at severe risk of COVID complications - If I get COVID there is a high chance it will kill me.

Finding out that I have now been deprioritized for the vaccine simply due to my age is devastating. It literally could kill me. For California to go against all medical advice, national rollout plans and international recommendations is appalling.

You MUST reconsider this terrible plan. Please.

### **Jan Opsvig**

It is my understanding the DDS has included “families” of special needs individuals in the current Tier allowing the family members to get the covid vaccine, not the special needs individuals. Since it is our adult children that are high risk I urge you to consider allowing them to get the vaccine now.

### **Carrie Madden**

My name is Carrie Madden, and I am a Community Organizer with Communities Actively Living Independent and Free. CALIF is an Independent Living Center in Downtown Los Angeles that services over 50 zip codes. I am writing in regards to moving persons with disabilities up in the tiers to get greater priority for the COVID vaccine.

As a Community Organizer I am hearing stories about consumers in the IHSS program who’s providers are testing positive for COVID. Some of the recipients are being stranded or being forced into nursing homes. What is a huge problem is those disabled recipients who have multiple providers. When one provider tests positive then all their other providers refuse to come to work. I know that this has happened several times. I know of another case where a provider threw a holiday party and was exposed to the virus. She waited 14 days but then took in some family members in to her home that came from another COVID home and now she has to wait another 14 days. This has left a disabled person with no help for at least 4 weeks. The stories keep coming and I know at some point this is going to end up with someone with a disability dying from either the virus or being stranded with no help.

I know that providers are able to get the vaccine that is great. But, there is a large population of providers who are refusing to get the vaccine. I ask my contacts who are recipients if they are going to fire them. They say they can’t because they are good workers and they fear they cannot

find another. So for now and however long this virus is out there these disabled recipients are at risk until they get the vaccine.

I am a member of many online groups of both providers and recipients. You would be surprised how many providers are saying they are not going to get the vaccine. Some are parent providers who blame vaccines for their children having autism. Then there is the low information providers that have “heard” it is not safe. That is a big group. This puts our disabled community at higher risk.

The only real solution in keeping persons with disabilities safe is to get them vaccinated. I know this will be difficult because many do not have the mobility to get to the vaccination sites. But, we cannot wait. Each day that goes by more and more IHSS recipients are getting calls that their providers have been exposed.

I urge you to please follow Federal guidelines and move disabled people up on the priority list for vaccinations.

### **Daniel Jude**

I'm Daniel Jude. I'm not a person with a disability, but I have friends who are, and the treatment of them through the pandemic has been shameful.

Please reorganize your priorities and get the vulnerable and disabled vaccinated immediately! People are dying!

If you're going to open things up, you need to make sure the people who are going to suffer and die from COVID are vaccinated first. People with disabilities, and then restaurant WORKERS not LOBBYISTS.

We can't wait for a vaccine. People with disabilities are more at risk for getting and dying of COVID People with disabilities need to be prioritized for vaccinations The vaccine rollout must be accessible to people with disabilities.

ACCESSIBILITY IS A BASIC HUMAN RIGHT.

### **Cathy Ioviero**

Please put people with intellectual disabilities on the priority list. These individuals rely on family members in home, incoming staff coming to homes, and resident facilities for care. They have trouble advocating for themselves and in understanding what is happening to themselves in a medical situation. They need there advocate or closest family by their side. Contracting covid-19 and being hospitalized removes those they rely on in times of crisis. I am a mother of an adult son who has autism.

**Cecile Harper, Concerned parent**

I would like to know when special need adults can begin to receive their Covid 19 vaccine in Los Angeles County. Are they included in tier 2?

Based on the information below, and from my personal experience, I believe that it is very important that they not have to wait for general distribution. Caregivers and support staff are in priority 1A. What about the clients?....

Per the ARC California, "People with intellectual and developmental disabilities (IDD) are at higher risk for becoming infected and three times more likely to die of COVID-19, compared with patients without IDD, a new analysis found. Additionally, the traumatic impacts of isolation continue to raise urgent and widespread concerns of mental health for people with IDD. "

Please respond as soon as possible. This is very important to me. My daughter is 33 years old. She is quadriplegic and developmentally delayed.

Thank you for your attention to this matter.

**Edith Shea**

I am the mother of a young man with Down syndrome and active in the community. Based on the higher risk of individuals with this and other disabilities, I urge that the vaccine be prioritized for the disabled community.

**Shannon Henretty**

My brother, who is developmentally disabled, and those of us who care for him have yet to receive any information on how to get him and ourselves vaccinated in phase 1A, tier 2. I have a oot of other families with special needs individuals that have received emails with links to set up appointments but we have not.

Can you please help me take care of this? I have called everywhere and keep getting the run-around.

**Martha Eble**

I am writing on behalf of Nicholas Eble (my nephew) with Down syndrome. H lives with me and I care for him. In the past year he has declined as many have. We can t wait and need to be pushed up in the tiers. Nicholas is more at risk and we are requesting to be prioritized. Thank you for supporting this important and necessary change for people with disabilities.



**Amy Kudenov, Program Support - Adults With Disabilities Department, Lead Instructor - Transition Options Program (TOPS), Mt. Diablo Adult Education, Loma Vista Adult Center**

My name is Amy Kudenov. I am a resident of Livermore, CA and I am very concerned about the recent changes to the COVID-19 vaccine rollout. As a service provider who works directly with developmentally disabled people, my students are more vulnerable to COVID-19 and in the original plan, they were prioritized in phase 1C, but if the state moves to an age-based system, they will no longer be prioritized. It is important that developmentally disabled people are vaccinated as soon as possible because we are at increased risk of serious illness and death, and we need to access healthcare and support services that bring potential exposure. The disability community has been heavily impacted by COVID-19, and I urge you to re-prioritize them in the vaccine rollout.

**Sharon Zamkovitz**

Adults with Developmental Disabilities desperately need to be prioritized to receive the Covid vaccine. Most do not understand the need to keep their hands away from eyes and nose, to keep socially distant or to wear a mask. In fact they are dependent on caregivers which involves closeness in order to dress, feed and take care of their basic needs.

Caregivers may inadvertently infect disabled adults when they come from the community into their homes. It's similar to what happens in nursing homes.

My widowed cousin is a parent of Siobhan an adult with Developmental Disabilities. My cousin is in a double bind as there is a need for her to work full time and a need to take care of her adult daughter who is totally dependent on her. Because of virus she is unable to hire caregivers. Adults with Developmental Disabilities desperately need the vaccine, and I urge you to make them and their caregivers a top priority for the vaccine.

**Same Letter**

**Rebecca Pence, Dunlap, Illinois**

**Linda Phipps, Oakland**

I am asking you to help my dear friends who live in Santa Monica.

I urge you to prioritize adults with developmental disabilities for COVID-19 vaccine eligibility. People who need 24/7 assistance for all activities of daily living cannot physically distance themselves from others. Many cannot comprehend health and safety protocols, such as not touching their eyes and nose, nor are they able to wear masks 24/7 to protect themselves from staff. While support staff and parents have been prioritized, which is appropriate and appreciated, we still do not know whether the vaccine prevents transmission. Protecting those around the vulnerable individual is good, but is no substitute for protecting the vulnerable individual.

My 65 year old friend in Santa Monica, works full-time, and has sole care of her adult disabled daughter. Until her daughter is vaccinated, my friend cannot safely bring in assistance. Daily activities like her work, medical appointments, necessary errands, etc are difficult.

Unlike most in the elderly population, whose needs have been prioritized over those with developmental disabilities, people with developmental disabilities often cannot communicate to the extent needed for them to give medical professionals standard information needed to provide care. They require a support person to accompany them to all locations, including the hospital, potentially placing further strain on the hospital. It is of the utmost importance that all individuals with developmental disabilities be protected with the vaccine, as well as those who support them.

The population of developmentally disabled individuals often flies below the radar of public awareness. But their lives are just as important as yours or mine. My disabled friend is a wonderful young woman. I fear for her safety. Please remember our beloved vulnerable adults in your prioritization planning.

### **Patty**

In what phase are the developmentally disabled going to be eligible to receive the COVID vaccine? If they are not already included in Phase 1a, I would urge you to reconsider this group.

### **Robin Craig, Santa Monica**

When considering prioritization for COVID-19 vaccine eligibility, please don't forget to prioritize adults with developmental disabilities for COVID-19. Not just those living in an institutional setting, or those with specific disabilities such as Down's Syndrome, but through a category that is broad enough to include people like my friend's 26 year-old daughter Siobhan, who lives with a rare genetic disorder called 5p- Syndrome. Siobhan has both physical and intellectual disabilities and is non verbal. She does not have the capacity to comprehend health and safety protocols, such as wearing a mask, social distancing, and refraining from touching her eyes and nose. She cannot understand why she can no longer enjoy the few activities that gave her joy, such as going to the farmer's market or her group program at Aurelia Foundation, and no way to process her frustration and depression as this pandemic rages on. Siobhan lives at home, but her mother (a widow who works full time) cannot risk having support staff help with her, as in pre-pandemic times, and now carries a tremendous burden as she tries to juggle working from home with caring for an adult who requires around-the-clock attention and supervision. If Siobhan were to contract COVID-19, it would be impossible for her to self-quarantine, and her treatment would be complicated by her inability to understand or adapt to necessary health care protocols, or even communicate her symptoms. The situation is tragic. Although her caretaker qualifies for prioritized vaccination under current guidelines, Siobhan herself does not.

While Siobhan's particular chromosomal abnormality is rare, her situation is not unique. As you consider how best to prioritize vaccine eligibility, please include adults with developmental

disabilities high on the list. Siobhan belongs to an often-forgotten group at unique risk, and I offer these thoughts on her behalf. Siobhan cannot speak for herself, so we urge the community to protect her and other vulnerable adults with developmental disabilities in considering your prioritization planning.

### **Leslie Foster and Lucila Molina, Parents of a Son who has developmental disabilities and cerebral palsy**

- THE CALIFORNIA COVID-19 VACCINATION PLAN PRIORITIZES INDIVIDUALS WHO HAVE HIGHER RISK FOR SEVERE DISEASE OR DEATH:

The policy at <https://covid19.ca.gov/vaccines/#California's-vaccination-plan> states that: “The next to be vaccinated will be individuals who: Have higher risk for severe disease or death (due to age or other factors), ...”

- SEVERAL GROUPS WITHIN THE POPULATION OF PEOPLE WITH INTELLECTUAL AND/OR DEVELOPMENTAL DISABILITIES ARE AT HIGH RISK OF COVID-19 COMPLICATIONS AND RELATED FATALITIES:

According to a letter from Nancy Bargmann, Director of the Department of Developmental Services, dated January 13, 2021 ([https://www.dds.ca.gov/wp-content/uploads/2021/01/COVID-19VaccinePhase1ALetter\\_FamilyMembers\\_01132021.pdf](https://www.dds.ca.gov/wp-content/uploads/2021/01/COVID-19VaccinePhase1ALetter_FamilyMembers_01132021.pdf)):

“California has a large population of people with intellectual and/or developmental disabilities. Recent COVID-19 studies have identified several groups within this population as being at high risk of COVID-19 complications and related fatalities.” . . . These groups include “people with any of the following conditions. This list is not necessarily exhaustive:

- Cerebral Palsy
- Down Syndrome
- Epilepsy
- Specialized health care needs, including dependence upon ventilators, oxygen, and other technology.”

- THEREFORE, PEOPLE WITH DEVELOPMENTAL DISABILITIES WITH THESE CONDITIONS SHOULD BE VACCINATED NEXT -- IN PHASE 1B, TIER ONE.

### **Rafael Morales**

My name is Rafael and I'm stressed out about COVID. I was wondering if you can please put us in 1A or 1B for the vaccine because I have special needs and I want to go out into the world again. I'm sick of being at home. I understand giving it to the old people first, but people with developmental disabilities get sick easily because they might not know how to be careful or what not to touch, and they may not be able to wear a mask. Please advocate for people with disabilities to get the vaccine sooner.

## **Elaine Hall**

I am a parent of a young adult with a disability, residing in the Los Angeles area. My son/daughter is a client of the Aurelia Foundation/Creative Steps, a program servicing 80 adults with moderate to severe intellectual and developmental disabilities, based in the greater Los Angeles area. I am reaching out to you because, at this point, our population is greatly impacted by several factors that increase the risk of having more severe symptoms of COVID-19, including compromised immune systems and other underlying medical conditions. Currently, individuals with ID/DD are in line to receive the vaccination BEHIND other individuals, including otherwise healthy people 65 yr olds and older, and the homeless population. While some adults with ID/DD who live in group settings have been fortunate enough to be able to start receiving the vaccine, adults with ID/DD who live at home with their families or independently with supported living services, have been excluded by the current projected protocols and tiers. In addition to being at greater risk for more severe COVID-19 symptoms, many adults with ID/DD also have challenges which would make medical management extremely difficult. With hospitals at capacity and beyond, and the discussion of "rationing" available medical services, it would put our population at a distinct disadvantage. UCLA has already expanded to "tent" triaging due to the current explosion of cases.

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

## **Karen Sorensen**

I urge you to prioritize adults with developmental disabilities for COVID-19 vaccine eligibility. People who need 24/7 assistance for all activities of daily living cannot physically distance themselves from others. Many cannot comprehend health and safety protocols, such as not touching their eyes and nose, nor are they able to wear masks 24/7 to protect themselves from staff. While support staff and parents have been prioritized, for which I am very grateful, we still do not know whether the vaccine prevents transmission. Protecting those around the vulnerable individual is good, but is no substitute for protecting the vulnerable individual.

In May 2020, the last of our support staff abandoned my daughter. I am 65 years old, work full-time, and was left with sole care of my adult disabled daughter. Until she is vaccinated, I cannot bring in the additional support staff she, and I, desperately need. Any staff coming in to provide care endanger her life; as stated by ARCA, "their close and extended proximity to those they serve means they are at exceptional risk of being infected by, or transmitting, COVID-19." Without someone to support my daughter, I cannot go to doctor's appointments for myself, I cannot go to the grocery store, or even go for a walk by myself.

Unlike most in the elderly population, whose needs have been prioritized over those with developmental disabilities, people with developmental disabilities often cannot communicate to the extent needed for them to give medical professionals standard information needed to provide care. They require a support person to accompany them to all locations, including the hospital,

potentially placing further strain on the hospital. It is of the utmost importance that all individuals with developmental disabilities be protected with the vaccine, as well as those who support them.

The population of developmentally disabled individuals often flies below the radar of public awareness. But their lives are just as important as yours or mine. Please remember our beloved vulnerable adult children in your prioritization planning.

**Jeffrey A. Paris, Esq. Paris and Paris, LLP, Santa Monica**

IHSS workers for the disable are able to receive the vaccine but inexplicably, their clients who need protection are not??

What an absurd unfair, illogical and discriminatory decision.

When will this be righted?

**Cynthia Hyndman**

I write to urge you to prioritize adults with developmental disabilities for COVID-19 eligibility. People who need 24/7 assistance for all activities of daily living cannot physically distance themselves from others. Many cannot comprehend health and safety protocols and are not able to wear masks to protect themselves from staff or caregivers. Support staff, caregivers and parents have been prioritized for vaccine eligibility, but that is merely the first step in the process. It is not clear whether vaccinated persons are able to transmit the virus, leaving these developmentally disabled adults still vulnerable.

Prioritization of California's elderly population over many other components of the population makes sense from a public health standpoint. But the prioritization of the elderly over those with developmental disabilities does not. Adults with developmental disabilities often cannot communicate to the extent needed to be able to give medical professionals the information needed to provide care and require a support person to accompany them to all locations, including hospitals. At a time when California's hospitals are already under severe strain, this complicates care further.

The population of developmentally disabled adults often flies below the radar of public awareness. Please remember this vulnerable population and prioritize their health needs.

**Linda Karr O'Connor, Santa Monica, California**

I urge you to prioritize adults with developmental disabilities for COVID-19 vaccine eligibility. People who need 24/7 assistance for all activities of daily living cannot physically distance themselves from others. Many cannot comprehend health and safety protocols, such as not

touching their eyes and nose, nor are they able to wear masks 24/7 to protect themselves from staff. While support staff and parents have been prioritized, for which I am very grateful, we still do not know whether the vaccine prevents transmission. Protecting those around the vulnerable individual is good, but is no substitute for protecting the vulnerable individual.

In May 2020, the last of our support staff abandoned my daughter. I am 65 years old, work full-time, and **was** left with sole care of my adult disabled daughter. Until she is vaccinated, I cannot bring in the additional support staff she, and I, desperately need. Any staff coming in to provide care endanger her life; as stated by ARCA, “their close and extended proximity to those they serve means they are at exceptional risk of being infected by, or transmitting, COVID-19.” Without someone to support my daughter, I cannot go to doctor’s appointments for myself, I cannot go to the grocery store, or even go for a walk by myself.

### **Judith Darin Suffern, LaPorte, IN**

Unlike most in the elderly population, whose needs have been prioritized over those with developmental disabilities, people with developmental disabilities often cannot communicate to the extent needed for them to give medical professionals standard information needed to provide care. They require a support person to accompany them to all locations, including the hospital, potentially placing further strain on the hospital. It is of the utmost importance that all individuals with developmental disabilities be protected with the vaccine, as well as those who support them.

The population of developmentally disabled individuals often flies below the radar of public awareness. But their lives are just as important as yours or mine. Please remember our beloved vulnerable adult children in your prioritization planning.

I am writing to you on behalf of adults with developmental disabilities. I urge you to prioritize their eligibility for the vaccine. These individuals require 24/7 assistance for all their daily living activities. They are unable to judge social distancing and, in many instances, have difficulty keeping a mask on.

I am 72, living in a nursing home and recovering from COVID19. What a difficult battle to overcome.

My cousin, Siobhan, is a developmentally disabled adult living in California. She requires 24/7 care. I do not want her to suffer with the virus. Nor do I want the many other individuals like herself to be unprotected from this horrific virus.

Siobhan’s mother is 65 and has received her vaccine, however, she needs it for Siobhan.

Please prioritize their status for vaccine eligibility.

## **Susan André**

I hope that you will put people with developmental disabilities who live in group homes in one of the higher priorities, as they are among the underserved communities. They do not have an option to isolate from others in their own homes.

My cousin lives in a group home, and I worry for her safety, as we cannot know if the others in her home are all observing all the precautions all the time. These are people who might have difficulty understanding and following safety guidelines.

FYI Here is an article from Colorado on the subject.

## **Renee Perry**

I am just a mom of a severely, developmental and physically disabled young man with a rare genetic brain abnormality called lissencephaly. My husband and I continually care for him 24/7 in our home providing basic and supportive care and supervision.

I do not have a lobbyist nor special interest group to advocate for him so I am his voice and the voice for numerous other families with medically fragile adults at home like ours. If our son were not at home he would be placed in an intermediate care facility (and those residents are receiving the vaccination in Phase 1A.)

It makes no sense to vaccinate caregivers and home health care workers without simultaneously vaccinating the individual since the CDC is uncertain if a vaccinated person can still pass the virus to an unvaccinated one. We are his ONLY caregivers and our reality is that we have not had any other caregiver or family member in our home since March 2020 and cannot allow anyone else in our home until our son is vaccinated.

It is my understanding that the US Dept. of Health and Human Services recently expanded eligibility to include not only those over 65 but also to younger individuals who have a significant risk for severe complications and hospitalization from a serious COVID-19 case. My son is medically fragile, was not suppose to live past age 5, has respiratory issues and has daily breathing treatments, seizures, and is at risk for pneumonia even with a common cold. We are terrified if should contract this virus. In fact every friend, neighbor, or health professional who knows our son is dumbfounded that he has not been vaccinated in the first group as it is obvious of the necessity due to his fragile condition.

I am pleading with the committee to expand eligibility and include this vulnerable, medically fragile group in Phase 1B who rely on close contact, continuous care for their most basic needs and are unable to self mask and socially distant on their own and who are at significant risk for serious complications, increased hospitalizations, and even death due to COVID 19.

## **Lisa Vasquez**

I am writing this email on behalf of my adult special needs son. My son was diagnosed with a genetic disorder, Kat6A syndrome which is very rare- some 300 kids & adult children worldwide. (Part of this syndrome includes a intellectual disability.) One of the symptoms is a compromised immune system, that makes him more at risk of getting COVID 19. My son also has a cyst on his left lung which makes COVID 19 even more deadly, should he get it. As a parent I have done everything to keep him safe and have been successful so far, but with the recent surge in cases, every day he is at an even higher risk. Every day that I go to work or to the grocery store, bank or gas station (the only places I go to) I risk bringing home the virus to him. This is my GREATEST fear!! He could get ill, need to be hospitalized and knowing I can't be there is beyond stressful! Unfortunately, he does not understand wearing a mask, social distancing or washing his hands for 20 seconds. So I am cordially asking that he and others like him be allowed to receive a vaccine as soon as possible. By allowing him to move up to a higher tier, you can help me continue to keep him safe and out an ICU unit, thus allowing space for other ill people. For my son, Alex, and I, time is not on our side. Please, please consider our special needs population when considering whom to allow to get the vaccine. Now is not the time to forget about these special people.

Thank you, for allowing me to speak for those who don't always have a voice.

## **Ryan C. Eisenberg, Ed.D., Executive Director, Achieve Kids**

Thank you for all the work you are doing as an advisory team. I would like to advocate for students and young adults with complex disabilities, such as autism, developmental disabilities, Down Syndrome, chromosomal disorders, and general intellectual delays. These young people, 16 and up, often need direct care. Many continue living with their parents, and not in congregate care, as housing access is very minimal. These young people are tied to their parents; and an effective means of vaccination of these young people is to pair with their parents, and vice versa, pending who falls in a higher priority grouping. I can think of a few of our families, with students with significant disabilities and needing direct care, where parents are in group 1a, but their adult children cannot receive the vaccination yet, meaning they'll have to make secondary trips in the months to come. A hospital or doctor's visit is already not an easy task, and to receive double doses on two occasions, takes what could be done as a family in 2 visits, and doubles it to 4. Probability of full completion, given the added complexity also reduces. I would call on the advisory commission to make an acknowledgement of parents of young people with disabilities, and their ability to vaccinate their adult children when they are vaccinated.

## **Cynthia Rajsbaum**

As the state changes vaccine priorities, there is no mention of high risk individuals which seem to have been removed from priority access. Please return individuals who are at high risk for Covid (which includes many members of the Hispanic community which has already been hard hit) to the priority vaccination tier. There are high risk people in all age groups. Thank you.



### **Susan Griffin**

I am writing because I noticed that the 1B priority group in California has been extended to include people who are 65 and over but not people under 65 with pre-existing conditions that put that at increased risk of unfavorable outcomes if they get COVID 19.

I am wondering what the reason for this is. Is this based on some type of scientific evidence that people over 65 are at a greater risk than people in their fifties with a major medical problem? If not, why are the people with pre-existing conditions that increase their odds of death or serious illness not in the 1B group as well?

Thanks for any information that you can provide about the reasoning behind this.

### **Estelle Sandhaus, Ph.D.**

As a 44 year old hematopoietic stem cell transplant recipient, I am very concerned at the newly announced plans in California to exclude high-risk individuals that are under 65 years of age from priority vaccination tiers. Though I am a full-time remote worker, and am delaying much of my post-transplant and routine medical care, I must go to a large medical center (UCLA) approximately 1-2 times a week for lifesaving medical treatment. In the course of leaving my vehicle, walking through the halls, waiting for an appointment, and seeing medical personnel I am often near dozens of people before the day is finished. Many do not wear masks properly, nor respect physical distance. Further, even when these precautions are taken, it seems unlikely that one can fully avoid aerosols from asymptomatic individuals in waiting rooms, hallways, etc. Therefore, fully isolating to avoid life-threatening infection with COVID-19 is not an option for me, nor is it an option for many other individuals under 65 with acute or chronic illnesses or disabilities. Many of these conditions place us at much higher risk of mortality should we be infected with COVID-19. Please consider those of us who, by nature of our high-risk conditions, have no option to fully isolate.

### **Hilary Gardiner**

I am writing as a 33 year old two-time kidney transplant recipient. I am very disappointed and frankly baffled by our state's decision to not prioritize disabled and chronically ill individuals in the vaccine distribution plan. Like so many other young disabled people, I have fought so hard to stay alive even under normal, pre-COVID conditions. To have to worry about a deadly virus while very immunosuppressed is a daily stress and fear. To not prioritize organ transplant recipients especially gambles recklessly with the sacrifice of our organ donors, and in doing this it dishonors them. There is no scientific justification for not prioritizing high-risk individuals in the vaccine rollout. It is cruel and dangerous. I have only lived in this state for one year, after having moved here from Massachusetts, where I have been informed by my former hospital I am now eligible to receive a vaccine. If only I still lived there. Please do everything in your power to fix this- our lives depend on it.

**Angela Johnson, Wife, mother, sister, daughter, aunt, cousin, friend, neighbor...not simply a statistic with "underlying conditions"**

Please help the Californians under age 65 who are at high risk of dying due to COVID-19. The current vaccine priority tiers currently reflect only groups with a lobby/union representative who is a member of the Community Vaccine Advisory Committee. Under 65's with high risk medical conditions fall under so many different illnesses that we do not have any representation in the committee. The only member remotely attempting to represent us is the disability related member. However, people with high risk medical conditions are not necessarily disabled, and vice versa

Ignoring the sickest among us is not equitable to a group who has historically been ignored by a society that only values production.

We matter.

We contribute richly to the fabric and diversity of our state. We have overcome obstacles that would crush most people. Unfortunately, we cannot overcome COVID. Our deaths due to COVID are explained away as just to be expected at every, single press conference across the entire world. The rest of society gets to feel safer knowing most of the death count had "underlying conditions" so they get to feel a bit safer. All the while, the chronically ill get to hear every, single day how this virus decimates and kills those of us who are already sick.

It's not ok.

In my case, multiple chronic health conditions have taken away my ability to work while in the prime of my life. However, I have not lost my ability to love my family and mother my children. If I were to catch COVID, I would die. My family would be destroyed. My body cannot fight such an infection as it already tries to destroy itself. My natural killer cells are considered non-functional. I cannot fight off viruses. I take medications for autoimmunity among several other medical conditions. I am not able to have many of my Dr's appointments/procedures/surgery virtually. Therefore, my life is risked simply by seeking medical care.

Why aren't those with high risk of DEATH prioritized over high risk of exposure? The only reason for that is that your focus is on the economy. The current tiers in CA tell the world that California does not take care of its sick. We are better than that as a society. CA is the most progressive state at the forefront of saving everything from the ocean, the Earth, and, the dignity and lives of all people of color. We are now finally laser focused on the health and safety of the homeless. We advocate for children, the elderly, animals...almost everyone and absolutely everything that has no voice. We are a caring state. Unfortunately, our state is not trying to save the most vulnerable, sickest among us. By not prioritizing us, CA is saying that the lives of the chronically ill don't matter, that our lives are simply not a priority..

California is better than that. Please help us.

## **Robert Bonkowski**

As a resident of California, thank you for the hard work you do for our district. We owe much of our area's success in fighting this virus to your efforts.

I am writing to ask you to contact the appropriate authorities in our State Government (Gov. Newsom, Dr. Ghaly, and others) regarding the latest updates to California's state vaccination plan.

I am a Cerritos resident living with one of the pre-existing conditions/comorbidities listed by the state of California as well as the CDC as greatly increasing risk of serious health issues/hospitalization and death if contracting Covid. My mother is also in this category.

I am dismayed that the state of California has revised the plans to remove any priority people with serious health issues have. There is a reason the CDC and other officials in most states have given this group priority. We are at a much greater risk for serious health issues and it is imperative that we get the vaccine with some sort of priority.

I would like to humbly request that you, as our leaders and guides in defeating the pandemic, act as our advocate and do everything you can to protect one of California's most vulnerable groups.

## **Sue Harrison**

I have been following your meetings on YouTube and I have to tell you I am concerned and frustrated!

You have totally ignored a segment of high-risk individuals! People who have autoimmune disorders, the chronically ill/disabled, and people with comorbidities! We've been told that we are at higher risk of illness and death as those 65 and older. We have stayed home, we wear masks when we go to our frequent doctor appointments, we follow the CDC guidelines.

**WE HAVE BEEN TOTALLY IGNORED!!!**

Why are we not being prioritized for vaccination along with people age 65 and older?  
Why are all the vaccination centers drive-thru?  
Why are there no mobile testing capabilities?

I am a 59yo female. I have multiple autoimmune disorders and I am on disability. I am unable to drive and use public transportation. I have no personal support, I live by myself. I am sick and I can't even get a Covid19 TEST because the public shared ride service won't transport me BECAUSE I'm sick but I'm not sick enough to go to a hospital to be tested. The hospitals are on overwhelm any way.

I'M NOT PRIORITIZED TO BE VACCINATED!?!?!?

What the heck is going on?!?! When do people like me get considered? When we are, how are we going to even be ABLE to get vaccinated with all the sites being drive-thru? I know I am not alone in this situation, just read the live comments from youtube!

We-re in this together? We'll get through this together? That's a load of garbage! Some people will get through this together, but there's a bunch of us that don't seem to matter, not ok. 100% NOT OK!!!

### **Suzan Hawkins**

I've heard that covid vaccine prioritization will be done by age only, regardless of preexisting conditions. People with preexisting conditions are at higher risk of serious complications due to covid and should be prioritized along with other vulnerable groups. They've already suffered so much due to icu and hospital capacities maxing out multiple times this past year. Please also put People who are disabled/ have preexisting conditions on the priority list to get the vaccine.

### **Howard Chabner**

First, credit where credit is due. Mayor Breed, you and the SF Department of Public Health have made some smart, prudent decisions about lockdowns, and about closing and reopening businesses, functions and activities. You've implemented a strong mask policy. These actions have saved lives and reduced serious illness. San Francisco's Covid 19 death rate is low for a city of its size. Thank you.

I'm writing, unfortunately, about something not so good. Unconscionable, in fact.

San Francisco's Covid 19 vaccination policy prioritizes healthy, able-bodied people 65 and older over high-risk individuals below age 65, including individuals below 65 with major disabilities and health conditions. This policy is based on guidance from the State of California and the CDC. <https://sf.gov/covid-19-vaccine-san-francisco#:~:text=COVID%2D19%20vaccine%20is%20here,high%2Dvolume%20and%20community%20sites>.

This policy means that people below 65 with muscular dystrophy, spinal muscular atrophy, Down syndrome, primary progressive multiple sclerosis, other autoimmune diseases, Huntington's disease, Parkinson's disease, cystic fibrosis, sickle cell disease, Gaucher disease, and others at high risk of contracting Covid 19 and at high risk of severe illness or death if they do contract it, will have to wait longer - and depending upon vaccine supply, often far longer - to be vaccinated than healthy, able-bodied people 65 and older who have no significant medical conditions.

The policy also does not take caregivers into account, which is wrong both for the caregivers themselves and for individuals who rely on them.

The evidence cited by the CDC Advisory Committee on Immunization Practices on which the CDC Covid 19 vaccination guidelines are based doesn't include studies or information on these and similar medical conditions.

I'm 63, have facioscapulohumeral muscular dystrophy (FSHD), cannot walk at all, and use a power wheelchair full-time. I rely on my wife and caregivers for virtually all activities of daily living. Because of my FSHD, I have respiratory insufficiency. I've used a BiPAP all night, every night for over 20 years. I'm at high risk of serious illness or death if I were to get Covid 19. My risk is certainly greater than that of a healthy, able-bodied 65-year-old, or even a healthy, able-bodied 75-year-old.

I have three superb caregivers. One of them has taken a job at a skilled nursing facility; tomorrow is his last day with me. He'd like to continue working for me when his schedule permits, and I'd like that, but it would be too risky for me and my wife unless we are vaccinated. Another caregiver's availability is limited and may be changing. Because of Covid 19, there would be a significant risk in interviewing and hiring new caregivers. If both my wife and I were vaccinated, my caregiver who will be working at a SNF would be able to continue working with me when his schedule permits, and I would be able to interview and hire one or more additional caregivers. Until my wife and I are vaccinated, the burden on her and my caregivers will increase significantly. If she, one of my caregivers or I got Covid 19, the situation would be dire indeed.

Yet when my wife and I signed up on San Francisco's Covid 19 vaccination website, we were both assigned to Phase 1c.

Until very recently lawyers (the vast majority of whom are working from home) were assigned to Phase 1b, which meant that a 25-year-old healthy, able-bodied lawyer had a higher priority than a 25-year-old with a neuromuscular or other disease whose condition was so severe that he or she was on ventilation 24 x 7. I have nothing against lawyers - I'm a retired lawyer myself - but that policy was clearly wrong and unfair. There were other categories of employment with a low risk of contracting Covid that were recently removed from Phase 1b. How many precious doses of the vaccine were used to vaccinate people at low risk before these categories were removed?

San Francisco must immediately change its policy to very highly prioritize:

- People of any age with specified chronic medical conditions, including but not limited to ALS, Duchenne muscular dystrophy, Huntington's disease, sickle cell disease, cystic fibrosis and Down syndrome. People of any age with other specified chronic medical conditions should be placed in this category if they can demonstrate by compelling medical evidence that they are at great risk of severe health consequences, including death, if they contract Covid 19.

- Disabled people of any age who rely on caregivers coming to their home for assistance with activities of daily living.
- Caregivers of any age, regardless of whether they are from government agencies or programs, private agencies, hired directly by disabled clients, or are family members of the individual for whom they are caring.

Not only is prioritization by phase essential, but there must be actual vaccines allocated to people in these categories. The more that the phases that are opened up based solely on lower ages, the more difficult it will be for these people to find vaccines. A remedy without adequate resources isn't much of a remedy.

The Covid 19 vaccination system is a Darwinian free-for-all, with each individual for themselves and each medical institution for its self.

It is difficult to express in polite language, and impossible to overstate, how unjust the current policy is and how urgent it is that San Francisco change its policy.

### **Meghan Jefferis, MPH**

I am writing to express my concern with the Governor's recent announcement to shift vaccination eligibility tiers to an age-based system. In his announcement, Governor Newsom made no mention of individuals with chronic illness or pre-existing conditions being prioritized. This is highly concerning. As a public health professional, I am well aware that those with certain health conditions are out at higher risk for severe disease. Those people are not just of older age. I personally have a dear friend who is 23 and has survived a heart valve replacement surgery. Will she have to wait until June potentially to be vaccinated, just because she is young? Details regarding this shift to an age-based system need to be relaxed immediately. If they do not yet exist, then it needs to be acknowledged that Governor Newsom's announcement was made prematurely. It needs to be stated that the governor and your committee are aware of the concerns of many Californians regarding the potential lack of prioritization of people with pre-existing conditions in the vaccine rollout plan and that those concerns will be addressed.

I hope that you will continue to think of those most at risk and most in need of the vaccine's protection.

**Vijay Trisal, MD, FACS, Chief Medical Officer and San je Dadwal, MD, FACP, Clinical Professor & Chief, Division of Infectious Disease and Peter J. Mackler Executive Director, Healthcare Policy and Advocacy**

City of Hope (COH) thanks you for your decisive leadership over the course of the COVID-19 Public Health Emergency. As you may know City of Hope is an independent research and treatment center for patients with cancer, diabetes, and other life-threatening diseases that is based in Duarte, California.

City of Hope is one of the 51 National Cancer Institute-designated Comprehensive Cancer Centers in the nation, the highest designation possible from the National Cancer Institute, and is a world leader in cancer research, treatment and prevention. COH also has the largest blood and marrow transplant program in California and is among the top three most active transplant centers in the nation.

Through the process of vaccine release and distribution, we have worked collaboratively with state and county authorities to ensure that our patient-facing staff, who care for the most vulnerable of cancer patients, have been included in the first tier of vaccine administration. This is essential to protect the lives of our patients.

Unfortunately, we are now facing the untenable situation of not being able to secure the number of vaccine doses needed, particularly the second doses, to complete the immunization of all City of Hope staff. For this, we need your support in securing the appropriate level of stock.

The patient population served at COH is uniquely vulnerable to COVID-19. Emerging data from the pandemic demonstrate that the COVID-19-related mortality rate for cancer patient populations is far greater than that of the general population (up to 47% in patients with blood cancers who are above age of 60 years - recently published data). Our institutional (COH) demographics data indicate 70% of the patient population is above 55 years of age, with 49.5% above the age of 65 years, one of the most vulnerable groups when coupled with cancer diagnosis and other comorbidities.

COH has worked hard to institute successful strategies for protecting our highly vulnerable patients by vaccinating our health care workers. At this juncture we will not have enough doses on hand to satisfy the needs of our patients and staff. Our stock will be depleted following another 800 doses.

Furthermore, a critical piece which is missing is vaccination of the most vulnerable cancer population, who are recommended to get vaccinated per CADPH guidelines. Our patients may not have access to the vaccination mega sites such as Dodgers stadium. Often elderly patients (even non-elderly) with cancer undergoing chemotherapy or post-transplant/ CAR-T may not feel good enough due to side effects of their treatments to go the large vaccination sites or may lack the tools to get there. These sites are expected to be overcrowded and pose significant risk to their health & safety as they are immunocompromised.

So, it is not just the access, we would also like to avoid them to be in large crowds to mitigate transmission of infection AND to mitigate this risk of exposure we would rather vaccinate at our center, especially those who are within first year of stem cell transplant or with active graft versus host disease and patients on active chemotherapy/ radiation.

To illustrate a real-life situation here is a patient story from one our MD's patient - Just today, I had a 70- year-old patient who literally broke down in tears; he has had 2 allogeneic stem cell transplants living in a retirement home with no social support now, no internet and no literacy on how to access the county site to get vaccinated. His words were "how can City of Hope not have

COVID vaccine". He mentioned that routinely he has been told to avoid crowds; and "now I am asked to go the vaccination mega site!! How do I know there will be NO asymptomatic COVID patients especially when 1 in 3 LA County resident may have infection & thus put myself at risk?"

We strongly urge, based upon our extensive clinical experience in the care of highly immunocompromised cancer patients, that California and LACDPH continue to prioritize its commitment to fully immunize all patient-facing staff who care for these patients.

Additionally, we have more than 10,000 patients actively undergoing cancer treatment and 5,000 or more transplant patients who meet the criteria for vaccination.

We hope you can prioritize the needs of our unique and highly immunocompromised patient population at COH.

### **Lili Byers and Peter Straus**

A few days after we sent this letter to you, the CDC amended its vaccine priority guidelines to include all people over age 65, as well as everyone with a "documented comorbidity" to the group of people being vaccinated now. But the State of California elevated only those over 65. So, while we are now able to schedule vaccinations for ourselves, we still cannot get a vaccination for our 28-year-old daughter, who is probably at much greater risk than we are. It is beyond cruel to make her wait for help, when she is at such increased risk of suffering severe consequences, including dying, if she contracts COVID-19.

Please do whatever you can to make people with serious underlying conditions eligible to be vaccinated at once.

### **David Watkins**

I would like to voice my disagreement with the new priority criteria for the COVID vaccine based on age only. The logic seems to be that age makes one more vulnerable. This is only partially true. Certain preexisting conditions have been shown to contribute significantly to COVID-related morbidity, diabetes in particular. I urge you to reconsider and include those with certain dangerous chronic conditions to be included, regardless of age.

### **Tracy Mulholland**

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



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

I would like to follow up on my request that people with underlying health conditions be included in phase 1B. The CDC recently advised for this group to be eligible and 12 states have already begun. I am desperately hoping California will allow this in the next couple of weeks.

I am immunocompromised due to a lack of immunoglobulins that protect against lung infections. There are people that are risking exposure and have stamina to stay in standby lines for hours here in LA getting vaccinated not in groups 1A or over 65 and I couldn't try to do this because of my condition. Thank you for getting more appointments available for those that are already eligible and I implore you to let those with health risks make appointments next in CA.

### **Nancy Dukellis**

The CDC recently recommended that those 65 and older and those under 65 with high risk medical conditions should be vaccinated immediately. The CDC did not distinguish between these two groups on their website, yet many of the states, including California, did distinguish between the two groups. As you know, both groups are at high risk of serious illness or death from Covid and both groups should be vaccinated now.

Those under 65 with a high risk medical condition are a minority group and need your protection too. Please advocate on our behalf. While age is a critical factor in vaccination priority it should not be the only factor if the goal is to prevent serious illness or death.

Unlike the 65 and older group, it is not unexpected that those under age 65 with a high risk medical condition live in a household full of people, including young children and teenagers. As you know children and teenagers are in the group most likely to transmit Covid to adults. This fact can not be ignored.

I am especially concerned living in Southern California where the current infection rate is so high. Every day that goes by puts me at greater risk and those that are similarly situated, those who are high risk because of (several) high risk medical conditions. Many of us are also immune compromised which puts us at even greater risk of getting Covid.

I realize privacy laws may be a concern regarding proof of medical conditions. Perhaps, a list of high risk individuals under 65 can be generated by our specialist doctors to local hospitals who administer the vaccine without listing the specific medical condition(s) or we can just obtain a letter from our doctors stating that we are High Risk (maybe even a rating system for doctors on how high risk we are based on the number of diseases or comorbidities and/or type of diseases or

comorbidities.) Just because this group may be more tricky to prove, (for example, can not be easily proved with a driver's license or state ID card,) this is no reason to let us fall through the cracks. Many hospitals already have our records because of tests, scans, and procedures which may help facilitate our getting vaccines at hospitals if we consent to their viewing our records in order to get immediate vaccination.

Furthermore, I do not understand why those under 65 with a comorbidity were placed after healthy individuals in the first place. Those with a comorbidity are clearly at a greater risk of serious illness or death from Covid, the first criteria listed on the CDC's website.

I hope you will take immediate action to get those of us under 65 with a comorbidity (high risk medical condition) vaccinated immediately and not just consider age which seems to be the main factor at the moment. Every day that goes by could mean the difference between serious illness or death and our surviving Covid.

### **Melissa Levine, Irvine**

It is not fair that people who are under the age of 65 with comorbidities are not able to get the Covid vaccine.

We are being told now that we have to wait perhaps even until June.

This means that people who are transplant patients, who have obesity, heart conditions, diabetes etc. are being forced to hide in their homes while other people are being given the vaccine.

I urge you to open up the eligibility for those with pre-existing conditions under the age of 65.

### **Melissa DiLorenzo, Ph.D.**

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

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

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

My husband has a disorder called Beta Thalassemia Major that requires blood transfusions every two weeks. This is a necessity for him. And, because hospitals are overrun with COVID patients, he has to get his transfusions, which take 6-8 hours, in a large room with numerous other

patients, separated only by curtains. For example, tomorrow he will get a transfusion in a room with 10 other patients; again, separated only by curtains!

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

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

Second email from same person: When are you FINALLY going to move up the prioritization of those with underlying conditions? Many of them are not able to stay home because they have to go to the hospital for medical treatments. With hospitals being overrun with covid patients, this puts them at great risk of exposure.

As I type this, my husband is getting a blood transfusion in a room with 10 other patients, separated only by curtains. His transfusions are every 2 weeks and last 6-8 hours. He NEEDS the vaccine asap to protect him. If he is exposed to covid, it will be at the hospital, as neither of us ever leave the house. And, if contracts covid because of you treating him as expendable, that responsibility rests solely on your heads!

**FOLLOW THE SCIENCE AND MOVE THEM UP!!!!**

### **Jane Johnson**

My appreciation to you for working to plan vaccinations for Covid-19 the best you can. I appreciate you prioritizing healthcare workers, education and farm workers, as well as people 65 yrs and over. Thank you.

My concern lies with those individuals with autoimmune conditions whose conditions and/or treatment place them at greater risk for the disease - regardless of age. Many of these conditions have major organ involvement - cardiovascular/pulmonary most critically. Examples: Scleroderma, Rheumatoid Arthritis, Lupus, Autoimmune Myocarditis, etc. Others afflicted with different autoimmune diseases are on immunosuppressants even if their condition doesn't directly involve cardiopulmonary issues - and are also at greater risk of contracting Covid-19.

My hope is your very next prioritization includes these groups. Most if not all individuals afflicted with one or more of these conditions are under care of major hospitals/clinics. Therefore prioritizing autoimmune patients in Pulmonologists' &/or Cardiologists' care, and those under Rheumatologists' care, would be prudent. Providing vaccines directly to those departments in

major institutions allows them to contact their patients directly - as they know their patients' conditions. Guidance from you would help insure prioritization protocols are followed and expedited.

## **Suzie Shupe**

There has been little to no information forthcoming from the state as to how people with underlying medical conditions that increase their risk with Covid will be treated under the state's tiered vaccine prioritization system. There are millions of Californians living with conditions that make contracting Covid a much greater threat to long term health and survival. Yet, the state appears to have lumped these Californians into the larger categories by age or occupation when establishing the prioritization system.

As it now appears that California will be going to a clearer system of priority for vaccination by age group, it is incumbent on the state to provide information to those living with these conditions. Will they just line up with everyone else in their age group? Does the state even recognize the increased risk they run? Will they be provided any priority at all based on their increased risk of serious outcomes if they contract Covid?

Here is what those living with these conditions need to hear:

1. Will they have a higher priority in the soon-to-be-released vaccination guidelines?
2. If so, what conditions does the state consider to be a "condition increasing risk due to Covid" for the purposes of vaccine priority?
3. If health conditions do increase priority, how will health systems and county vaccination efforts verify these conditions and notify individuals that they are eligible to be vaccinated?
4. An FAQ document on these subjects would be useful to post prominently on appropriate sites.

The lack of any useful information on this subject has caused stress and confusion for Californians already living with serious medical conditions. There is much talk of equity and fairness in the distribution of the vaccines and I'm heartened to hear that the state intends to take account of regional and demographic based risk in allocating vaccine. However, the individuals who face some of the most serious risks if they contract Covid, those with grave medical conditions, appear to have been lost in the shuffle. I do hope that the forthcoming Vaccination Plan and Allocation Guidelines provide more information and hopefully priority for this enormous population of Californians.

## **Lilibeth Navarro, Executive Director, CALIF**

I'm Lilibeth Navarro, Executive Director of CALIF. I'm a polio survivor but am alive still alive and working full time. I go to work wearing my mask and doing the protective protocols. On the

roll out of the COVID Vaccines and the creation of distribution protocols, I suggest a common sense approach because we are a very diverse community:

1. Let's not lose sight of our civil rights. Decisions should be made based on scientific research—we want safe vaccines and need to be knowledgeable about their side effects! Blanket mandates about age or the person's order in the medical profession are scary because they can coerce people into either waiting for their turn even if they're high risk to feeling guilty that they're displacing other people whose civil rights matter too.
2. For those who want the vaccine, and as a disability rights advocate, please make sure our people are given priority consistent with the Americans with Disabilities Act. Marshall all transit, medical, social service and other resources to bring us the vaccine and mitigate its other harmful unintended consequences.
3. What happened to alternative meds and the right to try? We need to open these avenues too apart from just a vaccine that is still experimental and for which one cannot sue if it caused irrevocable harm or even death.
4. We have a right to organic and other effective therapies! Why is there a total blackout of these therapies which might be even more effective and less harmful to the disabled?
5. I am uncomfortable with the suggestion I heard through the grapevine that we track those who have decided to take the vaccine or not! That is a big danger to our privacy and civil rights and it gives too much power to the state over our lives! That will turn any society into a police state. I do not want to be required to show a vaccine card as proof before I can travel or shop! That is against my disability and civil rights. Many of us with disabilities actually survive many different viruses every year for which we might or might not get a shot yet a lot of us do survive and some even nicely thriving.
6. Let us not forget too the forgotten victims of COVID, not because they got it but because they were denied the essential medical attention for their more urgent and life-threatening illnesses!
7. As much time and money have poured into these vaccines should equally be devoted to correcting the many sad and tragic consequences our community has already suffered from this pandemic. My sister who stays in a group home and who used to be a happy person has suffered a severe depression and is now on medication.
8. It is wrong to treat the healthy like they were ill and to treat the ill like they were already dead!
9. We need thoughtfulness and calm before we make blanket policies that stifle our freedoms.
10. We are not a dictatorship but a democracy still.

### **Jonathan Sangal**

Why are immune compromised scheduled in the last phase when every other all 49 other states and the CDC said they should be vaccinated now?

My friend's roommate works with covid patients and my friend is high risk on chemo.

Not getting vaccinated can make him die.

Please have California vaccinate him now.

### **Suzanne Eckes-Wahl, Partner| DosEckes Productions**

I would like to lobby on behalf of those with pre-existing conditions, particularly those with cardiopulmonary disease and cancer. These groups face much greater mortality rates than the rest of the population, rates often equal to that of our most elderly and vulnerable California residents.

Many states have moved such populations into higher tiers than California currently recommends - and when you consider the decades of lost life it seems a reasonable decision. I am continually surprised to hear about individuals who are considered eligible to receive the vaccine: a relative of a medical worker, or someone on the peripheral of a population (for instance, administrators versus teachers). I question a protocol that allows such individuals to receive a vaccine prior to those in desperate need, who will quite likely die if the contract COVID.

While I understand it could be a logistical nightmare, I would also like the committee to consider a system that would allow eligible folks to "donate" their vaccine to someone in more desperate need. A healthy 65 year old might be willing to delay their vaccine for a friend or relative at higher risk.

### **Lauren Jones**

I'm writing as a concerned citizen of CA. I have cystic fibrosis and am an "old" CF patient at 45 and apparently will not be eligible for a covid vaccine for quite a while. I'm frustrated to see entire dental offices (with lots of young, healthy people) being vaccinated before those of us at a true higher risk. This makes no sense. These people aren't filling the hospitals. Older Californians and medically fragile Californians are. Please adjust the guidelines. Equity will still be attained. Probably more so. This is truly a matter of life and death and doesn't seem to be a fair distribution plan at all. These people are not at risk and should not have priority. Medical personnel working with covid patients should. But not everyone working in any job in healthcare should qualify. Please help us!

**Lisa Herman**

Those with disabilities are at high risk of dying from Covid. The Governor's new vaccine guidelines is horrible for those who have been trying to stay alive during this pandemic.

My son has CYSTIC FIBROSIS and is in his thirties. He is employed, but is at very high risk in regards to Covid. Having my son and others like him wait until who knows when for the vaccine is cruel. People with disabilities already have to navigate through life just trying to stay alive day to day. Making them wait until "healthier" older individuals get vaccinated is not a good moral choice. People with disabilities should absolutely be put on the priority list.

I'd give my eventual vaccine appointment to my son in an instant if I could. Trying to protect those most vulnerable is necessary.

I urge you to reconsider your vaccine policy and prioritize people with disabilities in phase 1B. If we don't take care of the most vulnerable, then who the heck are we and what do we truly stand for?

PLEASE, Please, please help.

**Dr David Kerr MD, Sansum Diabetes Research Institute, Santa Barbara**

With the availability of SARS-CoV-2/COVID-19 vaccines, a crucial challenge is the prioritization of groups of individuals to receive vaccines that will be in limited supply for some time. In the U.S., COVID-19 is disproportionately affecting underserved populations and especially the Hispanic/Latino community. Risk factors for serious outcomes from COVID-19, include a diagnosis of diabetes, obesity, hypertension and being a member of an underserved community. Specifically, people with diabetes are at much greater risk for being admitted to hospital, have a more severe illness and a greater chance of dying in hospital from COVID-19. Together, these findings place Hispanic/Latino adults with either form of diabetes in a very high-risk category and therefore a priority group for vaccination.

Here at Sansum Diabetes Research Institute we are in a unique position to be able to begin vaccinations for this high-risk community. This is based on the trust we have created between our organization and the Hispanic/Latino community with or at-risk of diabetes and COVID-19 as part of our existing programs (<https://latinodiabetes.sansum.org/>).

We are in a position to proceed immediately subject to vaccine availability. We have already been approved as a vaccine distribution center by CalVax and the Santa Barbara public health department.

**Chris Martin, Advocacy Chair and Chris Tapio, Advocacy Committee Member, JDRF Northern California**

On behalf of the nearly 200,000 people in California living with type 1 diabetes (T1D), we respectfully ask you to include people with T1D into Phase 1B, or Phase 1C at the latest, of the vaccine allocation framework for distributing the COVID-19 vaccine. Currently, T1D is not specifically listed as an underlying health condition with an increased risk of severe COVID-19.

We applaud the healthcare workers, research scientists and so many others who have helped our community during this pandemic and are now bringing us life-saving vaccines. We strongly support the initial prioritization of healthcare personnel and residents and staff of long-term care facilities, and also urge decision makers to prioritize health equity in their vaccine distribution plans, given the disparate impact COVID-19 has had on people of color in the United States. We also want to draw your attention to the latest research, which shows COVID-19 has taken a significant toll on the diabetes community.

- A recent study conducted at Vanderbilt University shows that people who contract COVID-19 and have diabetes – whether type 1 or type 2 – have three to four times higher risk of severe illness and hospitalization, compared to people without diabetes<sup>1</sup>.
- Additional research shows that even young, otherwise healthy patients with T1D who become infected with COVID-19 remain at an increased risk for poor outcomes, such as hospitalization due to diabetic ketoacidosis (DKA), which is a life-threatening complication of the disease.
- In a multicenter study by the T1D Exchange, 47% of patients with T1D who were hospitalized with COVID-19 had DKA.<sup>2</sup> In England, a Lancet Diabetes & Endocrinology study found that being admitted to a critical-care hospital unit, or dying, was more than twice as likely for patients with T1D.<sup>3</sup>
- The national office of JDRF continues to be in direct contact with leadership at U.S. Centers for Disease Control and Prevention (CDC) to present these and other findings, requesting prioritization and re-categorization for those living with T1D. The CDC responded that they would review this information as their guidance to states continues to evolve.
- Given the higher risks of severe illness and hospitalization from COVID-19, we join the chorus of others in urging you to prioritize access to the COVID-19 vaccine for those of all ages living with T1D.

---

<sup>1</sup> [COVID-19 Severity is Tripled in the Diabetes Community: A Prospective Analysis of the Pandemic's Impact in Type 1 & Type 2 Diabetes](#)

<sup>2</sup> [COVID-19 Hospitalization in Adults with Type 1 Diabetes: Results from the T1D Exchange Multicenter Surveillance Study](#)

<sup>3</sup> [Associations of type 1 and type 2 diabetes with COVID-19 related mortality in England: a whole population study](#)



## **Chunyi McIver**

Please include the people under 65 with extreme high risk to Covid-19 such as the dialysis patients in California to be vaccinated asap. These extreme high-risk vulnerable dialysis patients who basically have fallen through the cracks with the Covid vaccines rollout.

My husband Jeff is a dialysis patient at Davita in Berkeley, California. Even though the staff there have all been vaccinated, their patients by and large have not been allowed to receive the vaccine. Jeff is 61 yrs old and right now in California he falls in the tier 1c group simply because of his age, and no consideration has been given to his underlying medical conditions. At this rate, it may be later in the summer before he can get vaccinated, and this will delay our plans to travel to get on some promising kidney transplant lists. As you can imagine, it has been a year of medical delays for us due to Covid-19. After five years with Berkeley Dialysis' in-center hemodialysis, his heart has deteriorated and he needs a kidney transplant as soon as possible.

If possible, please ensure that all dialysis patients in California are vaccinated in the first tier (top priority group) as these dialysis patients are very ill and at high risk. They have a much higher death rate if hit by Covid according to the medical professionals. Many dialysis patients do not live in nursing homes, and must travel to dialysis centers from their homes even during the 'shelter in place' order. This need for travel every other day exposes dialysis patients to the risk of catching Covid more so than other population groups who are able to stay home safe. Unfortunately, at least in California, dialysis patients have not been given any consideration in the vaccination rollout process. They have become the forgotten group.

It is also illogical and pernicious that the dialysis center staff, in-home caretaker, and the bus drivers who transport the dialysis patients to centers all will be vaccinated before the dialysis patients. One of the main reasons for all of these dialysis assistants to be vaccinated is so that they do not endanger these health-compromised dialysis patients, but the actual patients remain unvaccinated. This makes no sense.

Both the National Kidney Foundation and the community of Nephrologists urge the government to prioritize dialysis patients so they can be vaccinated early. Feel free to review the medical professional links below for more details about the urgent need to vaccinate dialysis patients:

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

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

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

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

## **Gail Ellis**

I am the mother of a son who was diagnosed with Type 1 Diabetes at age 8; he is now 34 years old. Living with this disease is a life-long struggle, being dependent on insulin with no cure in sight. Now I am learning that, besides facing the long-term complications of diabetes itself, having Type 1 also puts my son and every other Type 1 diabetic at very serious risk for complications of Covid-19.

I am writing this letter to strongly urge that when California makes the list of medical conditions entitled to COVID vaccine priority, Type 1 diabetes is included. There is recent, peer-reviewed research that shows that Type 1 diabetes poses an even higher risk for complications and death from Covid-19 than Type 2 diabetes. This Stat News [article](#) sums up the recent research and includes two studies published in The Lancet (see [here](#) and [here](#)) and a separate study conducted by Vanderbilt (see [here](#)). In light of this recent research (two of the studies are from December 2020), Type 1 diabetes should clearly be included in the list of high-risk medical conditions entitled to vaccine priority in Phase 1C. While the CDC has not updated its page of high risk conditions, I hope California will follow the science from these studies as other states have already done. For example, the Stat News article notes that Tennessee will give priority to Type 1 diabetics.

This is obviously a matter of great personal interest to me. It is also a matter of tremendous urgency for all the Type 1s in California who are so vulnerable to this highly contagious virus.

## **Andrew Fox**

I see that you are on the committee involved in determining CA's vaccine priority and I wanted to alert you to recent, peer-reviewed research that shows that Type 1 diabetes is a significant risk factor for COVID-19 complications/death, even higher than Type 2 diabetes. This Stat News [article](#) sums up the recent research nicely, which includes two studies published in The Lancet (see [here](#) and [here](#)) and a separate study conducted by Vanderbilt (see [here](#)). I am hoping that given this recent research (two of the studies are from December), Type 1 diabetes will be included in the list of high-risk medical conditions entitled to vaccine priority in Phase 1C. While the CDC has been slow to update its page of high risk conditions, I am hopeful that California will follow the science here from these studies as other states have already done. For example, the Stat News article notes that Tennessee is going to give priority to Type 1 diabetics.

**Update:** I wanted to ensure that when CA rolls out the list of medical conditions entitled to COVID vaccine priority, that Type 1 diabetes is included in that list. There is recent, peer-reviewed research that shows that Type 1 diabetes is a significant risk factor for COVID-19 complications/death, even higher than Type 2 diabetes. This Stat News [article](#) sums up the recent research nicely, which includes two studies published in The Lancet (see [here](#) and [here](#)) and a separate study conducted by Vanderbilt (see [here](#)). I am hoping that given this recent research (two of the studies are from December), Type 1 diabetes will be included in the list of high-risk medical conditions entitled to vaccine priority in Phase 1C. While the CDC has been slow to update its page of high risk conditions, I am hopeful that California will follow the science here

from these studies as other states have already done. For example, the Stat News article notes that Tennessee is going to give priority to Type 1 diabetics.

### **Kelly Conley**

I looked the other day and, as a healthy 40 year old that works from home, I am somewhere in line to get vaccinated after about 275 million plus Americans who are in front of me in line. I am more than happy to wait my turn, but I see many friends fighting cancer who don't have that luxury. Cancer patients in active treatment have a mortality rate that is on par with most 80 year olds, yet these patients are far behind them in line. They need to move up in line to get vaccinated ASAP.

The CDC has recommended that cancer patients get vaccinated early. Please help my friends and vaccinate them ASAP.

### **Nick Burrus**

The CDC when they announced the idea of 65+ recommendation to get vaccinated, California skipped over the second half of the recommendation: 16+ immune compromised should get vaccinated now.

Hello, I am St Nicholas Burrus. I am 31 years old, I just had a heart transplant. I am actively taking chemo and on anti-rejections that makes my immune system weak. Cedars-Sinai recommends we get the vaccine ASAP, and they are California's top hospital. UCSF, USC, and UCSF are also now recommending immune compromised to get a vaccine ASAP as well. The top hospitals in this state agree with the CDC recommendation.

Texas, Pennsylvania, New York, Washington, Oregon, and most of the states offer it. New Jersey even exclusively put organ transplant patients to the top of the list during the healthcare vaccination stage.

Why isn't California vaccinating the weakest of us all? The immune-compromised are at the highest risk. Our immune systems are nearly non-existent, catching this virus is almost a death sentence for us. But the vaccine gives USA chance.

### **Greg Evans**

Why is State of CA deviating from CDC guidance to immediately provide vaccines to 65+ AND people with high risk conditions?

Question 1: Why was there a decision to omit people with high risk conditions, and leave them at 1C level?

Question 2: What is the superior medical or logistics logic that the State of CA provides over the CDC in making this policy decision?

People who are immunocompromised from chemo, MS treatments, etc., are at great risk from this virus. If the goal is to minimize morbidity and mortality, this policy seems incomprehensible.

Note/Example (of many possible): 1C is in a lower/slower Tier than thousands of healthy, younger teachers for example - many of whom are not even in the classroom teaching, hence bear no heightened risk from Covid.

How can this be changed?

### **Silke Pflueger**

Cancer patients in active treatment have a mortality rate that's on par with 80 year olds per a recent paper: 15% overall, and 30% when in hospital. Yet in California we are in the back of the line, together with 50 year olds, with only 500,000 in line behind us.

I wouldn't mind waiting my turn as it is right now, but I have metastatic breast cancer, and my life will be cut short by decades - after a year I'm already on my fourth line of treatment because of constant progressions. I'll be super lucky if I make it to 60. And it would be nice to live while I still can, because I'll soon have to switch to IV chemo, very likely dramatically impacting my QoL beyond what I already experience.

Attached is a paper that shows our mortality when we get cancer. This is also the reason why the CDC recommended that we get vaccines early.

### **Connie McNair**

I am a 71.5 year teacher with previous cancer, COPD, asthma, a heart condition and 1/4 kidney removed from cancer.. Sign me up.

### **Eileen Fitzgerald**

Why, with all of the organizations represented, is the cancer community not represented on your committee?

### **Michelle Stonis, Instructor of History and mother of 3, Long Beach**

I'd like to request that cancer patients and those living with chronic cancers be allowed early access to the vaccine as part of Tier I. My mother who passed away 11 months ago from CLL

would have been mortified and anxious to catch COVID-19 as doing so would be a death sentence for her with her compromised lack of immunity. As a teacher, I support being later in the phases in order to prioritize those who have not left their homes and who are truly immunocompromised to have priority in the vaccine process.

### **Rebecca Zom**

Please upgrade this terribly vulnerable population to Phase 1b, tier 1 as soon as possible. I've been in quarantine almost a whole year due to my chemo regimen I started early. Please give us a chance at a bit more life?

Please have people with active cancer and certain past cancer survivors (like post-transplant) be prioritized to Phase 1b, tier 1. This paper (<https://acsjournals.onlinelibrary.wiley.com/doi/full/10.1002/cncr.33386>) shows that people with cancer who are hospitalized with Covid19 have a 30% mortality rate, on par with 80 year olds. If we die at the rate of 80 yr olds we should be vaccinated with the 75+ population, not in the same group as a healthy 22 yr old tech.

### **Linda B. Johnson, Susan G. Komen Los Angeles, Metastatic Breast Cancer Committee Volunteer; Metavivor MBC Support, San Gabriel Valley/Inland Empire**

Please move my group up to a tier that could save lives! I have MBC, and have instructed my family that I do not wish to be on a ventilator. But I do not want to die! I have been taking chemotherapy for 12 YEARS and I have been inside my home quarantining for almost a year. The only people I have left the house and seen are medical personnel.

It seems like a diagnosis of terminal cancer and the suppressed immune system that accompanies treatment should put us on the same level as people over 65!

### **Catherine Williams**

My name is Catherine Williams, and I am a 46 year old native Californian. I have been living well with metastatic breast cancer for over 6 years. I was diagnosed after my very first mammogram with no family history. It was a brutal diagnosis—only 40 years old and the medium life expectancy for someone in my condition was only 3 years.

Since 2014, I have LIVED. I have been in treatment the entire time and I estimate I've had over 100 infusions of the life-saving drug Herceptin (developed by Genentech, right in the Bay Area), along with Perjeta and had chemo for 6 months right after my diagnosis. I have gone to countless oncologist appointments, CT scans, full body MRI's, brain MRI's, PET scans, bone scans, EKG's to monitor my heart for failure, to name just some of the procedures I regularly undergo. I've had surgeries, gamma knife brain radiation twice, and am now on my 2nd line treatment. I will continue to go through treatment protocols until we run out of options.

It's because of the risk presented to me as a cancer patient, that I implore you to add us to phase 1b for the vaccine distribution.

Covid-19 has added so much stress to a life that is already incredibly stressful. However, if anyone has the resiliency to handle another global pandemic, it is a cancer patient. We are, however, at the highest possible risk! I go to hospitals and pharmacies weekly, despite not leaving my house for ANYTHING besides walking my dog.

Despite all of this, I actually have a very good quality of life. I've traveled extensively, learned to whitewater kayak, tried surfing, discovered the East Bay Regional Parks District and even hiked from the south rim to the north rim of the Grand Canyon! I've been to Alaska and the Cape of Good Hope. I am one of the fortunate ones. Most of the people who were diagnosed around the same time as me have passed away. Many of them younger than me, leaving behind small children.

I want to continue to live and contribute to society for as long as possible. The risk for me is so great right now and I urge the state of California to act progressively in this endeavor. Please add at risk people with underlying health conditions to phase 1b.

### **Garrett Covington, Chino Hills**

I am writing to urge you to reconsider our state's phased distribution plan for SARS-CoV-2 vaccinations to include higher prioritization of cancer patients. In those such as myself who have Chronic Lymphocytic Leukemia (CLL), the immune system is compromised in its ability to fight off any infection, including COVID-19. This results in significantly higher rates of morbidity and mortality.

My specific request is that patients with cancer be moved up in line to receive the COVID-19 vaccination sooner for the following reasons:

1. Currently the Centers for Disease Control (CDC), American Society of Hematology (ASH), American Society of Clinical Oncology (ASCO), and many other professional organizations recommend that adults with cancer be given the vaccine at a higher priority than the general population.
2. Recent research reveals that long-term harboring of the virus in immunocompromised patients may accelerate mutation of the virus<sup>1</sup>, which means that protecting us protects the community.
3. After lung cancer, blood cancers are associated with the worst COVID-19 case fatality rates among all cancer patients and are fifth highest overall among all high-risk co-morbidities<sup>2</sup>.

When CLL patients contract COVID-19, it results in a 90% hospitalization rate and a mortality rate of at least 30%<sup>3</sup>, which is much higher compared to those who have been prioritized to receive the vaccine sooner than me. On behalf of myself, my family, and our community, I urge

you to carefully review the science and reconsider adapting our state's phased approach to include cancer patients earlier in the vaccine distribution plan.

### **Robb Gaffney**

I've just become aware that despite the fact I am at very high risk, I can only receive the vaccination at the same time as my healthy 50-year-old peers. I am 50 years old and have been battling blood cancer (Acute Myeloid Leukemia) for 20 months. I've survived 2 stem cell transplants in the past 13 months and I have been fortunate to beat the odds so far to remain in this life with my wife and 2 children. I continue to receive chemotherapy monthly, which lowers my white blood cell counts to "severe neutropenia", putting me at risk for all kinds of infections that could prove fatal.

There are many people out there just like me with high-risk cancer, and for some reason, we have all been pushed far back in line for the vaccine. My family believes there has been a drastic mistake here and we want this to be known to the decision-makers who have excluded those with high-risk cancers from the early stages of the rollout.

### **Jill Neiman, San Francisco**

I urge you to move people with metastatic cancer, like me, to tier 1b with those 65-74. We are a particularly vulnerable group. Cancer patients who contract COVID-19 have a 15% thirty day mortality rate (30% if hospitalized). <http://bit.ly/38yBFvX>. This is approximately the risk of coronavirus death for people in their 80s.

<https://twitter.com/tmprowell/status/1347960168588472323/photo/2>. The major cancer groups, therefore, advocate prioritizing cancer patients to receive the Covid-19 vaccine, noting that people with active cancer, including those with metastatic disease, are particularly vulnerable. [https://cancerletter.com/articles/20210108\\_2/](https://cancerletter.com/articles/20210108_2/) ; <https://cancerdiscovery.aacrjournals.org/content/candisc/early/2021/01/04/2159-8290.CD-20-1817.full.pdf>.

Moreover, metastatic cancer patients cannot self-isolate. We must frequently go into hospitals or cancer centers for treatment, scans, and other medical appointment. Our treatments also may be modified, to our detriment, to reduce hospital visits or to avoid treatment side effects that may be confused with Covid-19. Further, many of us are somewhat immunocompromised due to our treatments. We need the Covid-19 vaccine to help us stay safe and as healthy as possible during this difficult time.

### **Flori Hendron**

Please move patients in ACTIVE treatment for cancer, meaning those who go in for chemotherapy and radiation, up to tier 1B. Our risk is higher and our EXPOSURE is very high!

I'm in treatment (chemo and starting radiation) for metastatic breast cancer and I don't want to be killed by Covid.

PLEASE ALLOW ME ACCESS TO THE VACCINE!

**Kelly Shanahan, wife, mother, daughter, doctor, woman LIVING with metastatic breast cancer**

I have been living with metastatic breast cancer for a little over 7 years; given that the median live expectancy of someone with my subtype (ER+/HER2-) and location of mets (bone) is 5 years, the past 2 years have been "bonus time". I have spent almost half of that bonus time, since March 2020, in my house, venturing out for groceries and walks, although walks and hikes were drastically curtailed due to the hordes of tourists invading my home of Lake Tahoe, even in the midst of statewide stay-at-home orders.

My 94 year old mother, dealing with her 3rd occurrence of breast cancer, lives on the opposite side of the country. I would love to see her before she dies, but cannot safely travel those 2700 miles by plane or car until I am vaccinated. If I contract COVID19, my risk of dying ranges from 15% (if not initially deemed serious enough for hospitalization ) to 30% (if requiring hospitalization), on par with 80 year olds. I would also like to volunteer to assist with COVID-19 vaccine efforts in my community, or provide backup to the exhausted staff at nearby hospitals, however, people under the age of 64 with high-risk medical conditions, like active cancer, are currently in Phase 1c, behind 20 year old construction workers.

If the goal is to prevent death and ease strain on our already overwhelmed hospitals, shouldn't those most at risk be prioritized for vaccination?

I urge you to follow the science and move people with active cancer to Phase 1b, tier1.

**Theresa Vu**

I writing to ask that metastatic cancer patients be added to California's phase 1b vaccine rollout. We are at high risk due to immunosuppression and are less able to recover from exposure to COVID-19. We are also unable to shelter in place due to the doctors' and infusion appointments that must be done in person putting us at higher risk.

Cancer patients are also easier to identify and to contact through our existing primary care providers and oncologists.

Getting vaccinated is so critical for this highly at-risk group so we should be moved up in priority.



### **Adrienne Shepard, Mother, wife, daughter, active cancer patient**

I would like to petition that those of us with active cancer be moved to a higher priority category for the COVID-19 vaccine. I have active metastatic (aka Stage 4, aka Terminal) breast cancer that is currently rapidly advancing in my body. I would like to petition that those of us with active cancer be moved to a higher priority category for the COVID-19 vaccine. According to the American Cancer Society, if we become infected with the virus and get hospitalized, we have the same survival rate as people who are 80 years old. Therefore, we should be pooled into that group for the vaccine.

I have two small kids aged 4 and 6. My life is already being cut short and they will lose their mother way too early from cancer. I would hate for my already limited time to be cut even shorter due to COVID-19. Here is a [link](#) to a study supporting the statistic I referred to.

I urge you to add active cancer patients to Tier 1 of Phase 1B.

### **Klaus Kleine**

My wife is a cancer patient. Her treatment like for many other cancer patients will cause a high mortality rate if she gets Covid. That is the reason why the CDC is recommending people with certain pre-existing conditions should get vaccinated with the 65+ age groups. I can't understand why California is not adapting this guideline.

Recently the state of California has a very poor track record dealing with the virus. That is a sign of poor leadership starting from the governor. As a long time Democrat and active supporter of democratic causes I am sorry to say that I am leaning towards supporting the removal of Governor Newsom if things are not changing fast.

### **Inna Lauris**

As a two times breast cancer survivor I was disheartened to learn that California decided not to follow CDC guidance in regard to people with medical conditions. Instead of 65 and older or medical conditions California is only vaccinating 65+. Moreover, California officials refused to explain their reasoning.

I think it is very unfair and would like to ask you to take the second look at these criteria.

Often people with preexisting conditions are limited in medications they can take to treat coronavirus and as the result would suffer more than other folks.

I implore you to reconsider this decision.

## **Connie Arnold, Disability Rights Advocate 30+ Years**

I am writing to you about vaccine priorities and the fractured broken LTSS system. When considering the CDC factors of “social vulnerability” score (<https://www.cdc.gov/mmwr/volumes/69/wr/mm6942a3.htm>) , household overcrowding, socio-economic factors required to be considered for disasters including the pandemic, those persons at the highest risk of adverse outcomes for COVID-19 must be considered in light of highest overcrowding ratios and coronavirus infection rates in California causing lockdowns and virus spread. This scenario should also include the severity of the hospital shortage of ICU beds as reflected in statistics used in the lock downs within a tier classification when deciding vaccine priority within groups of individuals from a health equity perspective. Additionally, other key factors should be considered regardless of priority tiers for the smooth vaccine roll-out such as:

- 1) insuring consistent state vaccine website information between the COVID & CDPH websites, etc.;
- 2) making sure delivery capacity (including mobile vaccination teams needed for homebound residents with severe disabilities) is in place; and
- 3) implementing notification methods to notify people (website registration, text, email, phone calls) of their spot in line for priority tiers, date, place, and time when they are able to be vaccinated.

Such elements and factors are insufficiently addressed at this point. Vaccination priorities must include high risk group of persons with disabilities of any age, persons of color, and those with low-incomes.

It must be noted that individuals with severe disabilities are impacted by adverse health outcomes from exposure. Namely, these individuals include those in congregate settings, those reliant on care providers who have severe disabilities, and individuals with developmental disabilities and intellectual disabilities.

In light of these key factors, the CDPH vaccine recommendations made on about December 5, 2020 Phase 1B vaccine priority group must give priority to persons with severe disabilities regardless of age, at a minimum, who have multiple care providers coming into their private homes or where a relative care provider (essential worker) is unable to get a vaccine as a result of caring for a severely disabled recipient 24/7 who cannot be left unattended then both must be able to be vaccinated in the least restrictive setting to meet their need to get vaccinated.

Alternatively, and in reality, this group of recipients with severe disabilities should really be in the Phase 1A vaccine group like their counterparts in nursing homes and similar congregate settings due to their daily exposure to multiple care providers or recipients with severe disabilities who are homebound and reliant on an essential IHSS relative provider who are unable to leave such recipients alone or unattended in the hands of outside non-relative community care providers because of threats to life and health of the individual with a severe disability.

Again, LTSS care recipients with severe and chronic disabilities are at-risk of exposure and adverse consequences, including institutionalization or certain death in isolated home settings in their local communities.

The vaccine priority needs to address those In-Home Supportive Services (IHSS), Waiver Personal Care Services (WPCS), Supported Living Services (SLS), and Developmental Disability (DD) and LTSS community recipients with severe disabilities who are exposed to multiple "community" (non-relative), often low-income, care providers coming into their private home. These are persons with severe disabilities of any age who can be found amongst those in high death rate categories or higher projected categories for dying of the virus based on underlying vulnerabilities of being in the at-risk category.

Repetitive high care provider turnover for persons with severe disabilities who need the most care, many who are facing severe shortages of local "non-relative community" care providers to hire because the In-Home Supportive Services (IHSS) program and long term services and supports (LTSS) home and community-based services system is broken with inadequate workforce to meet the increasing need by those needing help from others for activities of daily living are at-risk for and from the virus. Therefore, this population of care recipients must have priority as they are being put most at-risk of virus exposure, accessing equitable health care treatment, and facing adverse consequences including higher death rates.

Another problem is transportation to vaccination and/or testing sites that persons with severe disabilities who cannot drive and who have major difficulty in getting, both tested or re-tested for COVID-19, or in getting the vaccine at any point because of their severe disabilities. Furthermore, at off-site test sites, the expectation is that the person can perform their test themselves with swabs, and many people with disabilities cannot.

A real need exists for at home COVID testing and mobile vaccination van or team to come to the homes of individuals who are homebound not unlike administering vaccines to those in congregate vaccine sites like nursing homes, assisted living complexes, or group homes. In many ways, individuals with severe disabilities on IHSS, Waivers, or other similar Medicaid waivers, who are living in the community with services and supports are keeping these people out of congregate institutional settings including nursing homes, assisted living complexes, or group congregate housing residences, and hospitals.

With hospital bed capacity full and overflowing in some counties even those with severe disabilities exposed to the virus or who have tested positive are being sent home and being told to quarantine and self-isolate and told their care providers should do the same including those reliant on daily support for care with no real rational means of self-isolating due to a reliance on others for care.

Here's what I am talking about:

Persons with severe disabilities who don't drive and use wheelchairs, particularly motorized wheelchairs (cannot transfer to non-accessible vehicles) who are denied access to transport

services like UBER, LYFT, Paratransit, fixed route, light rail due to inaccessibility, disability issues confining one to the home (i.e. pressure sores, cannot get out of bed, weather prevents outings, distance), and/or having tested positive for COVID-19 so cannot access public transport or are denied public system transport to testing sites or vaccination sites.

Persons with severe disabilities who have home isolated and cannot get to a pop tent, CVS, Walgreens, or other non-congregate vaccination site due to their severe disabilities and/or can face potential greater exposure in leaving home require alternative mobile vaccination teams to come to them. Even if they could leave home somehow with a care provider, such individuals with severe chronic disabilities are highly susceptible from being at high-risk to get the virus and survive (i.e. immunocompromised individuals, those on ventilators, oxygen, etc).

IHSS recipients and/or Waiver Personal Care Services (WPCS) participants with severe disabilities and others similarly situated like DD clients, Supported Living Services (SLS) participants have a high turnover of "unrelated" multiple care providers and are subjected to increased opportunities of getting the virus. Yet, limited or no statistics are kept by IHSS, Waiver program, DD programs, or other LTSS programs to identify members of these groups living in the community adversely impacted by the virus as far as I know.

Are mortuaries keeping death statistics on those dying of the virus with disabilities who are part of the continuum of LTSS care systems?

In many cases, PPE (Personal Protective Gear as IHSS refers to it) has not necessarily gotten to IHSS recipients and/or their "unrelated" community providers and there is no data on the efficacy of the PPE/PPG to provide real protection in stopping of getting the virus including the new mutant strain now in the U.S. The supplies distributed are not typically ongoing nor are they adequate.

In some cases, certain individuals in organized groups have erroneously claimed that IHSS recipients have given the virus to the care providers. Yet, their providers are the ones going out into their communities and recipients with severe disabilities cannot control who the care providers are around or what they do once they leave their homes and before returning to their homes to work who can transmit the virus to the recipients of care.

The "social vulnerability" factors of those working in the caregiving field must be considered because these same care providers were found to have been working in multiple nursing homes to make ends meet and that was found to be a key factor in virus transmission in nursing homes. In fact, LTSS/IHSS recipients with severe disabilities have noted that IHSS providers caring for them, in many cases, are refusing to wear masks during time in their homes and even arrive for job interviews without masks.

Recipients dependent on daily care, the severe shortage of direct support staff like IHSS "non-relative" "community" providers, high care provider turnover, emergency care situations where backup care providers are needed means that many care recipients with severe disabilities must be in the high vaccine priority group.

Individuals with severe disabilities reliant on low-wage care providers are fearful of losing care and must sometimes accept disrespectful treatment which can sometimes equate with acceptance of a level of abusive treatment because the threat of trying to locate another care provider is challenging in good times, but horrific with COVID. The threat to life with the virus circulating and infecting greater numbers of people is a real risk to life itself.

People who cannot get out of bed, shower, dress, use the toilet or have bowel and bladder routines who need help daily, these recipients are ones being pressured and intimidated by these IHSS care providers who threaten to walk off of a job if you try to insist they wear a mask, don't pay a higher COVID work rate, or anything else because they know recipient options are limited.

Let's not forget that the so-called consumer choice and self-direction program scheme is limited to an available pool of care providers to select from and most people with IHSS know that the ones from the IHSS Public Authorities cherry pick easy cases and are often subpar workers who don't want to work for persons with severe disabilities requiring higher levels of care for most activities of daily living.

Let's be real here in that the state claims no liability for LTSS recipients' hiring decisions, but there are too few direct support workers to meet existing needs for all recipients who need help so the state abdicates all responsibility for shortfalls in care that recipients experience based on the lack of a competent workforce. Furthermore, fingerprinting does not make a good employee, but is simply an illusion of a "safe" workforce that provides no meaningful support.

It was found that nursing home clients were being infected by care providers going to multiple jobs to make ends meet and bringing the virus from place to place in Los Angeles. However, Nikki Diaz, a person with a severe disability has participated in several Personal Assistance Services Council Los Angeles (PASCLA) meetings where IHSS providers were floating the idea to be careful of IHSS recipients who were cited as contagious to them causing fear like the disabled were the plague.

The IHSS Public Authorities (and others in the provider field) are not educating providers on their responsibilities in insuring the safety of their employers with severe disabilities other than doing the standard "universal precautions" training. No specialized training about COVID-19 and precautions for care providers to keep employer/recipients safe exists as a norm in the LTSS system.

So where are we with vaccination priority when the support programs are not meaningful and when government agencies, In-Home Supportive Services (IHSS), Home and Community-Based Services (HCBS), Waiver Personal Care Services (WPCS) and similar waivers, DDS, Regional Centers, Adult Protective Services (APS), all abdicate their responsibility to insure consumer choice and self-direction of services when the workforce shortage leaves little of either.

Add into the complex mix, the upcoming IHSS and Waiver Electronic Visit Verification (EVV) with GPS tracking and whether recipients are forced to locate providers through every available means or are served through agencies who have shortages of workers to meet demands leaving clients in the lurch with the "big lie" that a "required named" backup provider exists will only

increase worker care shortages. The fact that about 29.9% (or portion thereof) of the IHSS population of recipients spread out over all 58 counties have access to a plentiful workforce of direct support professionals, care providers, or an alleged "backup" care provider as a means to even be eligible for program services is an absolute joke of a societal lie. Of the 29.9% of the IHSS population reliant on "non-relative" "community" IHSS/WPCS or other LTSS care providers, the recipients with severe impairments are threatened most by the lack of a meaningful workforce who are most at-risk of institutionalization and are suffering the most during this pandemic. Recipients of care must see program improvements with differential pay rates for providers, individual person-centered care budgets, backup services 24/7 that actually work, and improvements to create an ample direct support professional care workforce of "non-relative" "community" care providers. It is important to understand these issues in relation to COVID-19 adverse impacts and vaccine priority recommendation groups.

This percentage of the LTSS recipient population reliant on home and community based services who have severe disabilities are most at-risk of institutionalization who cannot go without daily care are most at-risk of virus exposure and subsequent adverse consequences or even death. The CDPH vaccine recommendations made on about December 5, 2020 to receive vaccine prioritization must include this LTSS population in Phase 1B Tier 2 IHSS at a minimum, if not in the higher Phase 1A category based on having a severe disability and other risk factors as aforementioned institutional congregate settings resident groups.

Here's an article from staffing problems at an Assisted Living complex after the virus infected both residents and staff:

Sonoma County officials sound alarm over 'dire' need for help keeping COVID-19 out of local assisted living facilities Press Democrat October 29, 2020

<https://www.pressdemocrat.com/article/news/sonoma-county-officials-sound-alarm-over-dire-need-for-help-keeping-covid/>

Here's an article on nursing home staffing in Los Angeles County indicating care shared workers at nursing homes spread of the virus from working in multiple settings:

California Healthline Jackie Fortiér October 29, 2020 They Work in Several Nursing Homes to Eke Out a Living, Possibly Spreading the Virus <https://californiahealthline.org/news/they-work-in-several-nursing-homes-to-eke-out-a-living-possibly-spreading-the-virus/>

Here's another article on a study bearing out virus adverse impacts on the disability community: Annals of Internal Medicine October 21, 2020 COVID-19 Mortality Risk in Down Syndrome: Results From a Cohort Study of 8 Million Adults <https://www.acpjournals.org/doi/10.7326/M20-4986>

WHO's Science on 5 Episode #5 – Vaccines (Priorities) September 25, 2020 Episode #5 - Vaccines

Bottom Line: Recipients with severe disabilities of any age receiving LTSS services must receive a high priority for the vaccine based on chronic severe disability impairments like nursing home residents, assisted living residents, or congregate setting residents under the CDPH December 5, 2020 vaccine recommendations and must be, at a minimum, in the Phase 1B Tier 2

IHSS vaccine priority group, or in the Phase 1A vaccine group like their counterparts in nursing homes and similar congregate settings as a consequence of aforementioned consequential risk factors where warranted. Additionally, reasonable accommodations must be made by providing a mobile vaccination team for persons with severe disabilities who cannot get to a vaccination site which can be done by gathering a list through LTSS programs assisting these individuals.

### **Connie Arnold, Follow-Up**

I have been unable to get appointments for my IHSS/WPCS providers in Sacramento County, Isis Johnson, (916) 256-9327, and Rhonda Peoples (916) 287-6156 at Cal Expo or Safeway (or Kaiser So. Sac for Isis). My parents, both in their 80's, were able to get vaccinated at Sutter Health with our preferred Moderna vaccine, and my mom is my primary reliable provider at this point. These two other "community" providers are African American and on an "equity basis" should be able to get an appointment. I've been trying to help them, but no appointments are open.

As an advocate for 30+ years with a severe disability, I've submitted extensive comments to the CDPH Community Vaccine Priority Committee asking for the committee to prioritize people with severe disabilities, particularly LTSS recipients with disabilities (IHSS, WPCS, SLS participants) in the Phase 1B Tier 2 vaccine protocol with IHSS providers at a minimum, or preferably Phase 1A for CFCO WPCS Waiver recipients who are comparable to vulnerable groups like nursing home residents and others in congregate settings. This must include mobile vaccination teams to help those who cannot get to a vaccination site to get vaccinated like their counterpart residents in nursing homes to reach such severely disabled individuals who are shut-in or homebound, cannot access public transit, or cannot go out and risk exposure if they could leave their home and wait in long lines.

There are others with severe disabilities of any age living in the community who are vulnerable to adverse outcomes from the virus who are not on any LTSS program. A method of signup or registration for a vaccine is needed with a category called "severe disability signup" for targeted vaccination outreach and specifically available appointment dates with linkage by county. A private and public partnership is needed as the state is failing on many fronts (with too many charts and spreadsheets shared on midday television and not enough vaccines getting into arms) and California is nearly dead last in state trends of vaccine administration, but hopefully ramping up soon. Just today I read and heard that Blue Shield, a campaign contributor of the Governor, just received a contract to distribute vaccines to counties because of California's failure at getting vaccines in people's arms as the state was near dead last among all fifty states!

For myself, I have had Juvenile Rheumatoid Arthritis (JRA) since age six and have used a wheelchair my entire life, and I graduated with a Master's degree in Health Services and Public Administration. I'm age 60 (look 36) with other conditions putting me in the at-risk category for adverse outcome from the virus, and I am not able to get the vaccine. Yet, I must have close contact for daily intimate personal care assistance help from my care providers and emergency backup services are useless as they don't help those with severe disabilities needing paramedical services and as offered by IHSS Public Authorities are a waste of time and don't always have

available competent staff, don't have 24/7 phone answering services, pre-screen people and routinely deny supplying help as a "planned event" excuse. Even several of my friends have either been exposed by LTSS providers and one got the virus from them over the holidays. There is no professional training or IHSS Public Authority Registry provider training other than standard training for "universal precautions" by these entities that are a waste of state funding.

There must be prioritization for vulnerable persons with severe disabilities and not just our "publically funded" care providers. Our lives are just as valuable as others, but we are subject to health care rationing decisions that debase our "quality of life" and our "value" as less than others in the able-bodied public. Vaccine priorities must include:

- Disability must be a priority category in the vaccination rollout;
- Registration vaccine appointment database must prioritize "disability" as a category;
- Voices of people with disabilities who must be heard and not forgotten by vaccine policy officials, committees, and workgroups;
- Accessibility must be part of vaccine roll-out including ADA compliant website formats, phone tree appointment systems, county assistance must help vulnerable population in accessing limited vaccine appointment enrollment slots, state and/or county vaccine appointment pre-registration systems using resources like 211 or 311 call centers;
- Essential worker priority for public and private LTSS staff and care providers being granted vaccination appointments without requirement of constant daily dedicated expenditure of computer time to get one an appointment in between website crashes or similar system glitches;
- Clear, concise, consistent online information that is not confusing to sign up for vaccine appointments;
- Use county 211 and 311 resources using PSA's to direct people with disabilities to sign up for an appointment through those existing resources and on secure websites that allow vaccine registrants to make an appointment;
- Design check boxes on vaccine registration websites with categorical disability vulnerabilities, epidemiological factors, respiratory and health risk factors, and weight, gender, and race/ethnicity for vaccine prioritization (i.e. are you a person with a severe disability such as cancer, diabetes, serious heart or lung condition, high blood pressure, asthma, use of oxygen, ventilator, and CDC listed health conditions impacting virus risks as listed [https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html))
- Priority must be given for all LTSS, CFCO Waiver recipients (really in Phase 1A) using existing IHSS/WPCS database for disability prioritization;



- Mobility vaccination teams must roll-out to vaccinate persons with severe disabilities and certain seniors in their homes who cannot access vaccinations by normal means; and
- Allocation of county vaccine allotments must be based on epidemiological factors and not be simply based solely on population.

My mother is my primary active “reliable” and “competent” IHSS/WPCS caregiver, age 80, and my active dad, age 84, were able through Sutter to get their first vaccine shot. My other two IHSS providers, Isis Johnson, and Rhonda Peebles have been unable to get an appointment at Cal Expo, Safeway, or Kaiser South Sacramento (Isis Johnson) even after trying online.

Many IHSS providers are unable to navigate the online appointment systems. Many websites are not even ADA formatted to provide computer literate persons with disabilities to register for a vaccine. There must be a state or county hotline or 211 way of helping such IHSS providers, seniors, individuals with severe disabilities, and members of the public to arrange an appointment even navigating and inputting information into online appointment systems for those who require hands on assistance in getting vaccine appointments. Please help address these issues beyond charts and statistics with actual boots on the ground remedies.

Although I sent an email in advance to the Sacramento County Public Health about getting the vaccine for my eligible IHSS providers with a carbon copy sent to my county supervisor and my contact in the IHSS Public Authority Registry, the response from the latter was to contact the health care system and information would be forthcoming to my IHSS providers, but only my mother through my email address received any information. It took a week for the county public health system to respond with little concrete information about how to get the vaccine for my IHSS providers and to be told to wait my turn. The Sacramento County Public Health website is not very helpful in addressing when or where eligible vaccine recipients can get an appointment and the information is like weaving around a series of documents from CDC, CDPH, and similar web of health care websites.

### **Leanne Grossman**

I write as a volunteer with Freedom for Immigrants and the Immigration Committee of Kehilla Community Synagogue.

I’m very concerned that immigrants in detention will not receive the Covid vaccine in a timely way, if at all, even though they are forced to live in unsafe, unsanitary and unhealthy conditions that are too close together.

I urge you to create a plan that will prioritize this community and meet with advocate representatives on the best way to do that. As a vaccine committee, you can do California undocumented immigrants justice by elevating their health needs at this time. Over 100,000 cases of COVID have been diagnosed in detention facilities nationally. We must help and serve this population fairly.

## **Yvonne Lei**

My name is Yvonne Lei on behalf of Los Angeles Human Rights Initiative, and I am a medical student at UCLA. The LA Human Rights Initiative is a medical student-run, faculty-supervised organization at UCLA that runs an Asylum Clinic providing pro bono forensic evaluations to asylum seekers and other immigrants. As medical professionals and aspiring medical professionals, we firmly believe in the importance of providing accessible vaccines for immigrants in detention, as COVID-19 is a public health crisis that affects everyone.

I urge this committee to ensure that California has a clear and definitive plan to vaccinate immigrants in all six detention facilities in the state. Recently, an ICE spokesperson stated, “[S]tates... will determine when ICE detainees are vaccinated.” California has the right and the responsibility to protect the health and safety of individuals in ICE detention in our state. Ensuring that individuals inside these facilities have information and access to the COVID-19 vaccine is part of that responsibility.

California State Officials must clarify and ensure there is a vaccine distribution plan for immigrants in detention.

- Immigrant rights organizations are demanding California state officials clarify their plans to provide COVID-19 vaccines to immigrants in six detention facilities in the state, after federal officials indicated that final decisions on vaccinations for detained immigrants would be delegated to states. California has the right and the responsibility to protect the health and safety of individuals in ICE detention in our state. Ensuring that individuals inside these facilities have information and access to the COVID-19 vaccine is part of that responsibility.
- 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.

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.
- ICE has an egregious track record with respect to health and safety of immigrants in detention and vaccine distribution should be conducted with communities on the outside

Immigrants in detention have shared their perspective on the issue, stating: “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.”

- ICE has committed to vaccinating its own personnel as well as staff in detention facilities, without providing any plan to vaccinate those detained. This comes at a time in which it remains unclear if individuals who are vaccinated can still spread COVID-19 to others. As a result, ICE's plan may allow COVID-19 transmission to continue within these facilities.
- Given the 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.

**Myriam Shehata, Medical Student, David Geffen School of Medicine at UCLA**

My name is Myriam Shehata, and I am writing as a member of the Los Angeles Human Rights Initiative.

I am writing to urge this committee to ensure that California has a clear and definitive plan to vaccinate immigrants in all six detention facilities in the state. Recently, an ICE spokesperson stated, “[S]tates... will determine when ICE detainees are vaccinated.” California therefore has the right and the responsibility to protect the health and safety of individuals in ICE detention in our state. Ensuring that individuals inside these facilities have information and access to the COVID-19 vaccine is part of that responsibility.

We have seen ICE time and time again abdicate its responsibility to protect the safety and well-being of the people it incarcerates, and because of their inaction, it falls on us to protect immigrants in detention by giving them the opportunity to be vaccinated as early as possible, should they desire it. It is worth emphasizing that five of the six ICE detention facilities in California have experienced serious and underreported COVID-19 outbreaks, which underscores the increased risk that these immigrants face.

Despite all the rhetoric that seeks to divide us, the COVID-19 pandemic has shown us that no matter how much we seek to avoid it, all our fates are tied -- although tragically, our most vulnerable communities bear a disproportionate burden of disease and death. The care that we give (and refuse to give) to those who have been made most vulnerable, especially the incarcerated and those without permanent immigration status, DOES affect all of us.

It affects all of us because detained immigrants are our neighbors, and it affects all of us because they ultimately will join or rejoin our communities, healthy or not. I strongly urge you to consider that as you create a COVID-19 vaccination plan that includes all immigrants in detention.

I look forward to hearing from this committee and the administration on a definitive plan for vaccine distribution to immigrants in detention.

**Kathleen Pozzi, Sonoma County Public Defender, CPDA Board Member**

My name is Kathleen Pozzi. I am the Chief Public Defender for the Law Office of the Public Defender in Sonoma County. I am also a Board member for the California Public Defenders Association (CPDA) I would like to participate in the COVID-19 vaccine outreach call/meeting on Jan. 20, 2021 at 3:00 p.m. Please allow my participation on behalf of my organization, CPDA. Also, please send me the link to participate if my participation is allowed. I am thanking you in advance for your consideration.

**Kathleen Pozzi, Board member, OBO/California Public Defender Association**

My name is Kathleen Pozzi. I am the Chief Public Defender for the Law Office of the Public Defender in Sonoma County. I am also a Board member for the California Public Defenders Association. I am writing this letter on behalf of the California Public Defenders Association (CPDA). On Sunday, January 17, 2021, I emailed you requesting participation in the COVID-19 vaccine outreach call/meeting scheduled for later today at 3:00 p.m. If you are not able to add me as a speaker during this meeting, please consider incorporating the contents of this letter during your discussion.

The CPDA is a statewide organization of approximately 4000 public defender attorneys, private defense attorneys, investigators and other allied professionals. Members of CPDA represent indigent individuals charged with crimes across the state, many of whom are held in local jails, juvenile and immigration detention facilities while their cases are pending trial.

We understand that you are meeting today to discuss the planning efforts and resolving barriers to equitable vaccine implementation and decision-making. We recognize that health care workers were rightfully given first priority to the vaccines. Now that vaccines are being administered to many individuals below health care workers in the priority list, vulnerable populations living in close quarters should be given priority. We write to request that you include in this group those who may be the most vulnerable population: our incarcerated clients, many of whom are people of color who have underlying health conditions, suffer from mental illness, and are at the greatest risk for contracting COVID-19 and becoming severely ill or even dying from the disease. Our incarcerated clients are living in conditions that prevent them from being able to socially distance, and are frequently not provided the necessary sanitary products, making protective hygiene impossible.

There have already been numerous outbreaks in local jails across the state. During a period in May of this year, 60% of inmates in one of the Los Angeles County Jail facilities tested positive for COVID-19.' There have been recent outbreaks in San Diego, Stanislaus, Santa Clara, and Contra Costa County Jails, which led to infections of inmates and staff. It was recently reported that the family of a person who was incarcerated in the San Diego County Jail, is suing because their son contracted COVID-19, and as a result of not receiving proper medical attention, died from the virus. If the state chooses to keep these people in custody, then the state should prioritize vaccinating them, if they desire to be vaccinated.

Throughout the pandemic the courts have been deemed essential and have not ceased operating. No one in the court system has more exposure and more close contact with our clients, their families and community members than public defenders. Public Defenders have been deemed and considered "essential workers" throughout the pandemic. The services provided by public defenders and appointed attorneys are mandated by the state and federal constitutions, as well as by California statute. Throughout the pandemic, public defender work has not stopped, and in many cases it has actually increased. Each arrest effectuated by a police officer requires a public defender to take some action, sometimes within hours of the arrest. In every sense of the word, public defenders are first responders trained to aid clients who themselves are uniquely vulnerable to infection from the COVID-19 virus. Public defenders must visit their incarcerated clients in the jails and must communicate with clients' families who are members of marginalized communities that have been disproportionately affected by the virus. Public Defenders stand side by side with their clients in courts across the state. Public Defenders communicate with court staff, including bailiffs who are in close proximity to our incarcerated clients. More than anyone else in the court system, Public Defenders place their lives at risk by simply doing their jobs. Numerous public defender staff have been exposed to, tested positive for, and developed symptoms from the virus. We lost a member of our community to COVID-19, a Los Angeles County Public Defender who died of the virus in June of this year.'

We also believe that special consideration should be given to court personnel. Although they typically do not come into close contact with incarcerated individuals, they routinely have contact with members of the community and our clients. Therefore, we believe that they should also be assured access to vaccines. In the interim, vaccinating public defenders, appointed lawyers and their incarcerated clients will go a long way towards reducing exposure to court personnel and other members of the community who are uniquely at risk of contracting the virus.

Members of CPDA have seen both clients and colleagues die as a result of exposure to this virus. Prioritizing incarcerated individuals, public defenders, and appointed attorneys for immediate access to the COVID-19 vaccine will protect not only them but the entire community, and ensure that legal services are delivered as seamlessly as possible to the indigent accused and the public as a whole. Thank you for your consideration of our concerns.

**Jennifer Friedman, President, California Public Defenders Association**

I am writing on behalf of the California Public Defenders Association. The California Public Defenders Association (CPDA) is a statewide organization of approximately 4000 public defender attorneys, private defense attorneys, investigators and other allied professionals. Members of CPDA represent indigent individuals charged with crimes across the state, many of whom are held in local jails, juvenile and immigration detention facilities while their cases are pending trial.

The State of California is in the midst of a major outbreak of the COVID-19 virus. Hospitals across the state are at capacity and the number of new cases continue to rise. Unfortunately, the roll-out of the COVID vaccine in this state has been slow relative to many other states. Nevertheless, the courts of this state remain open to handle criminal cases and public defenders

must continue to represent their clients, many of whom are incarcerated in county jails and living in conditions in which the spread of the virus is rampant. Public Defenders represent the poor, those with physical and mental impairments and individuals who are homeless. Public Defenders visit their clients in homeless shelters, treatment facilities, immigration detention, and other congregate living facilities. The clients we represent are poor and largely people of color who have been disproportionately affected by COVID- 19.

As I mentioned in my previous letter, public defenders have been considered essential workers throughout the pandemic. They have been required to go to work, appear in court, communicate with, and visit their clients in county jails. Many public defenders have fallen ill with COVID-19, some very seriously. A few county health departments understanding the role of public defenders in the justice system, and their vulnerability to COVID-19, have included public defenders in IB Tier 2 for vaccination distribution, but many have not. Indeed, Los Angeles and Riverside Counties, two of the hardest hit counties in the state have failed to include public defenders along with people in manufacturing, transportation and commercial sheltering and other essential services in IB Tier 2.

I am writing to ask that state government add public defenders to the list of essential workers included in IB Tier 2 so that they may remain healthy and continue to provide the essential services required of them. Members of CPDA have seen both clients and colleagues die as a result of exposure to this virus. Including public defenders among other essential workers will protect not only the public defenders, but the entire community and it will help ensure that legal services continue to be provided to the indigent accused and that the justice system continues to operate. Thank you for your consideration of our request.

**Hon. Donald J. Proietti, Presiding Judge**

I am the Presiding Judge of the Merced County Superior Court. I write to urge you to increase the priority for vaccination given to the clerks, lawyers, bailiffs, judges, commissioners, court staff, and others who work in our state's courthouses.

Every day, public defenders meet face-to-face with clients; court clerks deal directly with the public; prosecutors confer with witnesses; Interpreters meet in close quarters with lawyers and clients; and judges and commissioners preside over busy courtrooms in which all of the foregoing appear. Regardless of the precautions we might take, the nature of our work—which involves talking to different groups of people all day indoors—puts us at risk. If court employees don't get vaccinated soon, courts will have to shut down.

Court employees work every day to provide due process to those accused of crimes, issue emergency protective orders to victims of domestic violence, decide child custody and family law matters. and resolve urgent business disputes so that our economy can keep going. What we do is essential. It is essential that we get vaccinated.

Please consider reclassifying court officers, staff and justice partners into a higher category.

## **Naomi Falk**

I am a Los Angeles County Deputy Alternate Public Defender and have been a public defender for almost twenty years. For the last nine months, I and my colleagues have been in constant contact with our incarcerated and homeless clients. I frequently have to go back into the jail lockup in the antiquated court house in which I work. In the lockup, there are many incarcerated defendants in two holding cells who are unable to socially distance. Often, many of them are not wearing masks. While some will put on the masks when asked, many of my mentally ill clients do not understand the importance of wearing a mask and are unable to keep a mask on. The lockups are not ventilated and there is no glass or plastic separating me from my clients- we are breathing the same air. I have to go into lockup to speak to clients because there is nowhere else to do it and I cannot adequately represent them without having a private, attorney-client discussion. I continue to do this because my clients deserve to be adequately represented.

I am overweight, pre-diabetic, asthmatic, and I have had two prior bouts of pneumonia with resulting lung damage. I am a high risk individual should I contract COVID 19. I am also a single parent and the sole provider for my family. I continue to work every day, because I believe in what I am doing and because I need to work to provide. If I were to become sick, it would be catastrophic for my family and would jeopardize my ability to care for my daughter.

All indigent defense lawyers should be given priority for a vaccine. We should be in Group 1B with our incarcerated and homeless clients and with anyone who works in the jail facilities. We are just as much at risk as those groups.

## **Tiela Chalmers, CEO and General Counsel, Alameda County Bar Association**

I am writing on behalf of the Alameda County Bar Association. We have 1400 attorney members, including private criminal defense attorneys.

We understand that you will soon be deciding how to prioritize access to the Covid-19 vaccines available in California and in our county. Of course, we recognize that health care workers and other first responders must receive the vaccines first, as well as those incarcerated and in a heightened vulnerable situation.

We also understand that District Attorneys, Public Defenders, and members of the conflict counsel panel will be included in one of the early phases. We hope that you will consider adding private criminal defense attorneys who are currently involved in court appearances and in-person jail visits.

As you probably know, Public Defenders and conflict counsel provide representation when the accused is unable to afford an attorney. Private criminal defense attorneys represent people who are able (themselves or with the help of family) to afford an attorney. Private counsel must make Court appearances, visit clients at the jail, and sometimes interview witnesses, just like Public Defenders and conflicts counsel. The Alameda County Superior Court is trying to conducting

hearings and trials remotely. There are, however, many instances where both the defendant and their attorney must physically appear in court in order to have a meaningful hearing/trial. In addition, the jail and prisons are not equipped with sufficient technology to meaningfully allow attorneys to visit with their clients remotely. Of course, our local jail and nearby prisons have had serious outbreaks of Covid-19. Our criminal courthouse, too, has had a number of cases and exposures.

We are not asking for a finding that all attorneys are “essential workers,” but we are requesting that private criminal defense attorneys with active cases in Alameda County be included in the same tier of vaccination eligibility as District Attorneys, Public Defenders, and conflict counsel.

The Alameda

County Bar Association stands ready to help to identify who those attorneys are, if that would be helpful.

Extending the vaccine to the private criminal defense bar will not add large numbers of people to the priority list, and will have a disproportionate impact on slowing the spread of the disease among court personnel, attorneys, judges, and the families in our community.

### **Julia Bredrup**

Please record as a public comment that public defenders should be vaccinated as part of group 1B. These essential workers have been required to report to courtrooms and jails for work throughout the pandemic (they are the only members of the court staff who are required to visit lockups and jails where Covid cases are rampant). It is offensive that florists, for example, are currently in line for vaccinations earlier than public defenders. This makes no sense, both as a matter of morality and public health. Those who are at the greatest risk of contracting Covid (ie public defenders) should be vaccinated ASAP.

### **Susan K., A concerned citizen**

I am writing to implore you to consider including Public Defenders to be vaccinated in 1B. The job is a necessary public service and brings considerable exposure with the public. Please help these people do their job with added safety and protection.

### **Ken Fang**

As a retired LA County Public Defender of 31 years, I am well aware of the health risks faced by the lawyers in the Public Defender’s Office, from the close contact with clients in custody to the contact with the public and court personnel on a daily basis. I urge that Public Defenders be vaccinated in Phase 1B.



### **Shane Crowell**

My friend is a Public Defender for Los Angeles County and is in direct contact with high risk groups, while working in jails and courts. PD's are considered essential emergency work, yet they are not listed in any priority group. I urge you to add Public Defenders to the 1B group.

My friend is a single mom of an only child. She needs to be able to protect herself and her daughter while defending those who are incarcerated.

### **Murray Meyer**

Hello I am a criminal defense attorney, a member of the ICDA - representing indigent defendants not represented by the public defenders, and I have as much need for the vaccine as any other health care worker or public defenders. I am in the same courts, the same jails as the public defenders and have contact with the same people.

### **Maryanne G. Gilliard, Judge of the Superior Court; Member, Board of Directors, Alliance of California Judges**

I am a judge of the Sacramento County Superior Court and a director of the Alliance of California Judges. On behalf of the 700 members of the Alliance, and with the approval of our president, Judge Steve White, I write to urge you to increase the priority for vaccination given to the clerks, lawyers, bailiffs, judges, commissioners, and others who work in our state's courthouses.

For me, getting sick at a courthouse is not just an abstract possibility. As I write these words, I am seriously ill with COVID-19. I believe my illness to be work-related. On New Year's Day, I drove myself to the emergency room and was diagnosed with viral pneumonia with "extensive crushed glass" throughout both lungs. My blood oxygen level dipped to 79. Two weeks later, I'm still recuperating. I have difficulty breathing. My head hurts every time I move my eyes. Every day is a struggle to maintain my oxygen level.

Sadly, I am hardly the only court worker suffering from COVID-19. There are currently 61 cases among the staff in one Los Angeles courthouse alone. Two interpreters, one clerk, and one public defender have died of COVID-19 in L.A.

Every day, public defenders meet face-to-face with clients; court clerks and attendants deal directly with the public; prosecutors confer with witnesses; interpreters meet in close quarters with lawyers and clients; and judges and commissioners preside over busy courtrooms in which all of the foregoing appear. Regardless of the precautions we might take, the nature of our work, which involves talking to different groups of people all day indoors, puts us at risk. If court employees don't get vaccinated soon, courts will have to shut down.

What happened to me shouldn't happen to anybody who serves the public in a courthouse. Court employees work every day to provide due process to those accused of crimes, issue emergency protective orders to victims of domestic violence, decide child custody and family law matters, and resolve urgent business disputes so that our economy can keep going. What we do is essential. It is essential that we get vaccinated.

Please consider reclassifying court staff into a higher category.

**Alameda County Public Defender's Union, Local 21 IFPTE, Kern County Public Defender's Union, SEIU Local 521, Los Angeles County Public Defender Union Local 148 – Political/Legislative Action Committee, Los Angeles County Office of the Alternate Public Defender, Maryam Khorasani, President of Tulare County Government Lawyers Association of Workers; Professional Association of Fresno County Employees (P.A.C.E.) Bargaining Unit 31 – Public Defenders Association; Riverside County, RCAA Public Defender's Union Sacramento County Attorney's Association; San Diego County Public Defenders Association; San Luis Obispo Defenders, Primary Contract Public Defender Santa Clara County Government Attorneys Association**

We write on behalf of the over one thousand public defenders working in Alameda, Kern, Los Angeles, Tulare, Fresno, Riverside, Sacramento, San Diego, San Luis Obispo, and Santa Clara Counties. Throughout the pandemic we have performed our roles as essential workers in courtrooms and custodial lock-ups throughout the state, but now that the time has come to distribute COVID-19 vaccinations, we have not yet been given the same frontline essential worker designation as law enforcement agents and corrections officers. Public defenders should receive the COVID-19 vaccination alongside other frontline essential workers slated to be inoculated in the Phase 1b vaccination group, because we are indisputably essential. Prioritizing public defenders for early access to the vaccine will protect the communities we serve and ensure that legal services are delivered as seamlessly as possible to the public as a whole.

Public defenders are attorneys who represent indigent people who are facing criminal charges. The Public Policy Institute of California estimates that four out of five people charged with felonies in California are represented by public defenders.<sup>1</sup> This statistic underscores what we public defenders know to be true – our work is vital to protecting the fundamental rights of the majority of nearly 6 million people who are charged with criminal cases in California each year.<sup>2</sup> The essential nature of the work of public defenders is enshrined in both the United States and California Constitutions. The law makes clear that so long as poor people are arrested, held behind bars, and prosecuted with crimes, there must be public defenders standing beside them to fight against the injustices of the system and to safeguard their liberty and well-being.

We have been showing up to do our important work every single day of this pandemic. When the state entered its initial COVID-19 shutdown in March of 2020, we traveled on eerily vacant roads and freeways, keeping our public defender identification cards close at hand so we would be able to prove to anyone who thought we were flouting the state's orders that we are what we always have been – essential. In those terrifying early days of the pandemic, we advocated in

busy courtrooms where we interacted closely with our clients, their loved ones, and other members of the community. We conducted interviews with our clients held in custody, carefully

---

1 Sonya Tafoya & Viet Nguyen, *California's Criminal Courts*, PUB. POL'Y INST. OF CAL. (Oct. 2015), <https://www.ppic.org/publication/californias-criminal-courts/#:~:text=Most%20criminal%20cases%20are%20traffic%20violations&text=Courts%20must%20appoint%20public%20defenders,out%20of%20five%20felony%20defendants>.  
2 JUDICIAL COUNCIL OF CALIFORNIA, 2020 COURT STATISTICS REPORT, intro. (2020), [https://www.courts.ca.gov/documents/2020-Court-Statistics-Report\\_Introduction.pdf](https://www.courts.ca.gov/documents/2020-Court-Statistics-Report_Introduction.pdf).

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

Please find the attached letter renewing our support for educators having access to vaccines as early as possible. With the federal government urging states to include a broader population in the distribution process, we underscore the need to include the education workforce among the first within the Phase 1b priority. Help us remove a major roadblock to reopening schools for in-person instruction much sooner than if the state merely increases the availability of testing and contact tracing.

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)

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 quickly and successfully distributed to school employees.

**L. K. Monroe, President, California County Superintendents Educational Services Association; Alameda County Superintendent of Schools; Wes Smith, Executive Director, Association of California School Administrators; Tatia Davenport, Executive Director, California Association of School Business Officials; Vernon Billy, Executive Director, California School Boards Association**

On behalf of the undersigned statewide educational organizations, we write to urge your Administration to prioritize the vaccination of California's educators within Phase 1b. We understand the rationale for the federal government urging states to make the vaccine available to additional groups within the adult population. However, we urge the state to ensure that the education workforce is among the first within the Phase 1b priority in order to protect a critical part of the state's educational and economic infrastructure and remove perhaps the biggest roadblock to reopening schools for in-person instruction much sooner than if the state merely increases the availability of testing and contact tracing. In short, we ask that you work closely

with local education agencies to ensure inoculations for education and childcare workers remains a top priority.

Recent discussions at past Community Vaccine Advisory Committee (CVAC) meetings have indicated there are logistical hurdles when vaccinating subgroups by occupational sector versus age. We maintain that the education sector is uniquely primed to offer seamless vaccinations to our staff at worksites, or with first in line status with community vaccinations. Schools can readily notify employees when their designated appointment will take place, whether on school campuses in areas such as cafeterias, parking lots, or fields that can be utilized to provide the proper 6 feet between patients while they rest after inoculation, or in community vaccination centers.

We applaud the state's conclusion that vaccinating educators will have an immediate societal impact and help mitigate the severe inequities experienced by children and their families during this pandemic. With a limited vaccination supply, coupled with a much larger population being included in Phase 1b, we worry that distribution will now favor healthcare providers notifying all their eligible members causing a rush to stand in line, rather than an intentional vaccination schedule that includes doses for educators.

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. Vaccinating our educators early is a key component to making this a reality in California. Our organizations and membership stand ready to immediately facilitate the necessary communication and logistics that will ensure a seamless, expedient inoculation schedule for our employees.

### **Emily See, Carpinteria**

You have undoubtedly one of the hardest jobs in the state right now and I appreciate the work that you and your staff are doing to keep everyone safe.

I'm writing to ask you to consider prioritizing people working in education for covid vaccines over a strictly age-based system.

Opening schools (and keeping them open) is essential to returning to a semblance of normal. Without schools, children's mental health is suffering and parents are struggling to work—whether they are working remotely or not.

For schools to function we need teachers and staff to be healthy. Since many educators are young, shifting to age-based vaccinations could mean many would be unvaccinated even into the start of the next school year in the fall.

All data points to the fact that workplace outbreaks are a major factor in spreading covid. On the other hand, many older people are retired and it is easier for them to isolate because they do not have to leave the house for work each day.

As we move into what we all hope will be a rainy spring, and it becomes unfeasible to hold classes outside, it will be even more important that teachers have a strong level of immunity and can continue classes indoors. As it is, a single exposure can paralyze an entire school as everyone quarantines.

### **Gaylin Allbaugh**

My name is Gaylin Allbaugh and I am a School Board member from the Solana Beach School District. I am writing to voice my support for the CONTINUED focus and priority on ensuring ALL of the Kindergarten-12th grade staff inclusive of classified, certificated and ALL OTHER school district employees are categorized within the 1A group for the COVID-19 immunization group. These employees are not only truly essential workers to provide necessary education for our children as well provide the invaluable linchpin that allows our entire community to function (parents can go to work when students go to school). If we do not immunize our teachers immediately and with thoroughness, we will continually find ourselves 'back to square one' with outbreaks of COVID-19 in the halls of our schools and education facilities. We absolutely need to ensure these employees are immunized NOW. Thank you for the opportunity to provide public comment.

### **Jon Koegler**

I'm wondering if we can receive some clarification on when staff and faculty at large private and public universities and colleges in LA county will be able to receive vaccinations. Does Phase 1B Tier 1 include these individuals, along with K-12 staff and teachers? I know many of these institutions are eager to bring undergraduate and graduate students back to campus. Any clarity you can provide on this in a future meeting would be great!

### **Jamie Mauhay, Esq., Director, External & Governmental Affairs, Head Start California**

Head Start California represents the 147 Head Start grantees in California and the over 100,000 children and families they serve. We are writing to thank you for including child care workers in Phase 1B, Tier 1 of the vaccine distribution plan. Child care professionals, including Head Start teachers and staff, have worked tirelessly since the beginning of the pandemic to ensure our children and families continue to receive quality care and education. Head Start staff have endured increased COVID-19 exposure, pandemic-related closures and increased costs for providing care.

Child care has always been an essential support for our economy, allowing California parents to work. Now more than ever, California needs to sustain access to child care services to help our most vulnerable families return to work. Access to child care is crucial to that goal.

As you prepare to allocate the COVID-19 vaccinations over the next several weeks, we would like to share information that may inform your decision-making regarding how many vaccines Head Start programs in California may need. According to the 2019 Program Information Report (PIR) from the Office of Head Start (the most recently available), Head Start programs employ approximately:

- 10,634 Early Head Start staff serving children aged 0-2
- 18,095 Head Start staff serving children aged 3-4

In addition, the association can help amplify and re-broadcast guidance and messaging from CDPH regarding how Head Start programs should coordinate vaccinations for their staff. Please let us know how we can help.

Thank you for your ongoing support for our Head Start children, families, and staff members. Head Start California remains committed to partnering together to ensure equitable and safe access to the COVID-19 vaccines as we move forward to building back our communities through this pandemic.

**Linda Asato, Executive Director, California Child Care Resource and Referral Network**

I am writing to urge the State of California, in partnership with local public health departments, to confer with child care resource and referral agencies (R&Rs) in each county to assist with the planning of disbursement of COVID-19 vaccinations to California's child care workforce. While some counties have entered Phase 1B, Tier 1B and opened up vaccination to child care providers, the process of making an appointment, as well as the appointment times available, make it nearly impossible for providers to schedule and attend a vaccination appointment. We are also aware that verification of providers can be hard to know if you are unfamiliar with this field.

Child care providers, also essential workers, have remained open throughout the pandemic, putting themselves and their families at risk of COVID-19 infection. In fact, many have become ill, and some have died. Nonetheless, they provide the care that other frontline essential workers so desperately need, as well as other workers as more businesses have been allowed to operate.

Child care providers are overwhelmingly women of color who earn low wages. Home based providers in particular, provide care that is available during non-traditional hours, including nights and weekends, allowing medical and other frontline professionals to leave their children with the provider they know and trust. However, vaccination clinics tend to only operate during traditional working hours, and communication with this population can be challenging. California needs to be intentional in providing vaccinations during the times the child care workforce is available.

Child care resource and referral agencies have time and again proven themselves to be essential partners in responding to disasters. In this pandemic, they were extremely effective in distributing \$50 million worth of cleaning supplies, PPE and stipends to child care providers. They are deeply rooted in their communities, affording them the privilege of being trusted messengers to a diverse community of child care providers, which is also important to combat vaccine hesitancy. Furthermore:

- A child care infrastructure exists across the state with key local partner agencies that are important coordinating and community points of contact in each county. Vaccine administrators in each county should tap the expertise of their county R&Rs, First 5 Commission, and Local Child Care Planning Council. These local level entities are also connected across the state agencies, and have direct relationships with state departments (ex. DSS child care licensing, and the Department of Education, First 5 CA Commission), child care unions and other associations to help reach individual providers.
- R&Rs have a direct relationship with the state Child Care Licensing Division so they have the contact information for each licensed provider (Family Child Care Home or center based) in their county/assigned area, making it easier to verify who is a child care provider. They can communicate with Centers that can help identify staff working or who will return to work. This contact with providers can help DPH and local partners conduct outreach, help in planning for ideal administration strategies to reach child care providers, track interest in the vaccine, and possible assistance to follow up with the second dose as necessary.
- R&Rs work with child care payment programs that are in contact with providers caring for children, including school age license exempt centers, who are legally exempt from licensing as they receive public child care subsidy funds. First 5s support family resource centers that also have contact with license exempt providers who have direct contact with families, and R&Rs have contact with nanny agencies (from Trustline, background check program), and organized camps.
- R&Rs have a regular communication mechanism to reach providers (to update where child care spots exist). R&Rs are a provider's trusted messenger, whom they look to for resources such as training and information. Trust is important to encourage people to become vaccinated.

In short, R&Rs can help local DPH identify and plan for successful scheduling, mobilizing and organizing to make it easy for providers to be vaccinated en masse. By including R&Rs in vaccine distribution plans, each county can have a clearer understanding of how to best use the existing community system to mobilize this sector of essential workers. R&R staff can be key in identifying the best time and locations of vaccine distribution for providers, and help get that vital information out to the community. Because they have accurate contact data on which providers are currently available to care for children, they can also help prioritize by geography, and notify each and every provider, and encourage them to take the vaccine.

To borrow words from Governor Newsom, California's R&Rs are ready to meet the moment. Please utilize them to more quickly and effectively distribute vaccines to our child care workforce.

**Meredith Johnson, HR Director, Sierra Nevada Journeys**

I am the HR Director of a non-profit organization, Sierra Nevada Journeys, operating in Sacramento and Portola California and in Reno Nevada. I am emailing you today to request consideration to include our Sacramento based employees in Phase 1B Tier 1 of the vaccination distribution under the classification of education. We work in almost 300 classrooms annually from the majority of the schools districts in Sacramento County.

Our mission is to support classroom teachers by delivering innovative outdoor, science-based education programs for youth to develop critical thinking skills and to inspire natural resource stewardship. To achieve our mission, Sierra Nevada Journeys offers a range of programs in northern California and Nevada:

- Our credentialed science teachers deliver innovative curriculum for first-through-sixth-grade students, teaching in the classroom and leading one-day field science expeditions in the Sacramento and Reno areas.

We are reaching out as part of our commitment to in-person teaching to fulfill our mission and support the educators in the local schools that we serve.

**Allison Gingold, Board Chair; Cliff Berg, Legislative Advocate; and Julie Zeisler, Executive Director, Jewish Public Affairs Committee of California**

On behalf of the Jewish Public Affairs Committee of California (JPAC), we would like to thank you for your tremendous efforts to keep California safe during the COVID-19 pandemic. Your leadership and actions to protect the lives of our citizens is greatly appreciated. We write to you now regarding the release of guidelines for the operation of residential/overnight camps in California in summer 2021.

The Jewish Public Affairs Committee of California (JPAC) is the largest single-state coalition of Jewish organizations in the nation. We advocate in Sacramento on behalf of a diverse representation of the California Jewish community, which includes Jewish Federations and Jewish Community Relations Councils, Jewish Family Service agencies, and many other Jewish community organizations that advocate for and directly serve the California Jewish community and the people of California at large. Our member organizations collectively serve over 1,000,000 people of all backgrounds each year.

For more than 100 years the camp industry has served California's children and youth by promoting physical and mental health and wellness, social and emotional learning, leadership skills, physical activity and environmental stewardship, all of which are needed now more than ever. Camps employ thousands and provide critical professional development experience for



counselors, who are often college students. Unfortunately, since organized residential camps were officially closed by the State of California in March, the industry has received no guidance from the State on when they can resume operations, and this type of business is not listed in California's Blueprint for a Safer Economy. While camps can request a variance to operate as a day camp or hotel-style rental facility, currently no path exists to re-open their primary mode of business.

We urge you to direct the California Department of Public Health to issue guidance for the re-opening of children's resident organized camps. The State has issued reopening guidelines for preschools and early childhood centers, ensuring that they were able to reopen and stay open safely. Many of our member organizations have paid close attention to reopening guidelines issued for preschools and early childhood centers, indeed helping those local institutions reopen safely, and we would appreciate the same attention paid to residential camps. With rigorous testing and screening prior to arrival and while in session, camps can create a protected environment where children can thrive that is actually safer than day camps or schools. For example, in Maine, over 20 residential camps safely operated last summer. Day camps in California operated last summer with guidance from CDPH and little to no COVID transmission. California resident camps stand ready and willing to apply lessons learned by resident camps from across the nation and day camps from right here in California to provide positive, life-changing experiences to the thousands of California children who have already lost so many formative moments to this pandemic. If California does not re-open residential organized camps, many treasured institutions will be forced to go out of business. Thousands of children and counselors will miss out on life-changing experiences.

JPAC is working closely with the California Collaboration for Youth, a collaborative of youth serving organizations whose purpose is to advocate for public policy to positively impact the development of California youth. Members of the collaboration include: The American Camp Association, the Western Association of Independent Camps, the Christian Camp and Conference Association, the Salvation Army, Guided Discoveries, Boy Scouts of America, and Boys and Girls Clubs, and are supported by hundreds of camps around the state. We have attached a list of the typical annual planning timeline many camps employ to prepare for the summer season, and we urgently request that you consider these timelines as you develop the guidelines for residential/overnight camp experiences in 2021. We also ask that the individuals developing these guidelines have access to industry recognized best practices and insights from camp professionals who implemented the [Field Guide for Camps on Implementation of CDC Guidance](#), as they were able to operate safely in 2020, mitigating risk and spread of COVID, while protecting campers, staff and local communities. We would be happy to provide data, information and support in developing state guidance, based on lessons learned from camps that operated successfully from summer 2020. As an example, the CDC published the report *Preventing and Mitigating SARS-CoV-2 Transmission — Four Overnight Camps, Maine, June–August 2020*.

Again, we respectfully urge you to direct the California Department of Public Health to issue guidance for the re-opening of children's resident organized camps as soon as possible to give summer camps the time to plan and prepare for opening. Registration for many camps is already open, and camps are incurring regular expenses without a path to re-open. The industry cannot

wait to receive guidance from the State. Together we must ensure the availability of irreplaceable camp experiences for this generation by providing time away from technology and opportunities for social emotional learning in a safe and supportive environment where kids can be kids.

### **California Collaboration for Youth**

The California Collaboration for Youth is a collaborative of youth serving organizations whose purpose is to advocate for public policy to positively impact the development of California youth. Members of the collaboration include: The American Camp Association, the Western Association of Independent Camps, the Christian Camp and Conference Association, the Salvation Army, Guided Discoveries, Boy Scouts of America, and Boys and Girls Clubs, and are supported by hundreds of camps around the state.

Today, we are collectively writing to you regarding the release of guidelines for the operation of residential/overnight camps in California. As business owners, operators, directors, non-profit leaders, and parents in the communities we serve, we fully understand that the pandemic prevents any operation of these programs at the present time. Please know, we are asking that the guidelines be released sooner than later to allow camps to prepare for next summer. Together, we have attached a list of the typical annual planning timeline many camps employ to prepare for the summer season, asking with urgency that you consider these timelines as you develop the guidelines for residential/ overnight camp experiences in 2021. We also ask that the individuals developing these guidelines have access to industry-recognized best practices and insights from camp professionals who implemented the Field Guide for Camps on Implementation of CDC Guidance as they were able to operate safely in 2020 mitigating risk and spread of COVID, while protecting campers, staff, and local communities. We would be happy to provide data, information, and support in developing state guidance, based on lessons learned from camps that operated successfully from summer 2020. As an example, the CDC published the report Preventing and Mitigating SARS-CoV-2 Transmission — Four Overnight Camps, Maine, June–August 2020.

For more than 100 years the camp industry has served California’s children and youth by promoting physical and mental health and wellness, social and emotional learning, leadership skills, physical activity, and environmental stewardship. Together we must ensure the availability of irreplaceable camp experiences for this lockdown generation by providing time away from technology and opportunities for social-emotional learning in a safe and supportive environment where kids can be kids.

### **[California Collaboration for Camps PDF](#)**

**COVID-19 Farmworker and Rural Immigrant Community Advocacy Coalition: Alianza Coachella Valley; California Rural Legal Assistance Foundation; Center for Community Advocacy; Central Valley Immigrant Integration Collaborative (CVIIC); Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO); Dolores Huerta Foundation; Health4Kern/Faith in the Valley; Lideres Campesinas; Mixteco/Indígena Community**

## **Organizing Project (MICOP); TODEC; UFW Foundation; Vision y Compromiso; West Modesto Collaborative**

### California's Vaccination Plan Needs to Guarantee that Farmworkers, Their Families and Agricultural Communities Receive Vaccinations

We are relieved that California has restated its commitment to keeping agricultural workers in Phase 1B, Tier 1 of the vaccination distribution. We continue to advocate that vaccine priorities take into account occupational, demographic, community, and household risk, so vaccines reach farmworker communities in an expeditious manner. The new "statewide standard" will hopefully reduce the great disparities among agricultural counties as to how they prioritize farmworkers and their communities.

A number of the community-based organizations (CBOs) signing this letter have been working locally with partners such as, public health departments, Boards of Supervisors, community clinics, unions, medical schools, and agricultural employers to develop pilot mobile vaccination projects to get farmworkers vaccinated. However, most counties have not yet triggered the prioritization of farm workers in Phase 1B, Tier 1; of those that have, a very small number of vaccines was allocated for this essential workforce. Unfortunately, all the collaborative efforts have been stymied by the paucity of vaccinations allocated to counties.

Since it is easier to serve an age-based group at a large, centralized vaccination center, than it is to reach small groups of farmworkers in the fields, the limited supply of vaccines is used up quickly on the mass efforts. Farmworkers face many barriers in scheduling appointments and transportation to mid-week, daytime clinics in distant urban centers. Moreover, time away from work means lost income.

To reach farmworkers where they are – in their communities – we request that the State:

- allocate a certain number of vaccinations on a county by county basis for farmworkers and their families.
- partner with community and migrant health clinics and farmworker-serving CBOs on the ground to ensure that essential workers are vaccinated.
- track the actual vaccines administered by community and occupation to assist in ensuring that vaccines are getting to farmworker communities.
- fund a culturally and linguistically appropriate outreach and education campaign to begin now to overcome barriers and reluctance to obtaining vaccinations when available.

We continue to advocate that vaccine priorities should include the communities in which farmworkers live. The Healthy Places Index, upon which California relies for its Health Equity Metric, identifies the highest risk communities. Our colleagues have also developed an even more robust data tool that identifies census tracts with high numbers of farmworkers from the American Community Survey data. We are happy to share that tool with the Committee and any local health jurisdictions. This tool can help in determining how many doses are needed in each neighborhood or community, identifying the Federally Qualified Health Centers (FQHC) that serve the area and what partnerships with grassroots organizations might be needed to augment vaccination outreach.

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

**Noe Paramo, Legislative Advocate, CRLA Foundation**

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

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

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

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

For vaccine administration to be effective, outreach and education through trusted messengers (e.g. community health promoters, community based organizations and promotoras, community clinics, labor groups, faith-based communities) should begin now, as vaccines are rolled out. To overcome the fears of cost, health consequences, as well as the barriers of language, immigration status and public charge, distance and time, a targeted educational campaign is long overdue. We appreciate the Committee's efforts and want to ensure that our agricultural workforce, their communities and families are protected from COVID-19. Our food supply depends on it.

**Bruce McPherson, Chair, Santa Cruz County Board of Supervisors**

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

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

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

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

**Benjamin Slade**

I'm writing to emphasize the importance of prioritizing food sector workers, especially in the fields and processing facilities. This sector in California is critical as it provides the nation with 1/3 of vegetables and 2/3 of fruits are grown in California per the California Dept of Food and Agriculture.

In addition, many ag and food sector employees live in multi-generational housing. This would help protect the elderly as well. One thought is to reach out directly to the insurance carrier, Western Growers. They are specifically an insurance carrier for the Ag industry. They can help provide contacts for companies to aid in getting the farm workers and food processors get the vaccine quickly.

**Kevin Reed, Founder & President The Green Cross**

The Green Cross commends you for ensuring every Californian has a voice in vaccination.

Founded in 2004, The Green Cross prides itself on its "patients first" mantra and compassionate approach to cannabis. Legally permitted by the state of California and the City and County of San Francisco, The Green Cross has operated at its current retail storefront location at 4218 Mission Street since 2013. Our store provides patient education, neighborhood safety services, and low-priced quality medicine. In addition to retailing cannabis products and accessories, The Green Cross manufactures edible cannabis products under the IncrediMeds brand.

On March 19, 2020, Governor Newsom issued Executive Order N-33-20 directing all residents to stay home except as needed to maintain operations of essential critical infrastructure sectors to protect public health and wellbeing. At that time, cannabis workers were deemed essential, including production, distribution, and dispensing.

Over the last ten months, cannabis industry workers have provided essential medicine to thousands of Californians daily. Despite health and safety measures instituted at employers' expense, this work has been performed with inherent risk. Our store sees hundreds of patients daily, with large portions of our member base being the immune-compromised and elderly.

As state and local health departments determine who should be next in line to receive COVID-19 vaccinations, we ask that decision-makers include the cannabis essential workforce under Phase 1B, Tier One of the rollout. Clarifying that this includes cannabis workers would assure our patients and staff they are protected.

The health and safety of our workers, who have worked throughout this global pandemic, depend on your swift action.

**Jeff Grev, Vice President, Legislative Affairs, Hormel Foods**

On behalf of Hormel Foods and our food production operation(s) we are reaching out to share information as each state prepares for Phase 1b vaccination to include essential food production workers. Hormel Foods and/or our subsidiaries have food production operations that have been deemed essential in California where we have 650 employees, 431 employees in Hayward, 111 employees in Lathrop; and the remaining 105 at various California locations. Because essential food production workers are part of Phase 1b vaccine distribution, we wanted to provide information to help you account for our team members in this next phase.

Our employees at Columbus Manufacturing's two locations managed by Doug Bame...; and Swiss American Sausage Company managed by Mike Camerena... have been working tirelessly to ensure food is available throughout the pandemic. These team members work at a food manufacturing facility that operates up to seven days a week and may have as many as three production shifts. We have onsite medical professionals who have been conducting COVID testing and who are able to help administer the vaccine, as well as sufficient space to designate for safe and effective vaccine administration. In addition to this letter, our production plant managers are reaching out to their local health department contacts to share our employee counts and other relevant details.

We are proud of our KEEP COVID OUT! campaign and our COVID pay program, both leading initiatives that have helped us do our part to keep our team members and our communities safe. As we move to this next phase of vaccine administration, we have already begun communicating in support of the vaccine as we educate our team members about its safety and efficacy. We expect strong participation by our workforce.

We have a vaccine advisory committee and human resources professionals who stand ready to help with organization and administration.

**Michael A. Podue, Chairman, ILWU Coast Safety Committee and Curtis J. Shaw, Chairman, Employer Coast Safety Committee**

We write to respectfully request your assistance in prioritizing and securing sufficient COVID-19 vaccine for essential dockworkers in West Coast Ports.

As we continue to weather the current COVID-19 surge, port workers contracting COVID-19 could have disastrous consequences for the movement of goods, food, and medical supplies that Americans are depending upon in this time of crisis. This includes especially critical pandemic response goods, medical equipment, and more. Over the past month, we have seen a significant increase in cases of West Coast dock workers falling ill, taking the exposed individuals out of the workforce, further exacerbating the constraints on supply chains.

The International Longshore Warehouse Union (ILWU) and the Pacific Maritime Association (PMA) employers have jointly worked to take steps to address COVID-19 prevention through collective bargaining agreements to keep workers safe on the docks, while they serve to ensure the continued movement of critical supplies and other goods. We believe, however, that the most effective solution is to get these dock workers, of which there are approximately 23,000 in the 29 U.S. West Coast ports, vaccinated as soon as possible.

Therefore, we ask that state health officials move up the essential dock workers currently in the Phase 1B tier 2 designation in order to prioritize these workers for the early receipt of the COVID-19 vaccine.

**Kevin Shea Administrator, Animal and Plant Health Inspection Service, USDA**

This letter is intended to clarify where the U.S. Department of Agriculture's (USDA) mission critical workforce should be included in State vaccination plans. As noted in Secretary Perdue's letter to governors in December, USDA personnel are essential to securing the safety of the Nation's food supply.

On December 20, 2020, the Advisory Committee on Immunization Practices (ACIP) updated its interim COVID-19 vaccine allocation recommendations. These recommendations have been published by the Centers for Disease Control and Prevention<sup>1</sup>, and state that, in Phase 1b, the

COVID-19 vaccine should be offered to persons aged  $\geq 75$  years and non-health care frontline essential workers.

The ACIP used guidance<sup>2</sup> from the Cybersecurity and Infrastructure Security Agency (CISA) of the U.S. Department of Homeland Security to define frontline essential workers as those likely at highest risk for work-related exposure to COVID-19, because their work-related duties must be performed on-site and in close proximity to the public or coworkers. The CISA guidance specifies regulatory and government workforce to be among the frontline essential workers in the food and agriculture industries.

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

- *Food Safety and Inspection Service*: Meat, poultry, swine and egg inspection, investigation, district office personnel, and related laboratory services.
- *Animal and Plant Health Inspection Service*: Inspection of live plants and animals; managing animal and plant disease programs; and veterinary, aviation and laboratory services in support of these operations.
- *Agricultural Marketing Service (AMS)*: Commodity grading and market news reporting performed by AMS employees.
- *And, similarly qualifying functions in other USDA agencies.*

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

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

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

While the COVID-19 vaccine is not mandatory, USDA frontline employees are encouraged to get it, and we trust that the States will ensure priority is given to these essential workers, as appropriate.

<sup>1</sup>[https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e2.htm?s\\_cid=mm695152e2\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e2.htm?s_cid=mm695152e2_w)

<sup>2</sup>[https://www.cisa.gov/sites/default/files/publications/ECIW\\_4.0\\_Guidance\\_on\\_Essential\\_Critical\\_Infrastructure\\_Workers\\_Final3\\_508\\_0.pdf](https://www.cisa.gov/sites/default/files/publications/ECIW_4.0_Guidance_on_Essential_Critical_Infrastructure_Workers_Final3_508_0.pdf)



## **Peter Tateishi, CEO, Associated General Contractors of California**

The Associated General Contractors of CA is a member-driven organization with approximately 1,000 companies statewide, specializing in commercial construction. From reliable utilities that keep us safe and an Internet that keeps us connected, to safe roads for first responders to travel and emergency medical facilities to care for loved ones – California’s ability to live, work, and maintain a sense of normalcy is based on the built environment that the Construction Industry provides. It is because of this positive and irreplaceable impact, that our industry has been deemed essential since the inception of the current COVID-19 public health pandemic.

To mitigate the risk of COVID-19 exposure and create a safe working culture for the Construction Industry, employers have set forth many changes to everyday procedures such as staggered shifts, daily disinfecting plan, COVID-19 Exposure, Prevention, and Response Plans, as well as Investigation Procedures. However, due to the unique nature of work, there are times when “social distancing” imposes a greater risk to the safety of employees in construction. This requires employees to be within close proximity of each other and with third parties making the COVID-19 Vaccination for the Construction Industry highly important.

Requests to the Community Vaccine Advisory Committee:

1. Clarify Construction Industry will be in Phase 1B Tier 2 of Vaccine Distribution

In your January 6th meeting, the Community Vaccine Advisory Committee verbally recommended that the Construction Industry be included in Phase 1B Tier 2 under industrial, residential, and commercial sheltering facilities and services. We believe this timeline is appropriate and accurate for the Construction Industry and we appreciate that this Committee thinks so too. We kindly ask the Community Vaccine Advisory Committee:

- *Ensure the Construction Industry remains classified under the Phase 1B Tier 2 Timeline criteria.*
- *Include in all guidelines and directives clear written specification that “Construction Industry employees” are in fact included in the Phase 1B Tier 2 timeline criteria. This includes any documentation that is provided/released in your upcoming January 20<sup>th</sup> meeting with respects to CVAC recommendations and presentations so that we may help ensure our members about the Vaccine Distribution timeline.*

2. Provide clarification or guidance on a Standardized Construction Employer COVID-19 Vaccine Rollout Plan

The Construction Industry has a unique structure in the multiemployer space. Construction employers in California cover many different counties across the state making it difficult to follow 58 different county rollout plans. We would like guidance or clarification on how construction employers are meant to direct their employees to receive the COVID-19 Vaccine to ensure the effectiveness of distribution so employees can return to work in a safe and timely manner. We kindly ask the Community Vaccine Advisory Committee:

- *Take the unique structure into consideration and establish an identification process for construction employees.*
- *Help provide guidance to the Construction Industry on a standardized Construction Employer COVID-19 Vaccine Rollout Plan.*

We are grateful for this Committee's leadership and guidance during this unprecedented and uncertain public health crisis. The ability for the Construction Industry to deploy its workforce more safely and confidently after vaccination will help ensure the State's built environment can continue to help mitigate some of these negative impacts. We believe that the Construction Industry is vital to the success of California and are confident in our ability to continue safe and essential operations through Phase 1B Tiers 2's, vaccine distribution.

Updated Response: The Associated General Contractors of California is a member-driven organization with nearly 1,000 companies statewide, specializing in commercial construction. From reliable utilities that keep us safe and an internet that keeps us connected, to safe roads for first responders to travel and emergency medical facilities to care for loved ones – California's ability to live, work, and maintain a sense of normalcy is based on the built environment that the construction industry provides. It is because of this positive and irreplaceable impact, that our industry has been deemed essential since the inception of the current COVID-19 public health pandemic.

In your January 6<sup>th</sup> meeting, the Community Vaccine Advisory Committee recommended to include the construction industry in Phase 1B Tier 2 of vaccine distribution under Industrial, Commercial, Residential, and Sheltering Facilities, of California's Essential Workforce Sector Index. We believed this timeline was appropriate and accurate for the construction industry and we appreciated the validation by the Committee and the State of California. Earlier this week, the Committee and the State announced its plans to shift gears to an age-based eligibility approach to vaccine distribution after vaccinating the education and childcare, emergency services, and food and agriculture sectors. While we understand this data-driven decision and believe it is essential to vaccinate those workforces listed and 65+, we are concerned that the construction industry, a critical member of the essential workforce, will be forgotten in the distribution plans moving forward.

To mitigate the risk of COVID-19 exposure and create a safe working culture for the construction industry, employers have set forth many changes to everyday procedures such as staggered shifts, daily disinfecting plans, COVID-19 exposure, prevention, and response plans, as well as investigation procedures. However, due to the unique nature of our work, there are times when "social distancing" imposes a greater risk to the safety of employees in construction. This requires employees to be within close proximity of each other and with third parties thus making the COVID-19 Vaccination for the construction industry highly important.

To this end, we kindly and respectfully ask this Committee to consider the importance and priority of having workers in the construction industry vaccinated and, to prevent any ambiguity, provide clear, written directives that include employees in the construction sector for the State's COVID-19 vaccine distribution plans moving forward.

We are grateful for this Committee's leadership and guidance during this unprecedented and uncertain public health crisis. The ability for the construction industry to continue deploying its workforce safely and confidently after vaccination will help ensure the State's built environment can continue to help mitigate some of these negative impacts. We believe that the construction industry is vital to the success of California and are confident in our ability to continue safe and essential operations through vaccination.

**Sharon Leidecker, DVM**

Veterinarians and their staff are no longer in Phase 1 A for Covid-19 vaccinations.

Even with curbside service, veterinarians cannot always social distance from their staff since latter must restrain our patients for examinations, treatment.

Thus staff members are often in close proximity to each other.

Therefore, I am requesting that veterinarians and their staff be placed back in the Phase 1A tier for vaccination priority.

**Wendy Greuel, Chair, LAHSA Commission and Heidi Marston, Executive Director, LAHSA**

On behalf of the Los Angeles Homeless Services Authority (LAHSA) and the Los Angeles Continuum of Care (LA CoC), we are writing to request consideration of all direct and non-direct service staff in congregate shelter settings for Phase 1A allocation of the COVID-19 vaccine. Staff in congregate shelter settings are on the frontlines of the COVID-19 health emergency, providing essential services to people experiencing homelessness. Protecting their health is critical to sustaining the health and safety of California's homeless residents and reducing strain on our local healthcare systems.

Congregate residential facilities, including shelter for people experiencing homelessness, face increased risk of exposure to COVID-19 compared to housing or non-congregate settings. However, as it stands, non-clinical staff in congregate shelters are ineligible for Phase 1A priority, despite direct risks of infection exposure. We encourage the California Department of Public Health (CDPH) to release guidance addressing the critical need to prioritize vaccine access for all staff in congregate shelter settings.

In Los Angeles County, congregate shelter settings are the leading source of confirmed COVID-19 cases and outbreaks in the homeless population.

- Of the 5,717 confirmed COVID-19 cases among people experiencing homelessness in Los Angeles County, 25.5% of individuals are suspected to have been in emergency shelter at the time of exposure.

- To date, there have been 791 confirmed COVID-19 cases among staff and volunteers in shelter settings, including congregate shelters. Of that total, 11% of cases among staff (85) were confirmed during the week of January 5, 2021 alone.
- Nearly half of all COVID-19 cases in the Los Angeles County homeless population were reported after December 1, 2020 (3,125), mirroring the alarming increase in infection rates countywide.

The known health risks associated with congregate shelters are amplified by the racial disparities and medical vulnerabilities present in the population. People experiencing homelessness are at increased risk of hospitalization and death from COVID-19, due to higher rates of underlying health conditions. The role of systemic racism in homelessness also contributes to the particular vulnerability of this population. COVID-19 has brought to bear the stark health inequities that have led to higher rates of serious illness and death in Black, Latinx, and Indigenous communities. This has profound effects on our homeless populations. Nearly 40% of California's homeless population identifies as Black and African American, despite comprising just 6.5% of residents statewide. Consequently, we also request consideration of people experiencing homelessness for prioritization within Phase 1B, Tier 1 allocations.

From the onset of COVID-19, congregate shelter staff have assumed frontline responsibilities to control transmission of the virus and safeguard the health of our homeless populations. Infection control measures, including daily monitoring of participant health and routine disinfecting practices, were immediately adopted, allowing people experiencing homelessness to follow recommended public health protocols and have access to a continuum of services during this crisis. The unwavering service of congregate shelter staff has been instrumental in maintaining low rates of transmission in the population, particularly early in this pandemic, helping slow community spread and reducing strain on local healthcare systems. Prioritizing vaccine distribution for staff participating in direct and non-direct services, including custodial support, enables everyone to continue their work safely and ensure the continuity of homeless services during this pandemic.

Additionally, we commend CDPH for its commitment to the equitable distribution of the COVID-19 vaccine and stand in partnership in mitigating health inequities that disproportionately affect Black, Latinx and Indigenous Californians. In that spirit, we strongly believe that the prioritization of all congregate shelter staff for Phase 1A advances CDPH's goals and principles of health equity. The guidance currently excludes non-clinical staff in congregate shelter facilities who have responsibilities for participant care but lack the requisite health credentials and licensing for consideration as healthcare workers.

We commend the State of California for its swift action and leadership to prioritize the health and safety of people experiencing homelessness during this pandemic. As CDPH continues to refine guidance on vaccine prioritization, we respectfully urge the consideration of all staff in congregate shelter settings for Phase 1A prioritization to ensure the health of our homeless services systems.

**Todd Schlekeway, NATE President & CEO and Jimmy Miller, NATE Chairman**

On behalf of NATE: The Communications Infrastructure Contractors Association, we are writing first and foremost to let you know that we have written to the Centers for Disease Control and Prevention and the

U.S. Department of Health and Human Services to commend them and, indeed, healthcare workers around the country for the incredible leadership and courage displayed in combating the coronavirus pandemic. We strongly support the CDC guidelines and state COVID-19 policies and are doing everything we can to embrace them within the telecommunications tower industry.

As state officials know all too well, the pandemic has dramatically altered the way we live, with so many Americans forced to work, study and play remotely. It would be impossible for people to function – conduct everyday business, bank, learn, utilize telehealth services and simply communicate, all while minimizing exposure – without the wireless and broadband connectivity made possible by telecom technicians. And without the services they provide, our economy, homeland security and safety would be severely compromised.

It is our understanding that while CDC developed recommendations on how the coronavirus vaccines are to be allocated, the final decision is actually the responsibility of the respective health departments in each state. Accordingly, we respectfully request that our industry’s technicians be accorded priority status in the COVID-19 vaccination hierarchy in your state.

Let us be clear. We do not in any way advocate that we should be given consideration before healthcare personnel or vulnerable populations, such as those in long-term care facilities. Given the designation provided by the Cybersecurity and Infrastructure Security Agency that those engaged in communications infrastructure operations, maintenance and restoration are essential workers, though, we believe that we should be included in the Phase 1b status outlined in the CDC recommendations along with other specifically identified frontline and high-priority service sectors as well as the elderly.

NATE is a non-profit trade organization in the wireless infrastructure industry, and is recognized as the tower industry leader in promoting safety, standards and education. We have over 975 member companies (mostly small businesses) that construct, service and maintain hundreds of thousands of communications towers and next generation networks throughout the United States and 12 other countries.

**Darrell Revier, CCEO, President, California Association of Code Enforcement Officers**

The job of a code enforcement officer (CEO) requires regular, close and personal interaction with people from all backgrounds and socioeconomic levels. CEOs throughout the state have been placed into the role of first responders to investigate violations related to the Coronavirus in addition to their regular duties. This added duty places them in a position to provide insight into the effects of the Coronavirus and the needs of our communities. The role of CEOs and the environments they work in provides a unique perspective that we believe may benefit the

California Vaccination Advisory Committee. Therefore, the California Association of Code Enforcement Officers respectfully requests to be added as a member of the California Vaccination Advisory Committee.

The California Association of Code Enforcement Officers (CACEO) represents over 1,700 code enforcement officers from across our great state. Many of those CEOs are now the primary responders to Covid-19 related complaints in their jurisdictions. They are performing essential frontline duties in the fight against the spread of the Coronavirus by enforcing state and local health orders. CEOs interact with people in their homes, in parks and various outdoor recreational venues, in retail establishments, restaurants and most any other place where people and the Coronavirus are found. They also regularly interact with the homeless, which have been proven to be one of the most at-risk groups in our communities to contract and spread Covid-19. Undoubtedly, the role of and the environment in which CEOs work puts them into a position to provide a unique perspective into the fight of the Coronavirus.

The California Association of Code Enforcement Officers would like to extend their assistance in the fight against Covid-19 by participating as a member of the California Vaccination Advisory Committee. We feel that our experiences and perspectives can be of valuable assistance when added to that of the other members of the committee.

### **Matthew Rafferty**

Hi I just want to voice my fear going to work with California and riverside county covid vaccines roll out. I work in public transportation in riverside County. Every week I go to work I fear I will not make it home. California decide to vaccinate school teachers (my daughter will not be going back to school building til August) and 65 years olds before public transportation workers. I feel public transportation should be the first tier.

### **Bolyn Hubby, Ph.D., Chief Corporate Affairs Officer**

We appreciate your leadership during this unprecedented public health emergency, its corresponding stress on our health system, and the many challenges the pandemic poses for Californians' personal and economic health. We also appreciate the efforts of the leaders, staff, and volunteer advisors of the Department of Health (CDPH), the COVID-19 Drafting Guidelines Workgroup, and the Community Advisory Vaccine Committee (CVAC) as we attempt to contain the virus through vaccinations.

Many Vir employees are carrying out essential work in our laboratory in San Francisco, researching and developing treatments for serious infectious diseases including the virus that causes COVID-19. We are hopeful their efforts will lead to new therapies able to prevent infection and reduce hospitalizations throughout California. Our bench scientists are examining new mutations and variants as they are evolving. This is a high-risk endeavor; our dedicated scientists and lab support staff are working directly with live SARS-CoV-2 virus.

Similar to frontline hospital, health care, and maintenance staff who deploy personal protective equipment and other safeguards to ensure as safe an environment as is possible, our laboratory staff follow cornerstone biosafety practice guidelines – the Biosafety in Microbiological and Biomedical Laboratories (the BMBL). The BMBL establishes biosafety levels (BSL) to identify safety measures essential to protect workers, the environment, and the public. Nonetheless, given the presence of live SARS-CoV-2 virus at our BSL-3 lab in San Francisco, we believe that their risk exposure – one of the key factors in vaccine prioritization – should move laboratory workers quickly into the Phase IA rollout, particularly in light of new flexibilities you are extending to county and local officials.

As pointed out by Biocom, which represents California’s life science industry, California’s essential workforce definition clearly includes the life science industry on its list of Essential Critical Infrastructure Workers within the “Health/Public Health” sector, specifically mentioned in sections 6 through 8. And, CDPH and CVAC also identify “laboratory workers” as eligible under Phase IA, Tier 3 vaccine prioritization. Unfortunately, it is unclear what is meant by “laboratory worker”, leaving us unsure whether our laboratory staff can be vaccinated under IA, Tier 3.

We look forward to your swift action to address this circumstance. We would be happy to provide more detailed information about Vir’s approach to Covid-19 and precisely what our lab workers are doing to develop effective preventive and treatment drugs.

**Keith R. Schroeder, President and CEO, Novipax**

I am writing to you to request that Novipax Buyer LLC ("Novipax") be considered an essential business operation whereby certain of its employees are deemed eligible to receive priority status for the deployment of the COVID-19 vaccine, as it becomes available in Pennsylvania.

Novipax is based in Oak Brook, IL with our manufacturing sites located in Grenada, MS, La Verne, CA, Paxinos, PA and Rockingham, NC. We are the leading manufacturer of absorbent pads for the protein industry with a market share of approximately 70%, thus our supply of absorbent pads to the protein supply chain is critical to ensuring protein can be delivered to America’s consumers. Our products are used in the packaging of protein and are sold direct to major protein processors and to retail grocery chains. Our products are critical to the protein supply chain as absorbent pads are used in 90% of protein packaging.

On March 16, 2020, the White House published "The President’s Coronavirus Guidelines for America," which states that employees in critical infrastructure industries " have a special responsibility to maintain [their] normal work schedule." <sup>1</sup> The federal government then issued guidance on March 19, 2020, regarding the types of workers that constitute "essential critical infrastructure workers" - i.e., workers "who conduct a range of operations and services that are essential to continued critical infrastructure viability."<sup>2</sup> Among those types of "essential critical infrastructure workers" are the following categories applicable to the Novipax employees whose " normal work schedule" must be maintained and can be further protected by priority access to the vaccine:

- Category 1 - Healthcare / Public Health: "Workers at manufacturers, materials and parts suppliers, ... [and] tissue and paper towel products."<sup>3</sup>
  - o Novipax is a manufacturer of surgical floor pads for use in hospital operating rooms that absorb excess fluids resulting from surgical procedures.
- Category 2 - Food and Agriculture: " Food manufacturer workers and their supplier workers and the production of food packaging".<sup>4</sup>
  - o Novipax's absorbent pad products are used in the packaging of all fresh protein by both meat processing plants and retail grocery chains' inhouse butcher departments. With a 70% share of absorbent food pad market, we are a critical component to protein distribution.
- Category 6 - Critical Manufacturing: " Workers necessary for the manufacturing of materials and products needed for medical supply chains, transportation food and agriculture, [and] chemical manufacturing."<sup>5</sup>
  - o As Novipax's products are used in the packaging of all fresh protein, our workers are necessary for the production of materials needed to ensure an uninterrupted food and agriculture industry.

The State of California's Roll-out Plan for COVID-19 Vaccinations released in December 30, 2020 states that Phase 1B includes the Critical Manufacturing Sector and Food and Agriculture Sector. Novipax's employees at our Paxinos facility qualify under both sectors per the above CISA classification requirements.

Accordingly, Novipax will be able to operate in a more stable manner to produce its essential products if certain of its employees in production and distribution be entitled to priority status to be eligible to receive the COVID-19 vaccine. This would be consistent with (1) federal guidelines regarding the continued operations of businesses falling within a "Critical Infrastructure" sector, (2) State of Pennsylvania's COVID-19 Interim Vaccination Plan, and (3) the orders issued in other states. Continued production of Novipax's products for, *inter alia*, the medical and food and agricultural industry is critical and, because our work is manufacturing, it is necessary for our work to be performed onsite in our manufacturing plants.

Novipax always takes the safety of its employees, customers, and other stakeholders very seriously. Specifically, Novipax has taken significant precautionary measures consistent with current COVID-19 guidelines provided to businesses and employers by the Centers for Disease Control and Prevention, including but not limited to: travel restrictions, visitor restrictions, social distancing practices, increased cleaning frequency, temperature checks, contact tracing and other mitigation measures. Novipax has diligently assessed its essential functions and has implemented flexible and remote worksites to the extent possible. If granted, only workers absolutely necessary to the continued functioning of Igloo's on-site business operations would receive priority eligibility status.

<sup>1</sup> The President's Coronavirus Guidelines for America, THE WHITE HOUSE (Mar. 16, 2020), [https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20\\_coronavirus-guidance\\_8.Sx11\\_315PM.pdf](https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.Sx11_315PM.pdf).



- 2 Christopher C. Krebs, Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response, CYBERSECURITY AND INFRASTRUCTURE SECURITY AGENCY (Mar. 19, 2020), <https://www.cisa.gov/sites/default/files/publications/CI-SA-Guidance-on-Essential-Critical-Infrastructure-Workers-1-20-508c.pdf>.
- 3 *See supra* note 2.
- 4 *See supra* note 2.
- 5 *See supra* note 2.

**Mariana Leon, Human Resources Business Partner, Avantor**

I write on behalf of our 613 essential workers at Avantor in our CA locations to ask for your help in securing priority COVID-19 vaccinations for them. Throughout the pandemic, our CA 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.<sup>1</sup> We also support nearly all vaccines or other therapy candidates for COVID-19 globally.

Avantor's 613 of manufacturing/distribution employees at Avantor 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.<sup>2</sup>

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 Avantor 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 CA.

<sup>1</sup>[https://www.cisa.gov/sites/default/files/publications/Versio n 4.0 CISA Guidance on Essential Critical Infrastructure Workers FINAL%20AUG%2018v3.pdf](https://www.cisa.gov/sites/default/files/publications/Versio%20n%204.0%20CISA%20Guidance%20on%20Essential%20Critical%20Infrastructure%20Workers%20FINAL%20AUG%202018v3.pdf).

<sup>2</sup><https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-11/COVID-04-Dooling.pdf>.

**Jaleh J. Donaldson, Administrative Assistant, Brownstein Hyatt Farber Schreck, LLP**

Cepheid, a California company, is a global manufacturer of PCR-based tests for CoV2 and a Flu A/B/RSV/Cov2 minipanel. Cepheid manufactures these products in Lodi and Sunnyvale 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. Specifically, we have requested that operators on production lines of dx test manufacturers be included under the umbrella of "critical manufacturing workers" in phase 1B. Please see the attached letter that was sent to the COVID-19 Vaccine Drafting Guidelines Workgroup 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 a meeting with the you and Cepheid's Chief Medical and Technology Officer, Dr. Dave Persing to ask for your help in getting these essential workers included in phase 1B.

**Bolyn Hubby, Ph.D., Chief Corporate Affairs Officer, Vir**

We appreciate your leadership during this unprecedented public health emergency, its corresponding stress on our health system, and the many challenges the pandemic poses for Californians' personal and economic health. We also appreciate the efforts of the leaders, staff, and volunteer advisors of the Department of Health (CDPH), the COVID-19 Drafting Guidelines Workgroup, and the Community Advisory Vaccine Committee (CVAC) as we attempt to contain the virus through vaccinations.

Many Vir employees are carrying out essential work in our laboratory in San Francisco, researching and developing treatments for serious infectious diseases including the virus that causes COVID-19. We are hopeful their efforts will lead to new therapies able to prevent infection and reduce hospitalizations throughout California. Our bench scientists are examining new mutations and variants as they are evolving. This is a high-risk endeavor; our dedicated scientists and lab support staff are working directly with live SARS-CoV-2 virus.

Similar to frontline hospital, health care, and maintenance staff who deploy personal protective equipment and other safeguards to ensure as safe an environment as is possible, our laboratory staff follow cornerstone biosafety practice guidelines – the Biosafety in Microbiological and Biomedical Laboratories (the BMBL). The BMBL establishes biosafety levels (BSL) to identify safety measures essential to protect workers, the environment, and the public. Nonetheless, given the presence of live SARS-CoV-2 virus at our BSL-3 lab in San Francisco, we believe that their risk exposure – one of the key factors in vaccine prioritization – should move laboratory workers quickly into the Phase IA rollout, particularly in light of new flexibilities you are extending to county and local officials.

As pointed out by Biocom, which represents California's life science industry, California's essential workforce definition clearly includes the life science industry on its list of Essential Critical Infrastructure Workers within the "Health/Public Health" sector, specifically mentioned in sections 6 through 8. And, CDPH and CVAC also identify "laboratory workers" as eligible under Phase IA, Tier 3 vaccine prioritization. Unfortunately, it is unclear what is meant by "laboratory worker", leaving us unsure whether our laboratory staff can be vaccinated under IA, Tier 3.

We look forward to your swift action to address this circumstance. We would be happy to provide more detailed information about Vir's approach to Covid-19 and precisely what our lab workers are doing to develop effective preventive and treatment drugs.

**Kelly Mabry, FujiFilm Irvine Scientific**

Our Company is supporting multiple bioPharma companies working on both vaccines and therapies targeted at COVID-19 within Operation Warp Speed. We would like to request support for our essential employees critical to manufacturing and that they be put in-line for vaccination.

We have identified only the essential personnel needed to support Operation Warp Speed which number 239 people (currently) for our Santa Ana, CA location that we would like to make the vaccine available to at the earliest opportunity. Can you assist us in getting this organized?

I would like to set up a call with our Chief Operating Officer and President Tim Mullane if possible.

**Saul R. Smith, CEO Mesh Logistics, Inc.**

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

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

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

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

Mesh employees face a high risk of exposure to COVID-19 and must work on-site to support Mesh's critical operations. For example, Mesh employees include routing administrators, fill bin coordinators and workers, staging workers, and shipping and receiving workers. These employees are responsible for coordinating the separation of products, handling and loading products, replenishing of product flow racks, sorting and counting products to be picked up and delivered, off-loading orders from conveyor belts onto pallets, and other manual logistics operations. While the company has adopted stringent protocols for masking and social distancing, these employees are often working in groups or have unavoidable interactions with each other.

Mesh employees also meet the criteria identified by the ethical principles of the CDC's phased allocation of the COVID-19 vaccines for essential workers are to:

- (1) Maximize benefits and minimize harms. The CDC recognizes that essential workers are at high risk of exposure and that prevention of COVID-19 will reduce its transmission. Further, vaccinating essential workers preserves services essential to the COVID-19 response and overall functioning of society. Additionally, the CDC points out that half of essential workers are older than forty (40) years of age, which is demonstrated amongst the demographics of Mesh's employees.
- (2) Promote justice. The CDC recognizes that persons have a greater risk of exposure if they:
  - (a) are living in multi-generational households; (b) are unable to work from home; (c) have a high level of interaction with public or others in the workplace; (d) may be unable to control social distancing; and (e) frequently interact with others in the workplace. Many of Mesh's frontline employees cannot perform the essential functions of their jobs remotely or virtually and have a greater risk of exposure despite the Company's stringent protocols for masking and social distancing. Further, over half of Mesh's employees are living in multi-generational households and provide the primary source of income.
- (3) Mitigate health inequities. The CDC recognizes that racial and ethnic minority groups are under-represented and experience disproportionate COVID-19 related hospitalization and death rates. In fact, the CDPH launched a Health Equity Dashboard as part of its commitment to reduce these health inequities. The Health Equity Dashboard tracks California's health equity measure and data by race and ethnicity, sexual orientation, and gender identity. As of the date of this letter, the Latino population leads all cases and deaths associated with COVID-19 in California among ages 0-80 years old. Nearly ninety-eight percent (98%) of Mesh's employees are Latino.

Through their positions as essential workers, Mesh's employees are at a higher risk of contracting and transmitting the virus and widening the health inequities that California seeks to actively combat. The DHS, CCD, CDPH and Los Angeles County have recognized the important role played by essential workers like those Mesh employees who are working at the ports of Los Angeles County. We urge you to continue these recognitions and include all of Mesh's employees, regardless of age, in Phase 1B Tier Two of the phased allocation plan of the COVID-19 vaccines.

**Dean Naccarato, Chief Legal Officer, NEP**

On behalf of NEP Group, Inc. ("NEP" or the "Company"), an employer with operations in California, I write to request that California Department of Public Health (the "Department") include certain NEP employees in either its Phase 1B or Phase 1C and allow them to receive the COVID-19 vaccine as early as possible. NEP seeks priority consideration based on its status as a global communications and IT and media company that is performing an essential function to society during the pandemic and because its employees must perform these essential functions in congregate settings of hundreds- if not thousands-of people.

NEP ([www.nepgroup.com](http://www.nepgroup.com)) is a worldwide outsourced production partner supporting premier content producers of live sports, entertainment, music and corporate events. The Company has provided on-site production services for events since early in the pandemic, broadcasting (among other things) professional and college sporting events, which has helped American society maintain some semblance of normalcy throughout the pandemic. Many of NEP's employees must be present at event sites to perform their duties, without which the event would not be able to function or, at minimum, be broadcast to the masses.

NEP employees should be in California's Phase IB , Tier 2 for vaccine distribution as workers in congregate settings with outbreak risk or Phase IC as employees of a communications and IT and media company, for at least these three reasons:

1. NEP plays a critical role in the communications and media sectors because it employs individuals who must appear at sports and entertainment venues and are essential for those events' ability to function and broadcast;
2. NEP provides an essential service to the public in being an essential contributor to the production of sports and entertainment events and broadcasts, the continuation of which has played an important part in maintaining a sense of normalcy during and an escape from the fraught times brought on by the global pandemic; and
3. NEP field employees are at elevated risk of contracting COVID-19 due to their required presence at venues where hundreds or thousands of people congregate.

NEP recognizes that other groups- such as healthcare workers and in particular those verifiably exposed daily to the virus- should take precedence over NEP's employees and does not ask to skip the line over those workers and others similarly situated. Instead, the Company simply asks the Department to consider NEP and certain of its employees' essential function to society along with the risks its employees undertake daily in furtherance of that function.

NEP appreciates your consideration of its request on this important matter. The Company welcomes the opportunity to discuss this matter further and would be willing to provide additional information should the Department and the Drafting Guidelines Workgroup need it to make its decision.

## **Hock Tan, Chief Executive Officer Broadcom Inc.**

Since its founding in 2005, Broadcom Inc. (“Broadcom”) has been proud to call the State of California its home. This is the finest state in the nation to do business. Our campus at 1320 Ridder Park Drive in San Jose serves as the headquarters for the worldwide operations of our Fortune 150 company. We take great pride in the fact that it is right here in California that our more than 5000 highly-educated and highly-skilled workers across eight different local sites (consisting of more than nearly two million square feet of lab and office space) design and develop the essential infrastructure that connects our modern society. Our products and technology are so ubiquitous that we estimate that 99% of all internet traffic crosses a Broadcom product somewhere on its journey. Indeed, the unprecedented increase in online activity as people work and educate their children from home has highlighted the importance of the critical technology that we create here to power the infrastructure that makes all of that possible. Broadcom stands together with the State of California to provide the scaffolding upon which the security and welfare of our country stands.

From the onset of the coronavirus outbreak, Broadcom has made the health and safety of its workforce, and the community at large, its highest priority. Early on, we proactively engaged an industrial hygienist to guide us as we invested nearly \$30 million dollars to make it safe for our workers to continue to deliver on our commitments to our many customers who were counting on us to help them maintain and protect our essential critical infrastructure. Notwithstanding that investment, however, we continue to operate in a reduced capacity as many of our employees continue to work from home. Never having done this before in the history of our company, we are not in the position to know whether this will impair the reliability of our products and services and therefore imperil the functioning of the very same infrastructure that relies on us.

Now, therefore, as government authorities begin the complex process of distributing and administering limited supplies of the COVID-19 vaccine, we are writing to request that you consider the vital role that workers in our industry, including the employees of Broadcom, play in the California economy and in providing the critical components for medical devices, our telecommunications infrastructure and other equipment that are vital to health care, our economy and our national security.

Consistent with public health guidelines, we fully endorse the need to prioritize making available the state’s limited vaccine supplies first to health care workers, long-term care residents and other medically vulnerable populations, as well as other essential workers such as first responders currently identified for receipt of the vaccine in Phase “1A.” As more vaccine doses become available and distribution transitions to Phase 1B and beyond, we ask for your help in advising those organizations responsible for making such decisions to consider the importance of vaccinating workers in those industries like ours who cannot perform their work remotely and who are part of the global supply chain that provides products essential to our collective response to the pandemic. The CDC recently recommended prioritizing frontline essential workers, including manufacturing, in the distribution process and we request your inclusion of our employees in this category.

Since the inception of the pandemic, county, state and federal authorities have identified workers in the semiconductor industry as essential critical infrastructure workers. Broadcom has twenty-five different businesses that span the entire communications and enterprise universe from end to end. Broadcom's chips are not just in smartphones – they are used in the global, national, and local infrastructure. They enable access to the internet, computing services, business infrastructure, communications and a whole host of web-based services. In fact, in addition to all of the enterprises, service providers, financial institutions, technology and other companies who depend on us to meet our commitments to deliver our products to them, our nation's military, intelligence community, law enforcement, first responders and medical community also rely on our technology every day.

Indeed, it is with pride that I note that Broadcom's motion coders and LED products are used in ventilators, that our optical sensors are used in a wide variety of contactless applications like infrared thermometers and that our encoders and optocouplers are a part of the industrial automation processes used to manufacture the face masks, glass vials and syringes that health care professionals employ to save the lives of those infected with the COVID-19 virus. These devices and other equipment containing our products are inside the very medical facilities that are on the front lines across the country in the fight against the coronavirus pandemic itself. And, I would also note that it is our Bluetooth engineers who are working here in California who helped to develop contact tracing applications being deployed in mobile phones by customers like Apple that are helping people track exposure to those who test positive for the virus.

Given the vital importance of these technologies, we ask for your support for the appropriate prioritization of our workers who must be present at the work site – such as engineers and scientists requiring the use of specialized equipment for research and development, technicians and maintenance personnel in our laboratory and manufacturing facilities. Our ability to ensure the continuity of the operations of our business which is an integral part of the essential critical infrastructure is at risk and so, for these reasons, we ask you to consider the important role of our employees as you weigh in on plans to administer the vaccine.

**Michael Pimentel, Executive Director, California Transit Association**

On behalf of the California Transit Association, I write to you today to register our concerns with the state's new plan for transitioning from a sector-based to age-based distribution of the COVID-19 vaccine. The plan, announced earlier today, would transition to an age-based distribution of the vaccine following the prioritized vaccination of individuals age 65 and over, and workers in health care, emergency services, food and agriculture, and education. In doing so, the plan would effectively eliminate the prioritization of workers in transportation and logistics under Phase 1B – Tier 2, which includes our industry's transit frontline workers, and which we actively supported.

These workers and the services they provide were deemed essential at the start of the pandemic and will play a vital role in facilitating equitable access to the vaccine moving forward.

Since the start of the pandemic, California's public transit agencies have transported essential workers to their jobs in health care, education, food service and hospitality. Survey data has

found that these essential workers cannot work from home and are overwhelmingly people of color and/or low-income, tracking closely with the findings of the ridership surveys our members have conducted during the pandemic, which also show that many of today's riders lack access to a personal automobile.<sup>1</sup> Additionally, public transit agencies have continued to provide critical services, like paratransit service, to elderly and disabled people throughout California, often serving as a lifeline to grocery stores, doctor's appointments, pharmacies, and recreation.

Public transit agencies have also continued to fill important gaps in state and local emergency and social services. For example, as of the drafting of this letter, transit agencies are:

- Actively coordinating with their county offices of emergency services to prepare for, and facilitate, evacuations from wildfire sites and the resulting debris;
- Developing plans with local school districts for eventually transporting students, facilitating the reopening of schools;
- Transporting individuals to COVID-19 testing sites as well as individuals who test positive to medical facilities for treatment; and,
- Delivering food to seniors, through partnerships with Meals on Wheels.

These roles combined demonstrate clearly that our frontline workers, who cannot work from home, are interacting daily with the very people the state has elevated for prioritization in its new plan. Moreover, these roles highlight the reality that, in communities across the state, transit agencies are providing services that undeniably align with the services provided by the few sectors that would still benefit from the limited sector-based distribution under the new plan. Unfortunately, with no opportunity to comment on, or to inform the development of, the new plan, transit frontline workers, will not receive the same access to COVID-19 vaccines as those providing these similar services.

In closing, the state has long broadcast its intent to facilitate an equitable distribution of the COVID-19 vaccine. The Association support this policy goal fully, but would argue that to be equitable, the plan must identify more than just the populations that would receive prioritization and actively consider how Californians will reach their vaccination sites. For many low-income people, disabled individuals, seniors, communities of color, and essential workers, accessing the vaccine will require a trip on a bus, rail car or paratransit vehicle. It would be unfortunate for the state to not ensure that those trips are as safe as possible for the rider and the transit frontline worker by ensuring transit frontline workers are vaccinated. I, therefore, respectfully urge you to reconsider the age-based distribution plan in one of the two following ways: preserve the current sector-based distribution that makes a commitment to transit frontline workers under Phase 1B – Tier 2; or elevate transit frontline workers to equal consideration in the limited sector-based distribution in the new plan alongside individuals age 65 and over and workers in health care, emergency services, food and agriculture, and education.

I appreciate that, during these times, you must wrestle with difficult decisions, but I hope you will strongly consider our request.

---

<sup>1</sup> "Exposure on the Job – Who Are the Essential Workers Who Likely Cannot Work from Home?" Brookings Institute. <https://www.brookings.edu/research/exposure-on-the-job/>



**Michael Hursh, General Manager, Alameda-Contra Costa Transit District; Robert Powers, General Manager, San Francisco Bay Area Rapid Transit (BART); Jim Hartnett, General Manager/Executive Director, San Mateo County Transit District/Caltrain; Evelyn Tran, General Counsel & Interim General Manager/CEO; Santa Clara Valley Transportation Authority; Jeanne Krieg, Chief Executive Officer, Tri Delta Transit; Rick Ramacier, General Manager, County Connection; Denis Mulligan, General Manager, Golden Gate Bridge, Highway and Transportation District; Michael S. Tree, General Manager, Livermore Amador Valley Transport Authority; Nancy Whelan, General Manager, Marin Transit; Kate Miller, Executive Director, Napa Valley Transportation Authority; Jared Hall, Transit Manager Petaluma Transit; Rachel Ede, Deputy Director, City of Santa Rosa Transportation and Public Works; Jeffrey Tumlin, General Manager, San Francisco Municipal Transportation Agency; Bryan Albee, Transit Systems Manager Sonoma County Transit; Seamus Murphy, Executive Director Water Emergency Transportation Authority; Farhad Mansourian, General Manager, Sonoma-Marin Area Rail Transit; Joan Malloy, City Manager, Union City Transit; Diane Feinstein, Transportation Manager, City of Fairfield; Beth Kranda, Executive Director Solano County Transit; and Charles Anderson, General Manager, Western Contra Costa Transit Authority**

On behalf of the undersigned Bay Area public transportation operators, we would like to register our concerns with the state's decision to move away from a sector-based approach and adopt a new age-based distribution for the COVID-19 vaccine.

On Monday, your administration announced the state's new plan would transition to an age-based distribution of the vaccine following the prioritized vaccination of individuals age 65 and over, and workers in health care, emergency services, food and agriculture, and education. In doing so, the plan effectively eliminates the prioritization of public transit workers within Phase 1B – Tier 2.

For several weeks, our agencies have actively followed the state's evolving distribution methodology and provided feedback to the Department of Public Health's Drafting Guidelines Working Group and Community Vaccine Advisory Committee. Locally, we have engaged our county health departments to ensure transit, paratransit, and school transportation workers are prioritized for the vaccine along with other essential workers, and many of us are supporting efforts to accelerate the pace of vaccine administration while ensuring equitable distribution.

Throughout this pandemic, transit workers have provided a safe and reliable means of transportation for low-income individuals, persons with disabilities, seniors, communities of color, and essential workers. Much like health care professionals and the sectors within Phase 1B – Tier 1, transit workers provide an essential service, cannot work from home, and must interact with the public during their duties. Bay Area operators coordinated to develop the Riding Together: Bay Area Healthy Transit Plan and continue to make every effort to protect the health and safety of our riders and employees.

In closing, we respectfully urge you to reconsider the age-based distribution plan in one of two ways: preserve the current sector-based distribution that includes transit workers under Phase 1B – Tier 2; or elevate transit workers to equal consideration in the new plan alongside individuals age 65 and over and workers in health care, emergency services, food and agriculture, and education. Prioritizing transit workers for vaccination will help ensure the state’s recovery is aided by a healthy workforce ready to carry a growing number of individuals to vaccination sites, school, work, and other essential activities.

We recognize the very difficult decisions you are tasked to make as Governor and hope you will strongly consider our request.

**Michael Hursh, General Manager, AC Transit**

Thank you for the ongoing efforts of you and your team during the COVID 19 pandemic and your tireless support for our communities. I write to you today urging that the Health Care Services Agency include all AC Transit staff in Phase 1B, Tier 1 of the County’s COVID-19 vaccine rollout plan, along with educators, so that our children can safely return to schools when they reopen.

AC Transit continues to provide safe, efficient and reliable bus service to those who rely on us every day, even during these challenging times. Our riders include seniors, people with disabilities, the working poor, and those seeking medical care or transportation to their essential jobs. Since its formation in 1960, AC Transit has also provided home-to-school bus service to students across our entire service area, from Fremont to San Pablo. This “supplementary” service is provided over and above the bus service provided to the general public, and thousands of families rely on it to get their children to and from school.

Prior to the declaration of a pandemic last March, AC Transit transported 30,000 students to and from school every school day. Many of the families and students who rely on it are from the same low- income, Black and Latino communities that have borne the brunt of the pandemic. Not having access to this essential service as schools begin to reopen risks further disadvantaging these already vulnerable communities. As the County Health Care Services Agency makes plans to inoculate educators and support the reopening of schools, we urge you to include AC Transit staff in Phase 1B, Tier 1 of the vaccination schedule, alongside essential workers in the education sector.

During a recent meeting of the California Department of Public Health’s *Community Vaccine Advisory Committee*, it was noted that while the transportation sector is indicated in Phase 1B, Tier 2 of the State’s California’s COVID-19 Vaccine Plan, a school bus driver would be eligible to receive the vaccine as part of Phase 1B, Tier 1 because the service provided is considered part of the education sector. Given that hundreds of school sites, thousands of families, and tens of thousands of students rely on us for transportation during the school year, we urge you to include in Phase 1B, Tier 1 all AC Transit staff working to provide this vital service.

AC Transit's 1,900 frontline workers include bus operators, maintenance technicians, dispatchers, road supervisors, and service workers who keep our buses clean to help slow the spread of COVID-19. They are supported by nearly 280 professional staff. Together, these 2,180 dedicated public servants have continued to provide transportation across the East Bay through the pandemic and are eager to support our region's reopening and recovery.

Including AC Transit's workforce for vaccination in Phase 1B, Tier 1 will ensure that Alameda County has a fully healthy transit system workforce ready to carry students safely back to schools as soon as they reopen. Not having a fully vaccinated workforce will continue to limit our ability to provide this essential service. I urge you to adopt this proposal and thank you again for all that you and your team have done and are doing to protect our communities.

### **Jim Lites, Executive Director, California Airports Council**

On behalf of the California Airports Council (CAC), I am writing to request additional guidance for California's commercial airports regarding vaccination. Per the current distribution structure, the transportation sector, which includes airport employees, is scheduled for vaccination in Tier 2 of Phase B. Before the state reaches this phase, airports have additional feedback and considerations that may expedite the process.

#### **Allow Airports the Option to Vaccinate Workers On-Site**

Frontline essential workers at airports operate in an environment that is prone to high exposure due to permanent indoor interactions with travelers, as well as the fact domestic and international travelers may be arriving from other states or countries that may not have the same protocols in place to reduce transmission. Airports need vaccinations as soon as possible, and as such, would like the option to vaccinate their own workforce. Larger airports in the state have their own medical facilities on-site and others have dedicated space that can be used for vaccinations. Through this concept, airports could receive their own vaccine allocation and contract with local health allies to disseminate vaccinations. Outreach has already begun to engage in this partnership model, and we would strongly support additional guidance from the Community Vaccine Advisory Committee to assert this as an option. This could be an opportunity to vaccinate tens of thousands badged airport employees onsite through a streamlined process.

#### **Clarification on Which Workers are Included in the Transportation Sector**

There are tens of thousands of employees that work at airports outside of those hired directly by the airport; what airports refer to as the badged employee population. This includes our federal partners such as Customs and Border Protection and the Transportation Security Administration. Our federal partners have inquired with airports directly for vaccination schedules of their workforces and have received no other federal guidance. There is also confusion on whether these employees will be included in Phase B, Tier 2 and it would be helpful if clarification is provided. We fully encourage these employees to be included considering the number of domestic and international travelers they are in contact with daily. A decrease in their workforce would be detrimental as it would increase security wait times in terminals, further increasing

exposure. Clarification of workers included in the transportation sector will also help those who need to be vaccinated off-airport. For those individuals, such as airport and airline employees, it would simply require showing their assigned airport badge to confirm they are a transportation worker.

Clarification on County of Residency or County of Employment Airports are requesting clarification on whether vaccines should be administered based on county of residence or county of employment. Many employees reside outside of their county of employment and it is causing confusion with local health officials that are interpreting guidance differently from county to county.

Airports strongly advise that vaccinations for essential workers be based on county of employment to ensure that all critical workers are receiving their dose per the correct schedule.

Thank you for the opportunity to provide comments on this critical issue. Airports are vital to the economy and the movement of goods, including vaccines. It is paramount that we keep airports safe and operational going forward. We stand ready to provide additional information as needed.

Update: On behalf of the California Airports Council (CAC), I write to express strong concern regarding a recently proposed modification to California's vaccine distribution priorities. During the Community Vaccine Advisory Committee's (CVAC) January 20<sup>th</sup> presentation, it was advised that the committee was considering transitioning to an age-based approach, and the next Monday, Governor Newsom announced plans to implement the shift in strategy. We are mindful of the difficulties in place to ensure that vaccines are given to high-risk populations; however, we do not believe it is effective or practical to deprioritize essential workers that have previously been scheduled under Phase B – Tier 2. Regrettably, this new proposal has no indication of when vaccinations will occur for the previously identified essential sectors in Tier 2, even as these frontline workers continue to operate in close quarters with thousands of passengers daily, providing a vital service to the state.

There has never been a pause to operations in the Aviation sector. Airport employees, regardless of local or federal employment, have been on the job continuing to process passengers and cargo for the continuity of the transportation and goods movement sector. These employees cannot work from home and most interactions occur in an indoor environment as they assist passengers and crew members from all over the world. These employees include locally hired airport staff and airline employees, as well as federally hired employees from the Transportation Security Administration (TSA), Customs and Border Protection, and Federal Aviation Administration (FAA - Air Traffic Controllers). All of these employees are critical to keeping the aviation system running and we cannot continue to delay their vaccination. If they are pushed to the back of the line, it will create cracks in the safety, security and efficiency of California's aviation system and critically impede the essential services it provides. Aviation is vital to the state as it provides key services such as air travel for essential employees, as well as cargo movement. Many of California's vaccines have been received through means of air travel, further exemplifying the importance of this sector.

The CAC strongly advises maintaining the previously supported structure of tiers to ensure the vaccination of essential workers that cannot work from home. In addition to maintaining the current tiers, it would be helpful to clarify what types of employees are included, such as TSA, CBP, FAA, etc., and specifically identifying airport and airline employees. Our facilities represent a unique environment where local and federal resources converge. There is currently no federal vaccination plan for these employees working in our state's airports and they need assistance. Airports also stand ready to aid with the vaccine rollout as additional doses become available. As written in our January 18<sup>th</sup> letter to CVAC, many airports have resources available to accommodate administering vaccines to workers onsite, expediting the distribution process. This could be an opportunity to vaccinate tens of thousands of airport workers in California quickly and we would encourage the support of CVAC in this endeavor.

### **Mona J Freels, Emergency Operations Services Manager, San Diego Gas & Electric**

Good afternoon, I am the Emergency Operations Services Manager for San Diego Gas & Electric. Amid an emergency generated by COVID-19, the reliable delivery of energy takes on a critical role. Companies in this sector are crucially important in maintaining the economic and social stability of our community. Hospitals, healthcare facilities, and vaccine distribution sites in particular rely on stable power. To continue to deliver that stable supply of power requires a healthy workforce. As the case rates for the general community rise so too do the case rates for our employees. To avoid a negative impact on our operations due to COVID-19 related absenteeism, it is vital to provide our critical personnel with the vaccination as soon as possible. In most situations where we may find ourselves in an emergency that may affect operations we have the ability to request mutual assistance, however due to the global nature of COVID-19, that option is not readily available. In addition to going above and beyond the CDC COVID-19 guidelines, in March of 2020 we took the unrepresented step of rotating key operators in sequestration in an effort to keep them healthy.

As you know, currently utility workers fall in the 1C vaccine eligibility. Lori Nezhura mentioned in a meeting that we have the ability to request some of our staff be considered in the Essential Services classification to be considered for Phase 1B: Tier 1 vaccine eligibility.

Phase 1B: Tier 1 has Emergency Services is defined below as:

## **Sector index 2. Emergency Services**

### **Essential workforce, if remote working is not practical:**

1. Public, private, and voluntary personnel (front line and management) in emergency management, law enforcement, fire and rescue services, emergency medical services, corrections, rehabilitation and reentry, search and rescue, hazardous material response, and technicians supporting maritime and aviation emergency response.
2. Public Safety Answering Points and 911 call center employees; personnel involved in access to emergency services including the emergency alert system and wireless emergency alerts.
3. Fusion Center employees
4. Workers who support weather disaster / natural hazard monitoring, response, mitigation, and prevention, including personnel conducting, supporting, or facilitating wildfire mitigation activities
5. Workers – including contracted vendors – who maintain, manufacture, or supply equipment and services supporting law enforcement, fire, EMS, and emergency service response operations (including safety equipment, electronic security, and uniforms)
6. Workers responding to abuse and neglect of children, elders and dependent adults.

As I read this I see that some of our critical workers fall into these above listed categories:

- Emergency management (field and management)
- Aviation response
- Workers who support weather disaster / natural hazard monitoring
- Personnel who facilitate wildfire mitigation activities

I am asking you to consider our critical utility workers be eligible for Phase 1B: Tier 1 based on the above definition. We would not make this available to our entire workforce, just those that meet the above criteria which is less than 20% of our staff.

**Meredith Murphy, Property Manager, Bridge Personnel Real Estate**

On behalf of our property management company, I write to thank you for your service during the Covid- 19 pandemic and ask that you consider the essential role of office building personnel as decisions are made related to vaccine distribution.

During this crisis, our employees have remained steadfast in our commitment to our tenants and the public. The vast majority of buildings we manage have never closed, and property owners and managers have continued operations during uncertain times to maintain safe buildings and assure the continuance of essential services. As vaccine prioritization plans are formed in conjunction with the recommendations from the Centers for Disease Control and Prevention, we offer a reminder that property staff at commercial facilities are essential workers.

As the impact of the pandemic was becoming clear last year, the Cybersecurity and Infrastructure Security Agency of the U.S. Department of Homeland Security released, "Guidance on the Essential Critical Infrastructure Workforce." That guidance document identifies the following commercial facilities staff as essential personnel:

Workers supporting the operations of commercial buildings that are critical to safety, security, and the continuance of essential activities, such as on-site property managers, building engineers, security staff, fire safety directors, janitorial personnel, and service technicians (e.g., mechanical, HVAC, plumbers, electricians, and elevator).

As our community continues to address this health and economic crisis, the CRE sector will continue to play a leadership role in controlling the spread of the disease. We stand ready to assist your efforts in any way possible. Thank you for your consideration of this important issue.

**Jennifer A. Carpenter, President & CEO, The American Waterways Operators;  
Christopher J. Connor, President & CEO, American Association of Port Authorities;**

**Captain Jorge J. Viso, President, American Pilots' Association; Aimee Andres, Executive Director, Inland Rivers, Ports & Terminals, Inc.**

On behalf of the American Waterways Operators, the national trade association for the U.S. tugboat, towboat and barge industry; the American Association of Port Authorities, the unified voice of the seaport industry in the Americas; Inland Rivers, Ports and Terminals, Inc., the trade association for the nation's inland waterway, port and terminal professionals; and the American Pilots' Association, the national association for the maritime piloting profession, we write to urge you to prioritize frontline maritime transportation workers in the allocation and distribution of COVID-19 vaccines in California. Currently, California and other states are rightly working to vaccinate front-line health care workers, who run the greatest risk of exposure to the coronavirus, and people in congregate care facilities, who are at highest risk of developing severe disease and complications. As you make plans to begin expanding vaccine access to essential workers, we encourage you to consider the critical importance of the maritime industry to the state and national supply chain.

The American women and men who work onboard vessels on California's waterways and onshore at California's ports and terminals play vital roles in the transportation of critical commodities that enable other essential workers to do their jobs, including the food products and consumer goods that stock store shelves, the pharmaceuticals and medical supplies that hospitals and clinics rely on, the energy cargoes that power the state, and the manufacturing inputs that keep its factories up and running. Their ability to do their jobs safely and continuously have a direct and significant impact on California's and the nation's ability to weather this dual public health and economic crisis.

The work environment of mariners and port and terminal workers makes it particularly important that they receive priority access to the COVID-19 vaccine. Pilots go aboard all foreign vessels transiting our waterways and, since the countries of origin for the crews of these vessels span the globe, are subject to a high risk of COVID-19 exposure. Many mariners live aboard the vessels on which they work, in very close quarters where COVID-19 can spread quickly. Similarly, port and terminal workers routinely interact with mariners and with one another in close proximity and are susceptible to COVID-19 outbreaks. The maritime industry has put in place procedures to minimize the risks of COVID-19 transmission, including screening and testing workers, mandating masking, and frequently sanitizing common areas and surfaces. Notwithstanding these efforts, the inherent risks of COVID-19 transmission in congregate live-work environments and on job sites where social distancing is infeasible increase the urgency of providing protection to this segment of the country's frontline essential workforce.

**Carlos Berry, ASML California Regional Manager**

As an essential business with 2500 employees in the state, we are grateful for the actions your administration has taken to safeguard the health of our workforce and to slow the spread of COVID-19 in California. We also support the steps your administration has taken to prioritize healthcare workers and vulnerable populations during the initial rollout of the COVID-19

vaccine. As those groups become inoculated, we respectfully ask for your consideration of our workforce for the future wave of vaccinations.

ASML develops machines that are key to producing microchips/semiconductors. We have approximately 5,500 employees in over 18 office locations around the United States, including main offices in Chandler, Arizona, San Jose and San Diego, California, Wilton, Connecticut, and Hillsboro, Oregon. ASML is listed and traded on the Euronext and NASDAQ. Currently, ASML has a market capitalization of around \$215 Billion USD, which is comparable to that of Intel Corp. For your information, referenced herein below, please find three (3) newsworthy articles on ASML by the Economist, the WSJ, and the BBC News.

As a part of the CISA's Essential Critical Infrastructure Workforce, ASML's employees design, manufacture and service products used in the semiconductor industry by companies like Intel, Micron, GlobalFoundries, and TI to fabricate microchips/ semiconductors for medical devices, critical infrastructure, and equipment vital to health care and national security. Semiconductors manufactured by our products enable the technologies that support a wide range of medical devices, testing and tracing capabilities, and the delivery of remote healthcare services. Furthermore, ASML's products and services are essential to the information technology infrastructure necessary for enabling remote work and education, and play a key role in virtually all sectors of the economy, ranging from energy and communications to transportation and finance. Even though we are not a well-known company like Apple or Microsoft, ASML is relied upon by the world's leading chipmakers (like Intel, Samsung, and TSMC) to make their chips, which are then used in nearly every industry sector across the country (including healthcare, law enforcement, and national security).

Because our products and services are vital to the information and technology supply chain, and because many of our employees must perform their work on-site (using technology and equipment that is not available remotely), we request that you include ASML's workers as essential workers for vaccine distribution.

As summarized in a recent Semiconductor Industry Association's paper, which is referenced herein below, semiconductors enable the technologies that support a wide range of medical devices, testing and tracing capabilities, and the delivery of remote healthcare services. Given the vital importance of these technologies, prioritizing workers in the semiconductor industry would serve the important objective of ensuring continuity of operations not just for businesses like ASML, but also for the countless businesses whose employees use devices with semiconductors.

ASML is committed to taking all necessary steps to ensure its essential workers remain healthy and safe so its critical technologies can continue to be used in the effort to battle the global pandemic. Consistent with that objective, we ask you to consider the important role played by ASML employees in the semiconductor industry as you prioritize administration of the COVID-19 vaccine.



## **Andres de Armas, President, WASH Multifamily Laundry Systems**

We are writing to request priority access to the COVID-19 vaccines for the frontline essential workers at WASH Multifamily Laundry Systems, LLC, ("WASH" or the "Company"). WASH is a leading provider of laundry facilities management services for apartment properties, condominiums, college and university residence halls, military bases and other multi-housing locations. The Company's specialties include management of multifamily laundry rooms, commercial distribution of laundry equipment, and domestic appliance rentals across the United States and Canada.

WASH employs in excess of 230 frontline essential critical infrastructure workers in Los Angeles and neighboring counties and these employees help repair the laundry equipment across 7,000 locations that over 1,000,000 residents utilize. The Company is taking steps to prepare its frontline essential workers for the vaccination process and we stand ready to assist you in distribution of these important vaccines to our frontline essential workers.

Our employees are considered "Essential" and part of the U.S. Commercial Facilities Sector, which the Department of Homeland Security ("DHS") and the Centers for Disease Control ("CDC") expressly identify as "Essential Critical Infrastructure." The DHS and CDC define critical infrastructure as any "systems and assets, whether physical or virtual, so vital to the United States that the incapacity or destruction of such systems and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters." The DHS and CDC recognize the U.S. Commercial Facilities Sector "includes a diverse range of sites that draw large crowds of people for shopping, business, entertainment, or lodging. Facilities within the sector operate on the principle of open public access, meaning that the general public can move freely without the deterrent of highly visible security barriers."

Our employees face a high risk of exposure to COVID-19 and must work on-site to support WASH'S critical operations; repairing washers and dryers so that residents can do their laundry. Together with its affiliates across North America, WASH and its affiliates' employees include trained technicians that deliver, install and service in excess of 625,000 washers and dryers across 70,000 locations. While the Company has adopted stringent protocols for masking and social distancing, these employees are often working in groups or have unavoidable interactions with each other and the general public.

Our employees meet the criteria identified by the ethical principles of the CDC's phased allocation of the COVID-19 vaccines for essential workers:

- (1) Maximize benefits and minimize harms. The CDC recognizes that essential workers are at high risk of exposure and that prevention of COVID-19 will reduce its transmission. Further, vaccinating essential workers preserves services essential to the COVID-19 response and overall functioning of society. The DHS and CDC have already deemed the U.S. Commercial Facilities Sector such an integral and vital component to the United States that its incapacity or destruction would have a debilitating impact on the overall functioning of society. Individuals across the United States, including front-line

healthcare workers, have continued to rely upon WASH'S equipment for their laundry needs throughout the pandemic.

- (2) Promote justice. The CDC recognizes that persons have a greater risk of exposure if they:
  - (a) are living in multi-generational households; (b) unable to work from home; (c) have a high level of interaction with public or others in the workplace; (d) may be unable to control social distancing; and (e) frequently interact with others in the workplace. Many of WASH's frontline employees cannot perform the essential functions of their jobs remotely or virtually and have a greater risk of exposure despite the Company's stringent protocols for masking and social distancing.
- (3) Mitigate health inequities. The CDC recognizes that racial and ethnic minority groups are under-represented and experience disproportionate COVID-19 related hospitalization and death rates. Racial and ethnic minority groups are also disproportionately represented in many essential industries such as ours.

We stand ready to assist in this important vaccination process. We urge you to include all of our frontline essential workers in the phased allocation plan of the COVID-19 vaccines.

### **Chris Freier**

Please give San Luis Obispo County the correct number virus vaccines they have been allocated. We should not be shorted in number because our case count of people with the virus is low. We as a county have worked to keep the levels low. Don't ignore us!!!

### **Dr. Ed Hernandez, O.D.**

I appreciate your leadership very much during tough times. You asked me to contact you if, from my experience as Chair of Senate Health, I had a helpful suggestion for you. One way to help speed the COVID vaccination process is to allow optometrists to provide vaccinations.

Optometrists currently work at primary care clinics and have the capacity to administer vaccines if they had the legal authority. Additionally, the two optometric colleges all have teaching clinics that see a large volume of patients. The optometric colleges currently have the capacity to store the vaccines and can help speed the process along. When more vaccines with less problematic storage requirements are approved by the FDA, private practice optometrists can further help expand access to COVID vaccines.

Optometrists are in almost every county in California. Often, there is no wait time for an appointment as you might find with other provider types. Optometrists can be particularly helpful in filling the vaccine gap since they see patients that do not usually go to a physician.

Many optometrists have taken the 20-hour training course required by the statute. The course is the same one required for pharmacists and includes training on all vaccines. We have optometrists that are trained and ready to help if we could just lift the legal barriers that exist in California.

In order to administer the COVID vaccine, we think it is appropriate for optometrists to take the same training that is required by statute for optometrists administering other vaccines. Optometrists should complete an immunization training program endorsed by the federal Centers for Disease Control and Prevention (CDC) or the Accreditation Council for Pharmacy Education that, at a minimum, includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines and maintains that training. They should be certified in basic life support and complies with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient's primary care provided and entering information in the appropriate immunization registry designated by the immunization branch of the State Department of Public Health.

If dentists, pharmacy techs, and national guard members can provide vaccinations, why not optometry? The State Board of Optometry supports optometrists being allowed to administer COVID-19 vaccinations.

### **David Pillsbury, Chief Executive Officer, ClubCorp**

As the situation regarding the novel coronavirus (COVID-19) continues to evolve, ClubCorp continues to want to support the State, as well as our communities, however we can. Realizing that the State's vaccination efforts are a huge task, we would like to offer to partner with the State of California to utilize our facilities to add capacity for its vaccination efforts.

ClubCorp is the largest owner and operator of private clubs nationwide with 200+ country clubs, city clubs, athletic clubs and stadium clubs across the county and 430,000 members. We have over 20 available club locations across California (full list of available facilities attached). Because our facilities are designed to accommodate large private events, they are equipped with things that may aid a large-scale vaccination effort. For example, we are able to offer the following facilities and/or services at these clubs:

- Refrigeration/Kitchen
  - Facilities Available: Catering kitchens that can serve large groups of volunteers/healthcare workers during shifts, refrigerators to contain the vaccines.
- Indoor Facilities – WiFi available everywhere
  - Facilities Available: Ballrooms, dining rooms, conference rooms, board rooms, locker rooms, showers, laundry facilities, and audio/visual equipment
  - Opportunities: Command centers for agencies or organizations and relief or relaxation space for healthcare workers, seating space for patients.
- Outdoor Facilities
  - Facilities Available: Parking lots, open space
  - Opportunities: Mobile vaccination units and storage

We're sure there are other opportunities to use our space, and we'd be interested in discussing those with you. As an example, we have worked directly with the Red Cross and other blood centers to host over 125 blood drives at our clubs across the country, including many in California, since the onset of the pandemic. We welcome the opportunity to partner with you in response to this unprecedented national emergency.

### [Club Corp Sites PDF](#)

**Ninez A. Ponce, MPP, PhD, Principal Investigator, California Health Interview Survey Director, UCLA Center for Health Policy Research Professor, UCLA Fielding School of Public Health, Department of Health Policy and Management. The Native Hawaiian Pacific Islander (NHPI) COVID-19 Data Policy Lab at the UCLA Center for Health Policy Research**

As the California Community COVID-19 Vaccination Advisory Committee deliberates over priority areas and populations for vaccine allocation, we present this short memo that summarizes our analysis of the distribution of racial/ethnic groups using the Healthy Places Index (HPI) for the state and California counties. The Native Hawaiian Pacific Islander (NHPI) COVID-19 Data Policy Lab is a Robert Wood Johnson Foundation-funded project dedicated to data analytics and community engagement to accelerate COVID-19 community action and policy responses that protect the NHPI communities in California and across the US.

The HPI is a multidimensional measure of social vulnerabilities at the tract level.<sup>1</sup> It facilitates geographic targeting of policies and resources to populations that live in the most vulnerable tracts. While the HPI is a valuable tool originally developed as a predictor of life expectancy at birth, for smaller racial/ethnic population groups that are geographically dispersed, the HPI may underrepresent their vulnerability for other measures such as those related to COVID-19. Thus, geographic-based measures such as the HPI need to be augmented by other domains such as the proportion of limited English proficiency or language spoken at home residents, per capita income, immigration status, and the proportion of multigenerational households. This could enhance strategies to target the most vulnerable segments of the population.

To assess which groups could benefit from augmenting the HPI as an allocation tool in vaccine deployment and other vital non-pharmaceutical interventions to fight the pandemic, we conducted an analysis of the HPI indicator and representation of racial/ethnic groups in the 4<sup>th</sup> quartile. The tracts in the 4<sup>th</sup> quartile, according to HPI, are deemed the least healthy place. The HPI ranks all census tracts in California, by HPI score and percentile is distributed based on the rank order of the overall HPI score. The 4<sup>th</sup> quartile also encompasses approximately one-fourth of CA's population. We define "under-representation" as relative to the percent of the county's residents that reside in 4th quartile tracts. For example, approximately 25% of California residents reside in a 4<sup>th</sup> quartile tract, but 20.7% of Not-Hispanic NHPI alone reside in 4<sup>th</sup> quartile tracts. This group would be under-represented. Some counties, however, have population proportions of more vulnerable residents that are higher or lower than the 25% threshold. Consequently, the proportions residing in the 4<sup>th</sup> quartile would not be fixed at 25% and would vary. For example, 33% of LA County's residents reside in a 4th quartile tract but only 24% of Not Hispanic NHPI Alone and only 29% of Not Hispanic American Indian/Alaska Native

(AIAN) Alone reside in a 4th quartile tract in LA County. We summarize our findings below. Note that the population figures are drawn from the 2019 American Community Survey (ACS) 5-Year file.<sup>ii</sup>

Table 1. Underrepresentation of California’s Racial/Ethnic Groups in the HPI 4<sup>th</sup> Quartile

	<b>% in 4th Quartile</b>	<b>Underrepresentation (%4th Q &lt; 25%)</b>
<b>Hispanic</b>	39.9%	
<b>Not Hispanic AIAN</b>	28.4%	
<b>Not Hispanic Asian</b>	12.4%	Yes
<b>Not Hispanic Black</b>	35.1%	
<b>Not Hispanic NHPI</b>	20.7%	Yes
<b>Not Hispanic Other race</b>	19.8%	Yes
<b>Not Hispanic Two plus races</b>	16.2%	Yes
<b>Not Hispanic White</b>	10.5%	Yes

For county specific estimates of underrepresentation by race/ethnicity we present the proportion of counties where each racial/ethnic group is under-represented by the HPI. We assessed underrepresentation only among 44 counties that have 4th quartile residents.

We found that several communities of color are under-represented in the 4<sup>th</sup> quartile, especially Asians alone and NHPIs alone (Table 2).

Table 2. Number and Percent of Counties with Under-represented Racial/Ethnic Groups among 44 Counties with 4<sup>th</sup> Quartile Residents

	<b>Number of Counties that group is under-represented</b>	<b>% of 44 counties with 4th quartile residents that group is under-represented</b>
<b>Hispanic or Latino</b>	3	7%
<b>Not Hispanic White Alone</b>	38	86%
<b>Not Hispanic Black Alone</b>	15	34%
<b>Not Hispanic AIAN Alone</b>	16	36%
<b>Not Hispanic Asian Alone</b>	34	77%
<b>Not Hispanic NHPI Alone</b>	21	48%

The HPI and other population metrics may have limited application in counties with a smaller population base. Thus, if only counties with a total population greater than 150,000 are examined (29 counties), the results for the number of counties each group is under-represented in 4th quartile tracts are summarized in Table 3.

Table 3. Number and Percent of Counties with Under-represented Racial/Ethnic Groups among 29 Counties with populations greater than 150,000 and with 4<sup>th</sup> Quartile Residents.

	<b>Number of Counties (with Pop. &gt; 150,000) that group is under-represented</b>	<b>% of 29 counties with 4th quartile residents that group is under-represented</b>
<b>Hispanic or Latino</b>	0	0
<b>Not Hispanic White Alone</b>	29	100%
<b>Not Hispanic Black Alone</b>	10	34%
<b>Not Hispanic AIAN Alone</b>	12	41%
<b>Not Hispanic Asian Alone</b>	25	86%
<b>Not Hispanic NHPI Alone</b>	17	59%

Among the 29 counties with populations greater than 150,000, we list the specific counties where communities of color are under-represented in Table 4.

Table 4: List of Counties with Under-represented Racial/Ethnic Groups of Color among 29 Counties with populations greater than 150,000 and with 4<sup>th</sup> Quartile Residents

<b>Asian (25 counties)</b>	<b>NHPI (17 counties)</b>	<b>AIAN (12 counties)</b>	<b>Black (10 counties)</b>
Los Angeles	Los Angeles	Los Angeles	Orange
San Diego	San Diego	San Bernardino	Santa Clara
Orange	Riverside	Fresno	Stanislaus
Riverside	Alameda	Kern	Tulare
San Bernardino	Contra Costa	Ventura	Santa Barbara
Santa Clara	Kern	San Joaquin	Monterey
Alameda	Ventura	Tulare	Placer
Contra Costa	San Joaquin	Santa Barbara	Santa Cruz
Fresno	Stanislaus	Placer	Imperial
Kern	Santa Barbara	San Luis Obispo	Kings
Ventura	Solano	Santa Cruz	
San Joaquin	Monterey	Madera	
Stanislaus	Placer		
Tulare	San Luis Obispo		
Santa Barbara	Santa Cruz		
Solano	Butte		
Monterey	Shasta		
Placer			
San Luis Obispo			
Santa Cruz			
Merced			
Yolo			
Imperial			
Madera			
Kings			

Counties are ordered by largest to smallest in population.

Our analysis suggests that the HPI used alone without auxiliary decision metrics would miss opportunities to reach racial/ethnic groups of color, particularly Asian and NHPI populations. To assure that priorities for allocation decisions are grounded in health equity, vaccine allocation priorities should consider additional domains of vulnerabilities for these groups.

A recently-published study captures other indicators that the state could consider using to augment HPI.<sup>iii</sup> It should also be noted that Asian and NHPI populations are composed of distinct cultural and linguistic subgroups. Each Asian subgroup may be bearing an uneven burden of the COVID-19 pandemic.<sup>iv</sup> We have begun to conduct an analysis by Asian and NHPI subgroups since efficient messaging and resource deployment are necessary by language and culture that are obscured by these aggregate categories.

We underscore that the HPI is a valuable tool and this memo serves to enhance the decision making toolbox to ensure efficient and equitable prioritization and resource allocation to address the COVID-19 pandemic. The NHPI COVID-19 Data Policy Lab welcomes an opportunity to support the California Community COVID-19 Vaccination Advisory Committee with a presentation and further subgroup analyses that may be helpful for Committee deliberations.

i <https://healthyplacesindex.org/> Accessed 10 January 2021.

ii <https://data.census.gov/cedsci/> DP05 Table CA Counties. Accessed 10 January 2021.

iii Paul M. Ong and Jonathan D. Ong. (2020) "Assessing Vulnerability Indicators and Race/Ethnicity." UCLA Center for Neighborhood Knowledge.

iv Vananh D. Tran, AJ Scheitler, Richard Calvin Chang, Corina Penaia, Karla Thomas, Brittany N. Morey, Ninez A. Ponce. (2019). "Inequities Hidden in Aggregated Data: A Call to Disaggregate COVID-19 Data for Asian Americans." David Geffen School of Medicine at UCLA – Josiah Brown Poster Fair.

## **Michael Abel**

Shouldn't there be a grouping of age 50-65 with comorbidities? Like 50-65 with asthma or immunocompromised. You have all 50-65 with the rest of the population whether they are immunocompromised or not.

## **Dr. Jenn Yost**

I am writing in response to the paused Moderna vaccine. You report that 10 people required hospitalization but provide no other statistics for one to evaluate the danger. How many doses were administered? How many people reacted? What is your threshold of safety in this case?

Please send me the numbers or direct me to the site where you report them and include this in your future reporting.

## David Nadler

I live in San Francisco. Dr Susan Philip said yesterday "To date, San Francisco has received a total of 144,000 vaccine doses. Of those doses, over 80,000 or 60% have already been administered. A majority of the remaining doses are already allocated to be given as a second dose. So far, 98% of San Francisco's vaccines have either been administered or are scheduled to be used for a second dose." That means San Francisco is sitting on over 50,000 doses of vaccine. The State of California seems intent on keeping 2 million doses in reserve. You've all been complaining to the Feds that their allocations are unpredictable and unreliable, and so they've promised to give you reliable allocations three weeks in advance. Manufacturing mRNA vaccines must be a tricky business with a fair amount of production hiccups. So how do you think the Biden administration is going to give you those reliable three-week allocations? They're going to be stockpiling, too.

Do we really need to produce over 3 doses of vaccine for every new dose we give? The dose that's given, the second dose at the end supplier, the State stockpile, and the Federal stockpile. THERE ARE TOO MANY SQUIRRELS IN THE DISTRIBUTION CHAIN.

I really look forward to the Johnson and Johnson vaccine. Over fifty years ago, we could send a man to the moon. But today, we don't have the slightest clue how to administer a vaccination program that requires two doses. THIS IS PATHETIC.

State and local officials are complaining that the slow pace of vaccinations in California is attributable mainly to scarcity of vaccine. But the numbers provided by the Ceros California COVID-19 Vaccine Tracker do not bear out that claim. The tracker states that as of January 19th, 4.1 million doses of vaccine had been delivered to California, but only 1.525 million doses have been administered. That leaves 2.5 million or so unadministered doses.

The Governor a while ago boasted that we were on track to vaccinate 1 million people in 10 days. Even if we have now doubled that pace, by my reckoning we have more than a 12-day supply of vaccine. Even if we are secretly holding back second doses (which would be in contravention of Federal guidelines), we still should have a five day supply left (over 1,000,000 doses).

The only possibility left that would explain that we are out of vaccine is that over 2 million doses have had to be thrown out. If that is really what has happened, I don't know what to say other than civil (and maybe even not-so-civil) unrest seems inevitable. So I will assume for the moment that we haven't had a major spoilage problem. I do know that we had to suspend the use of Moderna lot 411.20A (some 400,000 doses, as I understand it), but I also see from your newsletter that CDPH reauthorized its use yesterday.

Please explain the apparent disconnect — the Ceros tracker number indicate that we should have over 2.5 unadministered doses of vaccine. If some localities are nearly out, it must be that other places have a surplus. And we seem to have enough vaccine to last us at least until the next delivery.



I hope that you can see why it seems to me that state and local officials are misleading the public over the cause of the holdup, and I hope that you can enlighten me further.

**Casey Dorman**

[Research Letter PDF](#)

**Keshav Haranath**

My name is Keshav Haranath, and I am writing to raise my concerns about vaccination facilities in the county. I am a sophomore at UC Davis, and recently my grandparents got approved to get the COVID-19 vaccine. Yesterday I drove my grandparents to Martinez to receive the vaccination at the Contra Costa Medical Center.

Alarmingly, I noticed that the vaccinations were not at the medical center but near portables on a ledge of a steep hill. The vaccination was also not "drive-through"; my grandparents needed to get out of the car and wait in line before getting the vaccine. Since the facility was on a steep incline, the lines were long, and the entryway to the facility was extremely narrow, it was impossible to maintain safe social distancing. There were no safe waiting areas, so my grandparents needed to stand in line. In addition, I had to leave my grandparents alone to park my car, but there were no parking spots nearby. All roads were steep and narrow, making it very hard for elderly patients to access the area by car.

The congestion appeared to overwhelm the location's staff - who had to divert significant resources to managing traffic. It also appeared that the congestion was slowing down the rate at which individuals could receive vaccines.

After the vaccination, patients need to be under observation for 15 minutes. During that time, there were no safe waiting areas for people accompanying the patients.

As a biology major, I am aware that social distancing is incredibly important for limiting spread. I am writing to inquire and implore the county to move such vaccination centers to facilities that are more equipped to handle such a task. I noticed a vacant high-school football center less than a block away from the hospital. Why aren't vaccination centers at locations like this? There is far more capacity for parking, social distancing, and ease of access at such locations.

I understand that these are trying times, and I am extremely grateful to front-line and county officials who are doing their best to get everyone vaccinated. I am raising my concern as I don't want to see elderly patients and frontline workers having to struggle to administer a life-saving vaccine that can save their lives, but in the process expose themselves to COVID-19.

I hope you understand my concerns and consider my suggestion to ensure that vaccinations can be safer for everyone.

## **Joe Rich**

I am a retired aerospace system engineer with a master's in electrical engineering (1976) majoring in biomedical engineering. I spent most of my career employed at a large aerospace firm developing large government aerospace programs. In my various engineering roles I helped design, plan, implement and field large intercontinental systems which required multiple contractors and many subcontractors all focused on the end product. Good planning was essential in the success of these programs.

I recently spent days searching the web for a California plan in combating SARS-CoV-2 and the resulting COVID-19. The only document I found was COVID-19 Vaccination Plan, Interim Draft, 10/16/2020, Version 1.0. I realize this is a novel virus and there is still much to learn, however, I find this plan lacking in much needed information. For example, I am used to seeing detailed flowcharts of activities and milestones with start and completion dates for each activity and the date for meeting milestones. Interfaces to other organizations, services and systems are defined in detail, along with requirements for needed supplies and information which must be obtained or provided between these various components. I thought maybe this information existed within the COVID-19 task force but after attending three CVAC meetings and reviewing all the available presentations, I am now doubting if they do. Given this, my first suggestion is that you bring some people onto your committee who know how to do this type of detailed planning. There may be logistic personnel within the National Guard who have this knowledge. If not, tap some of the large engineering companies with long and proven track records. Even though I have health limitations, I would be willing to volunteer to help.

My second concern is if we are approaching the entire vaccination process correctly. My basic question is, given the limited supply of vaccines, if it is more efficacious to first vaccinate those groups who have a higher death rate or serious illness rate given infection or to first vaccinate those groups who are more apt to spread the virus. If we can stop or limit the spread of the virus by vaccinating critical populations, then we can reduce deaths overall while maintaining a functioning economy. I suspect the essential workers, students, etc. are the worst spreaders and if these were vaccinated then maybe more businesses could stay open and there would be less financial distress. There is one fundamental requirement which needs to be satisfied: minimizing deaths and serious illness while at the same time minimizing loss of jobs, homes, in-school time, etc. What organization within the task force is responsible for modeling and studying this? I would like to review their models and their results; where can these be found. If you do not have such an organization I would suggest that you establish one immediately.

In conclusion, I recognize you have a very difficult, no-win task. I thank you for your efforts.

## **Jennifer Labrocca**

I am troubled by the lack of equity between high income and low income communities in making vaccine appointments, occurring across the country because of lack of access to the internet, time to search for appointments, etc.

In addition to allocating more vaccine to at-risk communities using census data and partnering with organizations that serve older Americans, I thought that the local health departments could partner with the get-out-the-vote/voter registration organizations for each of the political parties. The get-out-the-vote/voter registration organizations (who presumably have long lists of volunteers and contact information for residents by district) could target and make phone calls to households in higher risk communities to assist those currently eligible for the vaccine to make appointments. In addition, those organizations likely have lists of volunteers who were willing to drive people without cars to the polls, and those volunteers would presumably be willing to drive people without cars to their vaccination appointments.

In addition, perhaps each county could leave open a certain percentage of appointments to be filled by the outreach campaign. If the appointments go unfilled, the county could open the appointments up online to the rest of the community 3 days prior to the appointment.

Anyway, thank you for working so hard to distribute the vaccine. I know that everyone is working tirelessly to quickly distribute this vaccine, and trying to do so fairly and equitably. In case my idea was a good one, I wanted to pass it along.

### **Scott Fitzgerald**

I am looking for information on what phase people with disabilities are included in. As our son receives IHSS support, and IHSS support personnel are included in Tier 2 of 1A, it would make sense to me that they would be included in this phase...but the information I have seen to date has not called out those receiving care from IHSS.

Please inform me as to the existing plan for inclusion into the vaccination schedule and/or where I might be able to monitor any changes concerning this topic.

### **Ignacia Avila**

Good morning.

I am a citizen very concern.

I got to my knowledge that persons that do not work under IHSS got the COVID19 vaccine. When they went and took the vaccine nobody request any information to verify that they work under IHSS. Person were sharing the link to other persons, they register and took the vaccine. Other register family members.

It is very upsetting that people 65 or over are not getting the vaccine and those person are doing that.

You should demand the Imperial County Health Department to investigate the persons that work Under IHSS and for those that do not work under IHSS and get the vaccine. They should be consequences.

### **Rebecca Balogh**

Some CalVax Clinic Providers in Siskiyou County are restricting the vaccine to a subset group of all those currently eligible and who are their patients. The vaccines were developed with taxpayer money and are federally allocated to the State which then allocates the vaccine to approved vaccine providers with the intent to vaccinated all eligible parties in approved groups. Can you please clarify to CalVax Clinic Providers and local public health agencies that appointment dates and shot opportunities should be provided to ALL eligible groups not just to the clients of their specific clinic and not just to subgroups if their choosing.

### **Thomas J. Stillman**

I was provided a link by a friend of mine to sign up for the COVID-19 vaccination. My friend lives in San Francisco and was able to get her vaccine at the Castro Valley Library on Wednesday, January 27th.

My wife & I live in San Francisco and filled out all the information on the website accessed through the link we were provided. Everything went through fine and we were given appointments for 2:18 pm yesterday, January 28th, afternoon.

We drove into the parking lot of the library when some idiot backed their car into us. There was minimal damage, but it was clear the person who hit us should not be driving due to her age. We went to register and when the worker looked at our license, we were told we could not get our vaccine, because we did not live in Alameda County. How come our friend, who does not live in Alameda County, got a vaccine on Tuesday and we did not?

We ended up wasting three hours, potentially exposing ourselves to COVID-19, and getting nothing accomplished because your stupid website could not recognize we did not live in Alameda County and tell us we were not eligible for an appointment.

A first-year programmer could figure out how to validate the applications.

I would like some explanation as to why some San Francisco residents could get a vaccine in Alameda County and we could not.

### **Marc Lerner, MD**

My efforts to volunteer as a physician giving or supporting COVID vaccinations in my community have been hindered by a requirement for the completion of a multi-document

background process involving our County's volunteer management agency and our County health care agency. I am attaching one component entitled, "Sanction Screening". I have been informed that my County Health Care Agency is required to conduct Sanction Screening for health care related crime on all volunteers and employees due to State and Federal funding requirements. All of the documents that are included in this request are accumulated by all California hospital medical staffs as a part of their credentialing activities.

I request that the COVID19 Vaccine Outreach Committee of CDPH and related federal agencies institute waivers to allow any hospital credentialed physician, nurse practitioner, clinical psychologist, marriage / family therapist or psychological tech to participate in emergency COVID response activities based on the range of their approved hospital credentials, with documentation to be made available as requested by lists of hospital staff offices in the State, and that such waiver continue for the duration of the pandemic for a period as determined by the Governor and CDPH.

A review of the appropriateness of other volunteer requirements (such as the need for an up to date Basic Life Support credential on site at vaccination pods) and consideration of whether they are truly needed or are a hinderance as we try to grow our volunteer ranks would be appreciated.

### [Volunteer App PDF](#)

#### **Colleen Stoyas, Ph.D., Carlsbad**

This email is a formal request for you to consider training non-health care workers to assist in administering the COVID-19 vaccine. While I am not a licensed healthcare worker, I do have a PhD in Biomedical Sciences from the University of California San Diego and currently work in the pharmaceutical industry. I have completed many injections into rodents, including delicate intravenous tail vein injections. Additionally I understand medical monitoring for adverse events and medical record keeping. I believe there is a large group of people in California such as myself that could be appropriately trained to assist in the mass vaccination effort and that there are many patriotic citizens that would like to do so.

With our healthcare systems over-burdened on the front line of the pandemic, I ask that you please consider training non-health care workers with a background in science to administer the COVID-19 vaccine. Together we can get shots in arms and beat this pandemic!

#### **LR Hall**

~~This request is also pending in the state court system for review as the setting before 65 and older with health issues should have been in 1A tier 1!!!!~~

2) Prisoners should stay in prison isolated from the public. Give to the guards not prisoners unless they are 65+ with health issues. Separate prisoners with testing those who have and those

who don't and KEEP them separate. New prisoners should be quarantined before being put with rest of the prisoners. No visiting. Don't let them out of jail either.

3) Teachers can be in phase 1c. They are not in classes right now. They don't need the vaccine unless 65 and older. They can continue doing distance learning. The kids mostly cannot be vaccinated and if they go to school they will just bring it home to susceptible family members.

4) Anyone in the construction industry needs to be near the top also. We have a housing shortage due to the policies of the party in charge. Construction and home building workers (office and field) are in close contact with each other and many in contact with the public for several hours at a time. They are nodding to tested weekly or more due to exposure to people who come in and turn out to be sick. A lot of the public who haven't been tested and when find they have it they don't even tell home builders they have been in contact with. I recently had phone conversation with an employee (didn't want to go in person) had customer in their office who then didn't show up for next appt a couple days later. When they contacted customer they said "my kids and I have covid so we didn't come in. They didn't bother to notify anyone. Tests need to be easier to get.

5) Kaiser almost refuses to test unless you're dying - not quite but they make it extremely difficult. Even the county wants you to have a possible exposure reason. Homes are in short supply, we have a housing shortage. Home builders need to have a higher priority.

Why wasn't the National Guard (medical personnel and volunteers) called up to help distribute vaccine in December?

Also why are you still doing planning on how to distribute. President Trump promised we would have the vaccine before the end of the year. Planning should have been completed in October or at the very least November. Just get distributed without micro categories.

And why is it that the state is so slow to distribute the vaccine.

Prisoners should be at bottom of list until released.

Last but not least

People should be able to which vaccine they want. There is no easy way for that to happen. Appointment sites are all difficult to work with in SoCal.

Also there needs to be a way to get the 2nd vaccine easier. Even more hit and miss.

### **A Concerned San Diego Resident**

We also wanted to apprise you of a situation with the second COVID-19 vaccine dose scheduling at UCSD that is affecting [a particular person], and as we understand it, others like her in the 75 plus years of age group.

The problem arises with the UCSD (and likely other University of California campuses) scheduling system, under the "mycharts" online facility -- "appointment ticket scheduled." Instead of just giving an appointment for the second required vaccination at the time of the initial vaccination, extremely elderly and usually disabled patients are advised to get help to utilize the online scheduling system, which is not working for those in this group. Further there is no effective telephone support from the UC's for this issue.

I would be happy to provide exact information on the exact failing points at your request.

In contrast, those vaccinated in the 1b tier 2 group, as I was thankfully vaccinated a few days ago (IHSS), do not encounter this problem when utilizing the UC mycharts system. Other IHSS worker's and I, also in response to an appointment ticket scheduled, were able to schedule the second COVID 19 vaccine -- in fact completed within an hour after the initial vaccination at the Petco facility!

### **Anonymous**

I am 68 yrs old, I work the front office at an imaging clinic we only have 12 employees and. 5 are out sick, one came back after being ill with covid and testing negative. 2 are still out. It is so stressful for me I am having other issues and decided to stay away for 3 days, every time I think of going back to work I get diarrhea, I'm due to go back Tuesday, or I may lose my job. But I don't want to go unless I have gotten the COVID SHOT, WHERE CAN I GET ONE BEFORE Tuesday?

### **Anonymous**

All the sites I have tried to register are all full.

### **Chris Freier**

Please give San Luis Obispo County the correct number virus vaccines they have been allocated. We should not be shorted in number because our case count of people with the virus is low. We as a county have worked to keep the levels low. Don't ignore us!!!

### **Camille Miller, Activities Director, Chateau Cupertino**

Our Independent Living Community has been trying to get in contact with anyone who is in charge of allocating vaccines, to have our vulnerable residents vaccinated. We have just under 200 residents, **with more than 75% of them being over 75 years old, the oldest is 100.** Many residents have full-time assistance and/or cannot schedule a vaccine through their providers.

Santa Clara County has had our community listed on the LTCF Dashboard since March 2020, but we were not contacted to host a clinic for our seniors because although we are a similar setting....we are not considered a "LTCF". We have contacted the CDC, who told us to contact the State. The State told us to contact the County, who says they are doing what the State says and to contact the State.....Our residents are eligible and have been eligible since December 2020, why have they not been inoculated or at least given clear information? What do we need to do or who do we have to contact, in order to provide vaccinations to our seniors?

Any useful information, that is not the county website, would be greatly appreciated and helpful.

I'm reaching out on behalf of an Independent Retirement Community with vulnerable residents. We have been attempting to facilitate a vaccine clinic for our community since November 2020. Our community has almost 200 residents, with a moderate amount requiring assistance ranging from medication management to full 24 hour medical care. We have been told by the CDC, State and County that are residents must wait, because we are not considered a LTCF. According to CDC guidelines, we should have been considered a "similar setting" to a LTCF. What is the state doing to ensure that this situation is resolved? I've reached out to several other Independent Communities in the area and they have not received clear answers either. Cases for both residents and staff are rising daily, more so since the beginning of 2021. When can we have a clinic for our residents?

### **William C. Hiscock**

We are told that people over 65 are eligible for vaccine; we are told that people over 75 should have preference; We are told that people with underlying health problems should get preference, BUT there are no appointments available; that is no SYSTEM AVAILABLE TO MAKE APPOINTMENTS. ARE WE GOING TO WAIT UNTIL you have vaccine available and then notify people eligible to make appointments? This is unnecessary delay impeding vaccination of millions. I thought that as a emergency know to all for almost a year. Shouldn't appointments be made now so that people will be ready to be vaccinated when the sites are ready to do it. Shouldn't there be appointments made for all those requesting to be scheduled. That would encourage others to get the vaccine. the press and media keep reporting that many will refuse the vaccine, yet those wanting it can't get appointments. Is it just one more case of no planning or poor planning without regard to public health?

SUGGESTION- VACCINE THOSE WHO ARE READY; GIVE APPOINTMENTS TO THOSE WHO ARE READY; DON'T WAIT FOR THOSE WHO ARE RELUCTANT, THEY WILL COME IN DUE TIME; THE SHEEP ALWAYS FOLLOW.

### **Dolores Garcia**

I have a question I am a caregiver for my disabled paraplegic son when will it be time for my son to get his vaccine shot? I've looked everywhere and it really doesn't say exactly when.



**Steve Tucker**

When will disabled people and people who take care of seniors in their own homes get the vaccine?

**Krish Narasimhan**

I am a designated Community Ambassador for Seniors in the City of Fremont and a senior Commissioner in the Fremont Senior Citizen Commission. There are thousands of seniors in the Fremont community who are anxiously and desperately looking to get vaccinated. But we do not get any specific announcement as to when and where vaccination clinics for COVID will be held in Alameda County. I understand that there was a clinic at St. Rose Hospital, Hayward from January 13th to January 15th where seniors aged 75 and above were also covered. But there was no public announcement in this regard and many seniors aged 75+ have been left out. The outreach from Alameda county has been totally inadequate in this regard. Whereas, Santa Clara County is conducting a mass vaccination clinic from January 16th till January 29th exclusively for the residents of Santa Clara County only details relating to which was made in the public domain. It is pathetic to see seniors aged 75+ from Alameda County rushing to this clinic to be turned away on the ground that they do not belong to that county.

In these circumstances, I request that details of the future vaccination clinics to be held in Alameda County may please be publicized with respective web links to schedule the required appointments in advance. I shall be thankful if you can advise me of the details of such clinics in the near future in Alameda County.

**Aida Barry**

I'm 68 years old and cared at times as caregiver. Because of not being vaccinated yet I don't accept any caregiver job. When could I get the vaccine? Your response is very important to me.

**Kenneth James**

Per California State Senator Ben Hueso - 40th Senate District, email outlining the vaccine phases, it is unclear as to why it is taking so long, and why we are not getting clearer information about when one can get vaccinated. I am 65 with pre-existing conditions and all I get from my care provide, Kaiser, is that vaccines are in limited supply and my doctor cannot schedule me for my shots.

While other states seem to be getting their act together, I am not sure what is happening in CA and particularly in Southern California with regards to the vaccine.

Besides the nice phase table, what can we expect from our healthcare providers at this critical time?

### **Nicki S Kominek**

The vaccine tier status does not make much sense. First you say the priority is to vaccinate those most likely to die from Covid while ignoring those with high risk health issues and including people who are 65 but healthy. Then you shift course and decide those that work in the public sector, not talking healthcare because they obviously should and did go first, are next even though they do not have health issues and are working in situations that include those with supposedly low risk of death (teachers, food and ag). Then you shift again and throw in inmates who may or may not be at high risk other than poor lifestyle decisions that have resulted in incarceration. Vaccinate the employees yes, but why the prisoners? And why the homeless?

After healthcare workers, it seems the priority group should have been anyone working outside the home since they are the ones that will keep this country going long after those of us with high-risk health issues, seniors, retired are gone. If though your goal was to vaccinate those that are more likely to die from Covid, why the inconsistent choice in who is in what tier?

To be clear, I am 61, a cancer survivor (1987), with COPD/Heart failure/Autonomic neuropathy all from my cancer treatment. Being behind prisoners is a complete slap in the face in my struggle to survive. I do not mind waiting in line for those that are working and believe they should have gone immediately after healthcare workers. I do mind this inconsistent decision making regarding the tiers. You might as well just say “anyone under 65 with health issues are just simply not important to society even though we acknowledge you are more likely to die from Covid than the 20 year old inmate or homeless person”.

### **Linda Andron-Ostrow, LCSW**

1. Very pleased to hear that California will be going along with the 65 and up.
2. Had my first vaccine as a healthcare provider. Somewhat concerned that they said you have to go back to the same place for the second one but would not allow you to schedule the appointment. This may lead to people on forgetting as was discussed in the news.
3. I believe that the best way to help others decide to take the vaccine is give it to everybody that wants it right now and then let us be the ones that carried forward.

Feel free to contact me if I could be helped any of the members of the committee. My work is largely with families with developmental disabilities and in particular autism, and there will be much resistance to this vaccine in that community I believe.

## **Michelle Gibson**

As a Los Angeles County, Department of Public Health employee, I understand the politics of vaccine distribution. Unfortunately (perhaps) without a strong Union or advocacy group presence people with intellectual disabilities, who thankfully have been given the supports needed to live in the community and outside of institutions and group homes, are being left out even though there is a very clear higher risk given their capacity to understand and execute safety standards (e.g., proper mask wearing, duration of hand washing, 6ft distancing) consistently. Their lives are important too! Please consider this vulnerable population as minimally the same as those with chronic health conditions. Those like my sister do not have more well-known conditions like Down's syndrome but have a mental capacity similar to that. Please also recognize those with less publicly known conditions but equal diminished capacity. Appreciate any guidance on how to get her vaccinated especially as she also lives with my elderly mom.

## **Susan André**

I hope that you will put people with developmental disabilities who live in group homes in one of the higher priorities, as they are among the underserved communities. They do not have an option to isolate from others in their own homes.

My cousin lives in a group home, and I worry for her safety, as we cannot know if the others in her home are all observing all the precautions all the time. These are people who might have difficulty understanding and following safety guidelines.

## **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, over 350,000 Californians with developmental disabilities.

On behalf of ARCA, I wish to express our support for including people with developmental disabilities in Phase 1B for COVID-19 vaccines. There are well-established, heightened risk factors facing people with developmental disabilities due to COVID-19. Not only are the morbidity<sup>1</sup> and mortality<sup>2</sup> rates higher<sup>3</sup> for this population, but their exposure risks are also greater than for the general population.

This proposal can most effectively be implemented through reference to existing eligibilities for federal programs. Specifically, inclusion in Phase 1B can be limited to individuals eligible for either a Home and Community-Based Services (HCBS) waiver or HCBS State Plan Amendment

---

<sup>1</sup> <https://www.sciencedirect.com/science/article/abs/pii/S1936657420300674?via%3Dihub>

<sup>2</sup> <https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/Risk%20Factors%20for%20COVID-19%20Mortality%20among%20Privately%20Insured%20Patients%20-%20A%20Claims%20Data%20Analysis%20-%20A%20FAIR%20Health%20White%20Paper.pdf>

<sup>3</sup> <https://www.upstate.edu/hloa/2020/060520-turk-landes-interview.php>

programs. In other words, people with disabilities who receive services that allow them to stay out of institutional settings.

Currently, the state has prioritized people with disabilities who live in institutional settings to get the vaccine. But most people with developmental disabilities live in the community, not institutional settings. This is both personal choice and a state goal. While populations receive similar services, and can have similar needs, the biggest difference between these two groups is where they live. Their health risk factors are the same. We strongly believe that people with similar needs should get similar, potentially life-saving, treatment.

Many individuals in this population will not be eligible for a vaccination based on a purely age-based standard, even though their risk factors are significantly higher than many older Californians. By including them in Phase 1B, both equity and public health goals can be simultaneously realized.

We thank you for considering the health and safety of people with developmental disabilities. Ensuring timely access to vaccinations will benefit not only them, but also the committed professionals who serve them and the families that are integral parts of their lives.

### **Tom Quach**

I recommend expanding vaccines and funding to all local clinics and pharmacies if we have enough vaccines in California so all people can get vaccines faster and easier . Actually , people do not know where and what website to sign up at this time . I saw a lot of testing sites at this time that are the least important . Most important at this time is to distribute vaccines to local clinics and pharmacies . I am sending this message to the Governor and your office because I do not know who and where I can send a message after watching local News and know vaccine distribution is very slow and breakdown for each phase while the government has to pay for testing service everywhere . It is better to use this fund for vaccine sites .

### **Marshmallow Potato King Family**

Ngày nào người cao tuổi được tiêm ngừa vaccine covid 19 tại Sacramento ?

Translation: When is the day the Covid-19 vaccine will be in Sacramento?

### **Sally Clark**

What poor planning, poor implementation. Why are there more vaccination sites? Everyone says they're waiting for vaccines....yet it appears not even a third has been administered. Unacceptable.

Please make some phone calls people. Hospitals, Pharmacies, Vac sites....get it done! They all say they're waiting and have no idea when vacs are coming. Really?? That's ridiculous. Calif state gov has failed its people.

### **Anonymous**

I am 84 years old with a compromised immune system. I cannot find any information about when I can get the covid vaccination. What a mess!

### **APLA Health, Los Angeles**

APLA Health and San Francisco AIDS Foundation appreciate the monumental task of COVID-19 vaccine delivery in California and the stated commitment to ensuring an equitable distribution process. 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, viral hepatitis, and now COVID-19.

This historic vaccination effort is an opportunity to acknowledge the impact of systemic racism and inequality, both historic and current, that drive the disproportionate impact of HIV, viral hepatitis, and COVID-19 on communities of color. Acknowledgement of this reality in our health care system is essential to building back the trust needed to combat the pandemic. We will not end the HIV, viral hepatitis, and COVID-19 syndemics without a commitment to addressing systemic racism.

Emerging data suggest that people living with HIV and people with chronic liver disease may be at increased risk of hospitalization and mortality due to COVID-19. We urge you to take these data into account and include people living with HIV and people with chronic liver disease in Phase 1C – people 16-49 years of age who have an underlying health condition or disability which increases their risk of severe COVID-19.

#### Prioritization of COVID-19 Vaccines for People Living with HIV

While several initial, small studies suggested that HIV infection may not significantly affect outcomes from COVID-19, there are now larger analyses available which have all found evidence of increased risk of hospitalization and mortality. These include studies from the United Kingdom, South Africa, and New York City and State. Overall, the results suggest approximately a doubling risk of hospitalization and death from COVID-19 among people living with HIV compared to HIV-negative counterparts.

While in some cases it is possible that other factors associated with poorer COVID-19 and HIV outcomes – for example, comorbid diseases (including cardiovascular disease, chronic obstructive pulmonary disease, and diabetes) and myriad social determinants of health affecting Black, Latinx, and indigenous communities – were not controlled for and potentially contributed to these findings, this would still suggest HIV infection is a reasonable surrogate for a doubled risk of serious outcomes from COVID-19. It is also important to acknowledge the

intersectionality of factors that put people at higher risk for COVID-19 that are so prevalent among people living with HIV. As a result of these data, we urge the Community Vaccine Advisory Committee to include people living with HIV in Phase 1C.

#### Prioritization of COVID-19 Vaccines for People with Chronic Liver Disease

People with chronic liver disease, especially those with decompensated cirrhosis, are at increased risk of mortality from COVID-19. There is compelling data both within the United States and internationally to demonstrate this fact. Studies from the United States and the United Kingdom have associated chronic liver disease as a risk-factor for in-hospital deaths from COVID-19. Relatedly, the severity of liver disease increases the risk of death. Decompensated cirrhosis dramatically increases the risk of death among COVID-19 patients. Additionally, the CDC recognizes that people living with a number of medical conditions that are often associated with liver disease – including but not limited to diabetes, mellitus, obesity, and chronic kidney disease – are at increased risk of severe COVID-19.

Similarly, viral hepatitis – hepatitis A, hepatitis B and hepatitis C – disproportionately impact Black, Latinx and Asian Pacific Islander populations in California, and these are the very same communities that are more likely to be infected with COVID-19. Social determinants of health, poor access to health care and systemic racism impact these groups for both liver disease and COVID-19 risk. As a result of these data, we urge the Community Vaccine Advisory Committee to include people with chronic liver disease in Phase 1C.