

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

**Submitted from February 2 through February 15, 2021**

**Dr. Clark**

Please continue to prioritize by age -- working down to 60+, and then 55+, etc. -- this will prioritize people in the groups represented by each committee member and order their members in a way that effectively and equitably drives down hospitalization, ICU utilization, and death.

**Susan Cohen**

I applaud the recommendation to begin prioritizing Californians at high-risk for complications from Covid due to disabilities or immunocompromised status. This is a positive step.

I would like to know why, however, age is not factored into this new priority designation at all and why those aged 60-64 are being treated as if we are youth itself. It's not as if the risk of complication and death magically disappears once you go below 65. Those of us 60+, and frankly even 50+ are still at increased risk. Add in a health condition and we are much more likely to die from the virus than a healthy 65-year-old. Why is the 60-64 age group being sacrificed in favor of young, healthy people who are much less likely to suffer serious effects from Covid and sadly, are much more likely to spread it.

If the goal is really one of equity and one of saving lives, please take note of the population still very much at risk and allow us access to the vaccine sooner rather than later.

**Bernard Katzmann**

I am a physician and have been watching the fortnightly meetings. Thank you, Dr. Burke, and all at CDPH, as well as all the members of the committee. I have several comments that I would like to make.

At the last meeting, the highest morbidity and mortality groups were shown including people 61 and older. Given that those in the 61–64-year age group would seem to have a significantly higher risk than those in the broader 50–65-year group, it seems to make sense that those 61-64 should be added to the next priority group, 1C.

Several people I know of who are not on the priority list, including those 45 year and younger, have received vaccines, often because of 'extra' doses being available at a certain facility. It makes sense to require all vaccine providers to have a backup list of eligible people who can be contacted and who may be willing to get to the vaccination site at short notice.

I also understand the necessity of vaccinating younger essential workers, but I see a considerable number of people in those groups not wearing masks in the workplace. It would seem likely that those

### **Karol Swartzlander, California Commission on Aging**

The Commission on Aging's original nominee to the CDPH Community Vaccine Advisory Committee (CVAC), Rita Saenz, was recently appointed as the director of EDD. Therefore, the Commission would like to request that Dr. Faisal Qazi be appointed to CVAC. A brief bio for Dr. Qazi is below. Please advise on when a response can be expected.

Dr. Faisal Qazi has been a practicing Neurologist in southern CA since 2006. He is co-founder of The Neurology Group, a specialty private practice group now covering Los Angeles, Orange and San Bernardino Counties through its outpatient clinics and at a number of local hospitals. Dr. Qazi is an Associate Professor of Neurology at Western University of Health Sciences and UC Riverside. Dr. Qazi has given myriad of presentations on aging, dementia and neurologically disabling conditions. His works have included neuro-ethics as well as related public policy issues. He is also currently the President of MiNDS (Medical Network Devoted to Service), a charitable organization that is currently focused on neurology-specific healthcare services to underserved families in the local service area.

### **Alicia Robinson, General Manager at Golden Oaks, A Holiday Retirement Community, Yucaipa**

My name is Alicia Robinson, General Manager of a senior living community located in Yucaipa. We know assisted living communities have been prioritized to receive the vaccine, however; we house just about 100 residents ranging from 65 to 100 in age. We have had multiple COVID cases in our building and I would like to express interest in having a vaccine clinic to receive the COVID vaccine for the residents and staff if possible.

### **Todd Burlingame**

I'm very upset that those age 60-65, who statistically face greater risk of death from Covid, are not getting access to vaccinations in the next group on or before March 15. Please include that group ASAP! Opening it up to everyone with an underlying condition invites scamming and complications. The state had announced it would prioritize age. What happened?!

### **Maureen O'Haren**

I join with other commenters that it is critical that the state continue to vaccinate older adults, moving gradually from 65+ to 60+ and below until all Californians are vaccinated. While I also support including those with serious comorbidities in Phase 1C, if the health systems can find a

way to easily identify these patients, using an age-based eligibility strategy will already—and more easily—encompass many of those with chronic diseases and pre-existing conditions without adding to the complexity and difficulties of getting 38 million Californians vaccinated as soon as possible. We are racing against the mutating virus and its more-easily spread variants, and it would be tragic to throw a spoke in the wheels of a vaccination program that is just getting rolling and beginning to show great progress. And asking physicians to identify or refer patients with certain pre-existing conditions could certainly throw a spoke in those wheels unless the large health care systems have adequate data systems to identify their patients in these categories. That is why I recommend that the state continue its age-based strategy, but couple it with an effort to vaccinate those with pre-existing conditions or disabilities that put them at higher risk of contracting COVID19.

If the state continues to use an age-based eligibility process—for example, a Phase 1C consisting of those 60+ and those with pre-existing conditions—the flow of appointment requests will continue while health systems grapple with identifying younger patients with pre-existing conditions and disabilities. Pharmacies, fire stations, Cal Expo and Dodgers Stadium and other sites can continue the age-based vaccination drives while the health systems and private physician offices vaccinate their high-risk patients. Coupling both the age-based and condition-based strategies together would ensure that we don't see a hiccup in the vaccination process.

Right now, I see orderly lines in my Safeway store and hear from relieved 65-year-old neighbors that they have finally secured an appointment. The rest of us are anxious, isolated and confused about the recent news that Phase 1C, which once indicated that the 50-64 age group would be next, may be changed. I hope that you will not delay vaccinations for those 60+ and 50+ because many of us have conditions that, while not yet proven to put us at higher risk, may do so as this mutation spreads across the country.

### **Beth Beeman**

Hello. I am a full-time caregiver for my 85 year old mother who has multiple serious health issues, including a pending medical procedure/operation in April 2021. I need to receive the Covid -19 vaccine as without it I present a great risk for my mother. This risk is in terms of her being exposed to Covid 19 variants and me getting covid-19 and being unable to care for her. I have asthma and my risk is higher than the normal population. At the moment the guidelines only recognize **paid** homecare workers. This seems to be extremely discriminatory. What does it matter if I don't get paid for this? The issue is protecting my 85-year-old parent for undue harm. Please open this up so people who are under 65 and caring for an elderly parent are treated with the same urgency as those that are paid to do the same task. I have a letter from her physician, but Orange County won't recognize it as a reason to let me get the vaccine. I did notice that San Diego County is allowing this. Why do we have different rules for different counties? Aren't we in this together and shouldn't the schedule be based on scientific reasons, not financial? Please help me.

**Elizabeth Speltz, Ph.D.**

I am writing to urge and implore you to prioritize patients with high-risk medical conditions for vaccination in favor of vaccination only by age. Although I am only 33 years old, I have a rare, genetic chronic lung disease that has left me with severely damaged lungs and placed me in the hospital with pneumonia over 60 times throughout my life. I am no stranger to serious illness. I am also an essential worker. I am a PhD scientist and work closely with other scientists to design and make cancer therapies. My work is my lifeblood, and I cannot do it in isolation or at home. Despite these risks, I am not prioritized by the current guidelines for vaccination. In fact, with the shift to vaccinate solely based on age, I may be among the last in society to get vaccinated. My family members that are >65 years old and retired have been vaccinated, despite the fact that they have no serious underlying medical conditions and do not live or work closely with others. The CDC, my doctors, and other patient advocacy groups all agree that I am at higher risk than my family members for contracting COVID19 due to my work and at very high-risk for serious illness should I contract COVID19. In fact, I am probably more likely to end up in the ICU on a ventilator than many of my healthy relatives >65 years old. I recognize and acknowledge that the new guidelines are meant to speed up the vaccination process and that no guidelines will be perfect. But please remember that not all young people are healthy. Many of us live with serious medical conditions and were among the first to isolate at home and will be among the last to rejoin society. Please please please do not add to our burden and choose to ignore us. My life, and the lives of many of my friends, may quite literally depend upon it.

**Robert Canaan, Livermore**

I'm sorry to bother you, but I wanted to make you aware of something that has been concerning me. It involves California's COVID vaccination schedule.

Based on what I've seen, people (like me) who are at high-risk of severe COVID (I am on chemotherapy meds) and cannot work from home – do not have sufficient priority in California's vaccination schedule. In my opinion, this is a serious oversight and/or inequity.

I am 54 years old, high-risk, and cannot work from home. I have been at work in an office environment since April of 2020. Despite the risk I face every day, my priority is no higher than people over 50 (in phase 2c?) with no underlying health issues who can work from home.

In my opinion, I see little difference between nursing home patients and people in my situation. Both are vulnerable for two reasons: 1) their immune systems/ability to fight the virus is compromised, and 2) they are not able to avoid contact with others who may be carrying the virus.

Other states have included people at high-risk for severe COVID outcomes in Phase 1b, regardless of their ability to work from home.

**Lisa Healy**

CA has updated guidelines to include 16-64 with underlying health issues/concerns.

I do not see this on any of the sign-up resources and myturn site does not have the updated eligibility requirement

When will this be updated on the site in order to schedule appointment?

**APLA Health, San Francisco AIDS Foundation**

We are writing to follow up on our January 15, 2021 comments to the California Community Vaccine Advisory Committee regarding COVID-19 vaccine prioritization for people with HIV and people with chronic liver disease.<sup>1</sup> We appreciate the monumental task of COVID-19 vaccine delivery in California and the Administration's stated commitment to prioritizing people with underlying health conditions or disabilities that increase their risk of developing severe COVID-19. It is imperative to ensure that COVID-19 vaccination efforts reach individuals and communities who need it most, including people with HIV and people with chronic liver disease.

Recent evidence suggests that people with HIV and people with chronic liver disease are at increased risk of hospitalization and mortality due to COVID-19. We urge you to take these data into account and include HIV infection and liver disease in the list of underlying health conditions for purposes of determining eligibility for COVID-19 vaccination. Last week, Governor Cuomo announced that people with HIV and people with liver disease in New York State would be eligible for the COVID-19 vaccine beginning February 15, 2021.

Increased risk of severe illness, hospitalization and death from COVID-19 in people with HIV were described in three large and one small study conducted in New York City<sup>2</sup> and State,<sup>3</sup> South Africa<sup>4</sup> and the United Kingdom.<sup>5</sup> Study results indicate approximately a doubling risk of hospitalization and death from COVID-19 among people with HIV compared to HIV-negative counterparts. Three more small studies, including a multicenter study from the United States,<sup>6</sup> a European multicenter study from Spain, Italy and Germany<sup>7</sup> and another United Kingdom study,<sup>8</sup> confirm increased risk of severe illness, hospitalization and mortality in people with HIV.

People with chronic liver disease, especially those with decompensated cirrhosis, are also at increased risk for hospitalization and mortality from COVID-19. There is compelling data from both within the United States<sup>9</sup> and internationally<sup>10</sup> to demonstrate this fact. Due to the increased mortality with COVID-19 infection in people with chronic liver disease and particularly those with cirrhosis, the American Association for the Study of Liver Diseases recently recommended that these individuals be prioritized for COVID-19 vaccination.<sup>11</sup>

Taken together these data support our belief that HIV infection and liver disease should be included in the list of underlying health conditions for purposes of determining eligibility for COVID-19 vaccination. Thank you for your ongoing leadership and commitment to an equitable vaccine distribution process.

- <sup>1</sup> Public Comment to the California Community Vaccine Advisory Committee. Available at: <https://aplahealth.org/wp-content/uploads/2021/01/Vaccine-Public-Comment-1.15.21.pdf>.
- <sup>2</sup> Braunstein SL, Lazar R, Wahnich A, Daskalakis DC, Blackstock OJ. COVID-19 infection among people with HIV in New York City: A population-level analysis of linked surveillance data. *Clin Infect Dis*. 2020 Nov 30;ciaa1793. Available at: <https://academic.oup.com/cid/advancearticle/doi/10.1093/cid/ciaa1793/6012626>.
- <sup>3</sup> Tesoriero JM, Swain CE, Pierce JL, et al. COVID-19 Outcomes Among Persons Living With or Without Diagnosed HIV Infection in New York State. *JAMA Netw Open*. 2021;4(2):e2037069. Available at: <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2775827>.
- <sup>4</sup> Boulle A, Davies MA, Hussey H, et al. Risk factors for COVID-19 death in a population cohort study from the Western Cape Province, South Africa. *Clin Infect Dis*. 2020 Aug 29;ciaa1198. Available at: <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1198/5899044>.
- <sup>5</sup> Geretti AM, Stockdale AJ, Kelly SH, et al. Outcomes of COVID-19 related hospitalization among people with HIV in the ISARIC WHO Clinical Characterization Protocol (UK): a prospective observational study. *Clin Infect Dis*. 2020 Oct 23;ciaa1605. Available at: <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1605/5937133>
- <sup>6</sup> Dandachi D, Geiger G, Montgomery MW, et al. Characteristics, Comorbidities, and Outcomes in a Multicenter Registry of Patients with HIV and Coronavirus Disease-19. *Clin Infect Dis*. 2020 Sep 9;ciaa1339. Available at: <https://academic.oup.com/cid/advancearticle/doi/10.1093/cid/ciaa1339/5903368>.
- <sup>7</sup> Hoffmann C, Casado JL, Härter G, et al. Immune deficiency is a risk factor for severe COVID-19 in people living with HIV. *HIV Med*. 2020 Dec 27. Available at: <https://onlinelibrary.wiley.com/doi/10.1111/hiv.13037>.
- <sup>8</sup> Bhaskaran K, Rentsch CT, MacKenna B, et al. HIV infection and COVID-19 death: a population-based cohort analysis of UK primary care data and linked national death registrations within the OpenSAFELY platform. *Lancet HIV*. 2021 Jan;8(1):e24-e32. Available at: [https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018\(20\)30305-2/fulltext](https://www.thelancet.com/journals/lanhiv/article/PIIS2352-3018(20)30305-2/fulltext).
- <sup>9</sup> Singh S, Khan A. Clinical characteristics and outcomes of COVID-19 among patients with pre-existing liver disease in United States: a multi-center research network study. *Gastroenterology* 2020 August;159:768– 771. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7196546/>.
- <sup>10</sup> Moon AM, Webb GJ, Aloman C, Armstrong MJ, Cargill T, Dhanasekaran R, et al. High mortality rates for SARS-CoV-2 infection in patients with pre-existing chronic liver disease and cirrhosis: preliminary results from an international registry. *J Hepatol* 2020 September;73:705–708. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7241346/>.
- <sup>11</sup> AASLD Expert Panel Consensus Statement: Vaccines to Prevent COVID-19 Infection in Patients with Liver Disease. Available at: <https://www.aasld.org/sites/default/files/2021-02/AASLD-COVID19-VaccineDocument-February2021-FINAL.pdf>.

## Gail Ellis

I am writing to urge the CVAC committee to recommend that Governor Newsom reverse course and return to prioritizing people with underlying health conditions, and that Type 1 diabetes be specifically included on the list of those conditions.

Given the scarcity of vaccine doses, I believe this to be a fairer and more effective distribution method than prioritizing simply by age. People with comorbidities comprise over 90% of Covid deaths. Moreover, this vulnerable population exists across the board in every gender, race, occupation, socio-economic level, etc. Vaccinating this population would therefore save the most

lives and avoid the greatest number of hospitalizations, while being fair to all segments of society.

Type 1 diabetes should be included on the list of underlying health conditions because of recent peer-reviewed research (published in The Lancet and other studies) that shows Type 1 diabetes poses an even higher risk for complications and death from Covid 19 than Type 2. As you know, New York and other states have already given priority to Type 1 diabetics. I am urging that California also follow the science in this regard. This issue is personal to me, since I have a son and a niece in their 30s who suffer from Type 1, as well as numerous friends, and know first-hand what a struggle it is to live with this disease, even without now being at greater risk for serious Covid disease.

In short, prioritization of those with serious underlying health conditions is the right course for California, since it both works fairly and also accomplishes the main goal of preventing deaths and hospitalizations.

Thank you for your consideration. I have watched some the Advisory Committee meeting and am very appreciative of all it is doing.

### **Michael Khoury**

I would ask this advisory committee to please reconsider your view about type 1 diabetes to be included with type 2 for Covid vaccine.

CDC does not have all data however type 1 is only 5-10% while type 2 affects 90-95%. We are much smaller percentage, but we have to deal with same complications as type 2. Unfortunately for us with type 1, we cannot eliminate diabetes with diet and exercise.

Why you excluded us ?

All recent studies like the one from Vanderbilt and from UK show type 1 is at equal severity of complications and hospitalization as type 2.

Please check the two links below:

[https://urldefense.proofpoint.com/v2/url?u=https-3A\\_www.healio.com\\_news\\_endocrinology\\_20201221\\_similar-2Dincreased-2Drisk-2Dfor-2Dsevere-2Dcovid19-2Dillness-2Dfound-2Din-2Dtype-2D1-2Dtype-2D2-2Ddiabetes&d=DwIFAg&c=Lr0a7ed3egkbwePCNW4ROg&r=IXpg2Qds0NOzcffsLLGomAOE\\_HKqNIER\\_dqZ2\\_5Tlg9aPIJwV22ej2eSRyNBPJgsD&m=pTqPx8cqJhgsLExRSZkhIH2qQgs7R0toBWekbZx6wM&s=1TUVHmme\\_q5V0r84on9bOQnTs5Ycabul2uHhZynaJ5M&e=](https://urldefense.proofpoint.com/v2/url?u=https-3A_www.healio.com_news_endocrinology_20201221_similar-2Dincreased-2Drisk-2Dfor-2Dsevere-2Dcovid19-2Dillness-2Dfound-2Din-2Dtype-2D1-2Dtype-2D2-2Ddiabetes&d=DwIFAg&c=Lr0a7ed3egkbwePCNW4ROg&r=IXpg2Qds0NOzcffsLLGomAOE_HKqNIER_dqZ2_5Tlg9aPIJwV22ej2eSRyNBPJgsD&m=pTqPx8cqJhgsLExRSZkhIH2qQgs7R0toBWekbZx6wM&s=1TUVHmme_q5V0r84on9bOQnTs5Ycabul2uHhZynaJ5M&e=)

[https://urldefense.proofpoint.com/v2/url?u=https-3A\\_www.statnews.com\\_2021\\_01\\_11\\_for-2Dpeople-2Dwith-2Dtype-2D1-2Ddiabetes-2Dcdc-2Dguidelines-2Dfor-2Dcovid-2D19-2Dvaccine-2Dpriority-2Dare-](https://urldefense.proofpoint.com/v2/url?u=https-3A_www.statnews.com_2021_01_11_for-2Dpeople-2Dwith-2Dtype-2D1-2Ddiabetes-2Dcdc-2Dguidelines-2Dfor-2Dcovid-2D19-2Dvaccine-2Dpriority-2Dare-)

[2Dpuzzling\\_dqZ2\\_5Tlg9aPIJwV22ej2eSRyNBPJgsD&m=pTqPx8cqJhgsLExRSZkhIH2qQgs7\\_R0toBWekbZx6wM&s=mrbRDh4zjl5pCigYN0IUfb-qpUgjKIMAZJ7NDiZsszk&e=](https://www.fda.gov/oc/2020/12/04/2Dpuzzling_dqZ2_5Tlg9aPIJwV22ej2eSRyNBPJgsD&m=pTqPx8cqJhgsLExRSZkhIH2qQgs7_R0toBWekbZx6wM&s=mrbRDh4zjl5pCigYN0IUfb-qpUgjKIMAZJ7NDiZsszk&e=)

Hope when Bobbie Wunsch is reading all the highlights of feedback, she mentions type 1 diabetes to be considered for Covid vaccines with type 2 and this committee includes us.

## **Sierra Fitch**

I'm writing to express a concern I have over the future of vaccine distribution in California, specifically regarding the newly released plans to vaccinate high-risk adults starting on March 15th.

As many states are putting together their future vaccination phase criteria, some, including California, are making the decision to prioritize individuals with Type 2 diabetes for an earlier phase of vaccination than those with Type 1. This seems to be due to some outdated guidance from the CDC's ACIP guidelines, which classified Type 2 individuals as "at increased risk" and classified Type 1 as "might be at increased risk."

This distinction may seem trivial, but I am very worried about the consequences. According to these guidelines, individuals with Type 2 diabetes would be placed in Phase 1 of vaccination due to their increased risk, but Type 1 diabetics would not be included in Phase 1 at all, and would likely have to wait until the general population could be vaccinated for their turn (unless they fell into another prioritized group in addition). The full ACIP recommendations can be found here: [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)

To be clear, I do not believe that Type 2 individuals should be de-prioritized - rather, I believe that all people with diabetes, no matter the type, should be able to be vaccinated in the same (early) phase. Many organizations and healthcare professionals are of this same belief, given that both categories of diabetes have highly increased risks for COVID-19 complications. See below for several relevant sources:

Vanderbilt University Medical Center:

"Researchers have discovered individuals with type 1 and type 2 diabetes infected with COVID-19 are three times more likely to have a severe illness or require hospitalization compared with people without diabetes."

<https://news.vumc.org/2020/12/04/researchers-urge-priority-vaccination-for-individuals-with-diabetes-due-to-increased-covid-19-impact/>

The American Diabetes Association:

"As the data make clear, differentiating between T1D and T2D for purposes of assessing COVID-19 risk is an error that could cost even more lives, and we urge CDC to correct this immediately," said Dr. Robert Gabbay, Chief Scientific and Medical Officer for the ADA. Because of this amplified impact, they are urging policymakers to prioritize these individuals for COVID-19 vaccination."



<https://www.diabetes.org/newsroom/official-statements/2021/ada-urges-CDC-to-give-equal-priority-to-people-with-t1d-t2d-for-vaccine-eligibility>

The Lancet:

“Importantly, several recent studies have shown that both people with type 2 diabetes and those with type 1 diabetes have an increased vulnerability to serious illness from SARS-CoV-2 compared with people without diabetes. In relative terms, patients with type 1 diabetes and those with type 2 diabetes had similar adjusted odds ratios (ORs) for hospitalisation (3·90 for type 1 diabetes vs 3·36 for type 2 diabetes), severity of illness (3·35 vs 3·42), and in-hospital mortality (3·51 vs 2·02).”

[https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(21\)00017-6/fulltext#.YAYuJqiS8dQ.twitter](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(21)00017-6/fulltext#.YAYuJqiS8dQ.twitter)

I realize that the California vaccination plan is still changing, and that it will still be at least a month before most people with either type of diabetes are able to be vaccinated. That’s why I feel it’s so important to raise this issue now. My hope is that this problem with ACIP’s outdated guidance can be rectified on a state level, and that Californians who have Type 1 diabetes can feel safe knowing that they will not be separated into later phases than Type 2 diabetics.

On a personal note, I am the long-term partner of an individual with Type 1, and I have seen firsthand how this autoimmune condition can allow infections to ravage the body and requires around-the-clock care. He is 27, and I am deeply concerned that he will be at the end of the vaccination line due to his age, despite the fact that many young people with diabetes have died or suffered terrible complications from COVID-19. Being hospitalized is extra risky for a diabetic, since they rely on healthcare workers to manage their glucose levels. In hospitals that are overrun with Covid patients, I worry that diabetics of any age or type will not be prioritized for care. My hope is that we can prevent as many diabetics as possible from being in this terrifying situation by making sure that all diabetics can be vaccinated in the same phase.

### **Darlene Garza, Grand Terrace**

I have had Type 1 diabetes for the majority of my life and as one of the estimated 189,120 people in California living with type 1 diabetes (T1D), I respectfully ask you to include people with T1D into Phase 1C of the vaccine allocation framework for distributing the COVID-19 vaccine. I 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. I 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. That said, today I want to draw 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>

Given the higher risks of severe illness and hospitalization from COVID-19, I join the chorus of others in urging you to prioritize access to the COVID-19 vaccine for those living with T1D in California. Many others and I will benefit immensely from the decision to overturn what is a significant oversight to leave out Type 1 diabetes from Phase 1C. Thank you for your time and consideration.

### **Parviz Rasti**

I am emailing you on the behalf of my wife. She is 65 plus years old with an underlying condition (diabetes). We live in Ventura County, Ventura city. On Feb 09/21 it was announced that people 65 and over can make appointments for vaccination. At once we went online and called to make an appointment. The entire Ventura county appointment centers were all booked and still are booked. She is really in need of getting vaccinated. It is a life-threatening situation for her! Please help her get her vaccine as soon as possible!

### **Lynn Murray**

I am a full-time wheelchair user and founder of the Placerville Mobility Support Group. This email is written primarily on behalf of persons with ambulatory impairment.

Roughly 3500 persons in El Dorado County suffer from some form of paralysis. And - as you know - paralysis often has a debilitating effect upon the diaphragm and makes the individual particularly susceptible to respiratory complications. Depending upon their level of injury, persons with spinal cord injury, for example, are especially compromised by paralysis.

I am concerned, therefore, that Phase 1B shows no designation for persons with these types of paralysis.

What plans does the committee have to rectify this and avoid unnecessary deaths among this demographic?

### **John Stewart, Santa Barbara**

My son is disabled and is at greater risk of COVID due paraplegia at the mid chest level. He also has reduced cognition due to a brain injury. There needs to be a category for people at greater risk due to developmental disabilities and handicapped disabilities due to injuries. Please consider this group. Thank you.

## **Connie Frenzel, PHN, MS**

As a former county public health nurse who use to manage vaccine clinics and a developmentally disabled nurse, I have the following suggestions

1. Allow both caregivers and their care recipients to get vaccinated at same time regardless of age. This will reduce multiple trips to vaccine clinics and multiple exposures since some caregivers (IHSS, respite workers, supported living staff, family members, ) must bring their care recipients with them since they cannot get a replacement or get time off work to go get vaccinated. This will allow high-risk populations such as disabled, those with chronic medical conditions requiring at home caregiver to receive a vaccine along with their caregiver. Logistically it makes sense
2. Allow Type I diabetes to have same priority as Type 2 diabetes. The data that CDC initially utilized to prioritize high-risk conditions is outdated and now incorrect.
3. Allow the developmentally disabled and mentally ill who may have difficulty or unable to wear a mask, have poor hygiene and also are likely to suffer serious effects from covid to have priority instead of putting them just in the regular tier of 14-64.

## **Randall Hagar, Policy Consultant and Legislative Advocate**

I write to request that you assign high priority access to vaccination allocations for people with schizophrenia. To support this request, I bring to your attention a recently published study<sup>1</sup> in *Psychiatry* (a Journal of the American Medical Association). The article concludes that “adults with a schizophrenia spectrum disorder diagnosis were associated with an 2.7x increased risk for mortality due to infection” with SARS-CoV-2.

The study distinguishes among a number of severe mental illnesses and finds that mood and anxiety disorders are not associated with increased mortality but that schizophrenia ranked second only to age as a predictor of mortality from COVID-19. A 2.7 times odds ratio compared to the general population without mental disorders was controlled for with consideration of other known risk factors (age, race and pre-existing medical conditions etc.).

The surprising magnitude of this risk is striking and would argue that people with schizophrenia, in whatever setting, should have priority access to vaccinations.

The Psychiatric Physicians Alliance of California would be happy to discuss these findings and our request related to it. Please contact me at [rhagar@capsychiatrists.org](mailto:rhagar@capsychiatrists.org).

---

<sup>1</sup> Association of Psychiatric Disorders With Mortality Among Patients With COVID-19  
*JAMA Psychiatry*. Published online January 27, 2021. doi:10.1001/jamapsychiatry.2020.4442

## **Andrew Fox**

Following up on my previous email I wanted to alert you to the fact that today New York announced that individuals with Type 1 Diabetes (in addition to Type 2 Diabetes) would be eligible for COVID-19 vaccines in a priority group, beginning February 15th. See [here](#) for NY's press release announcing Type 1 Diabetes's inclusion in the priority vaccine group.

## **Susan E. Quaggin, MD, FASN, President**

On behalf of the 22,000 kidney care professionals of the American Society of Nephrology (ASN), I am writing to ask for your assistance in sharing with California health officials administering your COVID-19 vaccination efforts ASN's urgent request to prioritize in Tier 1a, patients with kidney failure receiving dialysis, as well as the staff working in dialysis centers who provide this life-saving therapy.

ASN urgently requests that your State Department of Health prioritize these patients who have proven to be one of the most vulnerable groups of Medicare patients for hospitalization and mortality to COVID-19. More than 800,000 people in the United States have kidney failure, with more than 550,000 receiving dialysis.<sup>i</sup> People dependent on dialysis are extremely vulnerable to the effects of COVID-19, with COVID-associated mortality exceeding 20%,<sup>ii</sup> comparable to or even higher than COVID-associated mortality in long-term care facilities.<sup>iii</sup>

In people receiving dialysis, mortality was 37% higher during April 2020 as compared to the same calendar-months in 2017, 2018, and 2019 and 16% higher in subsequent months.<sup>i</sup> This persistent upsurge of mortality is ascribed to documented SARS-CoV-2 infections, undocumented viral infections, and decreased access to necessary non-dialysis-related medical care.<sup>iv</sup>

Nearly 90% of people on dialysis in the United States receive their treatments at in-center dialysis facilities. These individuals typically go to dialysis facilities three times a week, where they are treated for, on average, just under four hours in each session.

Their lives depend on their ability to receive dialysis treatments. Notably, people on dialysis have limited ability to physically distance, heightened vulnerability to infection, and poor outcomes if infected. Home dialysis patients also must travel to facilities to have blood work done and should be vaccinated at that time as well.

ASN is solely advocating for the ability to access the vaccine for these individuals, as any individual healthcare decision should rest with the patient and their physician.

People with solid organ transplant have also been identified as having a risk factor for increased mortality in patients with COVID-19 infection, and ASN urges these individuals to consult their physician and transplant team regarding COVID-19 vaccination. There are no COVID-19

vaccine trial data for transplant patients, however, the safety and efficacy of the vaccine in non-transplant populations looks very favorable.

ASN believes that it is imperative that the dialysis-dependent patients be prioritized for vaccination. To protect our vulnerable patient population, ASN and its more than 22,000 members are ready to help however needed in this crucial effort.

---

i United States Renal Data System. 2020 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2020. <https://adr.usrds.org/2020>

ii Sim JJ, et al. COVID-19 and survival in maintenance dialysis. *Kidney Med* [published online ahead of print November 24, 2020]. doi: 10.1016/j.xkme.2020.11.005; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7685033/>

iii Yi SH, See I, Kent AG, Vlachos N, Whitworth JC, Xu K, Gouin KA, Zhang S, Slifka KJ, Sauer AG, Kutty PK, Perz JF, Stone ND, Stuckey MJ. Characterization of COVID-19 in Assisted Living Facilities - 39 States, October 2020. *MMWR Morb Mortal Wkly Rep.* 2020 Nov 20;69(46):1730-1735. doi: 10.15585/mmwr.mm6946a3. PMID: 33211679; PMCID: PMC7676639.

iv Watson TH, Weiner DE, Yee J, Silberzweig J, for the Outpatient Dialysis Subcommittee of the American Society of Nephrology COVID-19 Response Team. Prioritizing COVID-19 Vaccination in Dialysis. *ASN Kidney News*. Available at <https://www.kidneynews.org/policy-advocacy/leading-edge/prioritizing-covid-19-vaccination-in-dialysis>

## **Jennifer Reid**

I write to ask you to include people living with type 1 diabetes in the list of those prioritized for COVID-19 vaccination eligibility alongside people with type 2 diabetes before moving to a general population or strictly age-based approach. People with type 1 diabetes are at greater risk of severe illness from COVID-19 than people without diabetes, as several studies have shown.<sup>2,3</sup> One recent study found people with type 1 diabetes are nearly four times more likely to be hospitalized.<sup>4</sup>

The US Centers for Disease Control and Prevention (CDC) has unfortunately not updated their guidance to reflect these data confirming the heightened risk people with type 1 diabetes face. However, many are urging the CDC to reconsider.<sup>5,6</sup>

States like New York,<sup>7</sup> Tennessee,<sup>8</sup> and Virginia<sup>9</sup> have not waited for updated CDC guidance; they have followed the science and included people with type 1 diabetes among those prioritized for COVID-19 vaccination. I hope California will follow their example to better protect people with type 1 diabetes by including them in groups prioritized for COVID-19 vaccination.

<sup>1</sup> Baron E, Bakhai C, Kar P, et al. Associations of type 1 and type 2 diabetes with COVID-19-related mortality in England: a whole-population study. *The Lancet Diabetes and Endocrinology*. [Internet]. 2020 Oct [cited 2021 Feb 5];8(10). Available from: [https://doi.org/10.1016/S2213-8587\(20\)30272-2](https://doi.org/10.1016/S2213-8587(20)30272-2)

<sup>1</sup> McGurnaghan S, Weir A, Bishop J, et al. Risks of and risk factors for COVID-19 disease in people with diabetes: a cohort study of the total population of Scotland. *The Lancet Diabetes and Endocrinology*. [Internet]. 2020 Dec [cited 2021 Feb 5];9(2). Available from: [https://doi.org/10.1016/S2213-8587\(20\)30405-8](https://doi.org/10.1016/S2213-8587(20)30405-8)

<sup>1</sup> Gregory J, Slaughter J, Duffus S. COVID-19 Severity Is Tripled in the Diabetes Community: A Prospective Analysis of the Pandemic's Impact in Type 1 and Type 2 Diabetes. *Diabetes Care*. [Internet]. 2021 [cited 2021 Feb 5];44(2). Available from: <https://doi.org/10.2337/dc20-2260>

<sup>1</sup> Cooney E. People with type 1 diabetes have a higher risk of dying from Covid-19. Why are they lower on CDC's vaccine priority list? *Stat News*. [Internet]. 2021 Jan 11 [cited 2021 Feb 5]. Available from: <https://www.statnews.com/2021/01/11/for-people-with-type-1-diabetes-cdc-guidelines-for-covid-19-vaccine-priority-are-puzzling/>

<sup>1</sup> Gans J. Advocacy groups call for including Type 1 diabetes among prioritized vaccine recipients. *The Hill*. [Internet] 2021 Jan 21 [cited 2021 Feb 5]. Available from: <https://thehill.com/policy/healthcare/535246-advocacy-groups-call-for-including-type-1-diabetes-among-prioritized>

<sup>1</sup> Governor Cuomo Announces List of Comorbidities and Underlying Conditions Eligible for COVID-19 Vaccine Starting February 15. Press release. [Internet]. 2021 Feb 5 [cited 2021 Feb 5]. Available from: <https://www.governor.ny.gov/news/governor-cuomo-announces-list-comorbidities-and-underlying-conditions-eligible-covid-19-vaccine>

<sup>1</sup> Tennessee Department of Health. COVID-19 vaccination plan. [Internet]. 2021 Jan 22 [cited 2021 Feb 5]. Available from: [https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/COVID-19\\_Vaccination\\_Plan.pdf](https://www.tn.gov/content/dam/tn/health/documents/cedep/novel-coronavirus/COVID-19_Vaccination_Plan.pdf)

<sup>1</sup> Virginia Department of Public Health. When can I get vaccinated? [Internet]. 2021 [cited 2021 Feb 5]. Available from: <https://www.vdh.virginia.gov/content/uploads/sites/191/2021/01/Vaccine-Eligibility-Text-Version.pdf>

## **Susan Griffin**

The decisions made about vaccination priority should be based on scientific evidence not politics. People at the greatest risk of serious, life-threatening complications from COVID-19 should be at the top of the priority list for vaccines after health care workers. This is not happening in California now. Here, people 65 and older have been moved up from the 1C to the 1B priority list, but people with underlying medical conditions that put them at greater risk of serious complications and death have not been. These conditions include chronic kidney disease, lung diseases, like COPD and cystic fibrosis, diabetes, cancer, and sickle cell disease, and there is ample medical evidence to prove these groups have worse outcomes than other people in the same age range without these conditions. These groups are at as great, and in many cases greater, risk than people 65-74, so it makes no sense for them not to appear on the 1B priority list. I urge you to change this because it is both medically sound and morally necessary to protect the people at the greatest risk.

## **Emily Parker**

I'm a Type 2 diabetic but not diabetic enough to be a priority, apparently. This is incredibly frustrating for those of us under age 65 with an A1C less than required to be eligible for the March 15 group. So we'll wait for our age group along with healthy Californians. Just hoping we make it. Re-prioritization won't solve the vaccine shortage, though, unfortunately.



## **Janine**

I understand the enormous task at hand in prioritizing the vaccine and Tier One group A is well thought out and executed. In the beginning it was our understanding that folks like myself with 2 or more underlying conditions would be in the next phase after in-home health care workers. This has now been changed and bumped down with the 50+ group. I have been self quarantined since the week before Thanksgiving. I have been ill for 10+ years with multiple issues and forced to retire at just 40. I've caught a cold 2 times in that time and both times developed pneumonia. I have had no one in my house in 5 months. My Dr appointments are via video with urine samples every 4 months. It's too risky for me to see my dentist and due to osteoporosis and clench jaw I have cracked and lost 2 complete crown molars and lost half of an incisor which have all gone untreated and has caused significant discomfort. I need xrays from 2 of my specialists for bone degeneration that I have been delaying due to COVID. I'm likely looking at 2 surgeries due to nerve damage fairly soon after I get vaccinated. I do not understand the logic of grouping 65 + prior to folks who have compromised immune systems. I know many people in my neighborhood who are over 65 that are just as active and healthy folks who are in their 40s. I do not believe that being 65 puts the majority of that population at a greater risk than folks like myself who have been struggling with serious health issues. I know this is not going to change anything as far as the tier priority is constructed but I felt it was important to let this committee know that not only myself but every single person I have talked to does not see the logic in this particular phase.

## **Marty Acevedo, MS, RD, Secretary, Parkinson's Association of San Diego, Advocate, Michael J Fox Foundation**

In your publication dated February 3, 2021, the proposed Phase 1 & 2 allocation for phase 1c now reads "people aged 65-74 years, persons aged 16-64 years with high-risk conditions, essential workers not recommended in Phase 1b." This indicates a change from the current recommendations for persons aged 50-64 in Phase 1c.

Additionally, neurologic diseases (other than dementia) are not specifically identified as "high-risk conditions". While those with Parkinson's disease do not appear to be at higher risk of contracting SARS-COV-2, they are at a higher risk for complications from the virus, regardless of age. People with PD are more susceptible to pneumonia and infection. A late spring/early summer 2020 study by the Michael J Fox Foundation found that people with Parkinson's who contracted COVID had increased exacerbation of their PD symptoms; a longer duration of PD is associated with more severe illness and increased mortality. A University of Iowa study found similar results, <https://www.medpagetoday.com/neurology/parkinsonsdisease/87719>  
<https://medicine.uiowa.edu/content/people-parkinsons-disease-have-higher-risk-dying-covid-19>

A New England Journal of Medicine study identifies that people with Parkinson's disease are at moderate risk for complications and suboptimal outcomes.  
<https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0116?query=CON>

The NHS in Great Britain and this reference from the British Medical Journal (<https://www.bmj.com/content/371/bmj.m3731>) identify Parkinson's disease as a condition moderately associated with increased risk of complications.

Clearly, those with Parkinson's should be included in the phase 1c category. Approximately 10% of Parkinson's patients are diagnosed as Young Onset Parkinson's Disease, with initial diagnosis at <50 years of age. Additionally, there are many people with PD >60 but <65. CDPH released its California Parkinson's Disease Registry Program Summary last summer; there are approximately 9500 people in California between 16 and 65 living with Parkinson's disease (13% of all reported cases of PD in the state).

[https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDSRB/CDPH%20Document%20Library/CPDR/CPDR\\_JulyFactsheet\\_v14\\_ADA.pdf](https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CDSRB/CDPH%20Document%20Library/CPDR/CPDR_JulyFactsheet_v14_ADA.pdf)

As a YOPD person with Parkinson's disease, now age 61, I urge you to include Parkinson's disease as a high-risk condition for complications and include those living with PD in the 16-64 age group, or phase 1c, in reference to administration of the COVID vaccination.

Second email from Mr. Acevedo:

Thank you for your continued good work, guided by science, related to the pandemic and San Diego county's subsequent response. We would not be where we are today without your leadership.

I again write to you as a member of and as an advocate for the Parkinson's disease community in San Diego county. Revised guidelines for administration of the COVID vaccine were released yesterday and announced today. Neurologic diseases were not mentioned as a criteria for administration of vaccinations for ages 16-64. A [study](#) from The Roy J. and Lucille A. Carver College of Medicine at the University of Iowa, [a Parkinson's Foundation Center of Excellence](#), showed that people with Parkinson's who contracted COVID-19 had a 30 percent increased risk of mortality (death) from the virus. Additionally, the Parkinson's Foundation and the Michael J Fox Foundation advise that all people with PD are at increased risk for serious complications from COVID and are urging early access to vaccination. Indeed, Governor Cuomo (New York) included PD as a high-risk condition, thus allowing his constituents with Parkinson's disease to have access to vaccination as early as 2/15/2021.

One might think that Parkinson's disease is a disease of the elderly. While true, at least thirteen percent of those living with PD in California are under the age of 65. I can certainly provide additional references about Parkinson's disease and the risk to those of us with PD from COVID. Additional information is available in the email to Drs. Wooten and McDonald, sent earlier this week.

I urge you and your colleagues to include Parkinson's disease and other neurologic conditions in the categorization of underlying conditions with risk of serious complications from COVID; allow us to continue to live our best lives by having access to vaccination sooner rather than later.



**Marco Barcena, Mayor, and Alejandra Cortez, Councilwoman, City of Bell Gardens**

The City of Bell Gardens supports your efforts in prioritizing the COVID-19 vaccine to essential workers and according to age and risk-based assessments. *We respectfully request your assistance in prioritizing the COVID-19 vaccines for people who have underlying chronic health conditions and/or disabilities* as these Californians face severe and life-threatening complications due to COVID-19. We fear that if you do not prioritize the vaccines as stated above, our hardworking communities of color of which a high percentage have severe health conditions will continue to be exposed to the virus, die at a higher rate and live with long term chronic medical complications.

The City of Bell Gardens' population is 95.8% Latino. The COVID-19 pandemic has revealed deep-seated inequities in the healthcare system for communities of color and has amplified social and economic factors contributing to poor health outcomes. The wave of COVID-19 infections among Latinos and Blacks continues to increase daily. Individuals in our low-income communities are dying from COVID-19 at three times the rate of white people in the area. State data shows that more than 19,000 California Latinos died of COVID-19, far more than any other race or ethnic group. Moreover, according to the United States Centers for Disease Control and Prevention, minorities are being hospitalized at a rate four times higher than their non-suspect class counterparts. In fact, in the City of Bell Gardens the documented infection rate is 19% as compared to the L.A County infection rate of 11% and the State infection rate of 9%.

These statistics are worrisome for the City of Bell Gardens as the majority of our residents are part of the state's essential workforce, low income, and live in multi-generational households. Our residents live in fear of contracting the virus as their underlying medical conditions and disabilities make them more susceptible. Our residents are battling between earning a paycheck and going hungry and between earning a paycheck and taking the virus home to a family member who will not have the opportunity to receive the vaccine any time soon. Our families often times do not count with adequate spacing at home to follow proper quarantine procedures as to not expose other family members. For these and many other socio-economic reasons, our communities in Southeast Los Angeles are dying and they are being forgotten. We respectfully request that California prioritizes any individuals with a disability and/or a chronic health condition to receive the COVID-19 vaccine next to help our communities.

We thank you for your time and stand with you ready to work together to ensure equity in any and all future distribution of the COVID-19 vaccinations.

**Sonja Diaz**

We are deeply grateful for the Governor's leadership during this unprecedented public health crisis and write to the Governor as a diverse cadre of over 60 Latino leaders and allies who have coalesced to provide your Administration strategic input on substantive and descriptive representation in the world's fifth-largest economy. We find ourselves at yet another major

crossroads in the COVID-19 pandemic and believe that your Administration must take concrete steps to prioritize the state's plurality population in vaccine distribution to immediately correct the unequal rollout that is leaving too many frontline communities behind.

Please find attached a letter that identifies opportunities to ensure our most critical and vulnerable workers and their households are vaccinated. We hope that by taking the critical steps outlined in this letter to expand access to the COVID-19 vaccine, we can more quickly end the pandemic, bridge racial and economic divisions, and truly bring to fruition an inclusive democracy and agile economy.

### [UCLA LPPI LETTER PDF](#)

**Thach-Giao Truong, MD, President, Association of Northern California Oncologists and Ashkan Lashkari, MD, President, Medical Oncology Association of Southern California**

On behalf of the Association of Northern California Oncologists (ANCO) and the Medical Oncology Association of Southern California (MOASC) we write to thank you for your dedication to developing carefully considered and data-driven recommendations on how to distribute the COVID-19 vaccines. As you work to ensure more Californians can access the vaccine as quickly as the supply is available, we wanted to share data on the impact of COVID-19 on cancer patients and survivors. We urge you to consider including them in the highest risk priority categories, so they may receive COVID-19 vaccination as soon as possible.

ANCO and MOASC represent the cancer care teams who treat the thousands of patients with cancer and survivors in California. As you make recommendations about the distribution of the vaccination, our hope is that you will consider prioritizing patients with cancer because of the compelling data that shows the increased risk to them patient of with worse COVID-19 outcomes when in active treatment or with a history of cancer. We are writ ing to ask you to specifically acknowledge patients with cancer and survivors as a high- risk group for developing complications and severe forms of COVID-19 and to therefore be placed in Tier 1b (or its equivalent) with expedited access to COVID-19 Vaccines.

The Centers for Disease Control and Prevention (CDC) considers people diagnosed with cancer a group at increased risk of developing severe COVID-19.(1) They explicitly state that having cancer currently increases your risk of severe illness from COVID-19.

The Association for Cancer Research AACR's COVID-19 and Cancer Task Force recommended that patients with cancer should be considered for priority access to COVID-19 vaccines due to their increased risk of mortality from COVID-19 infection. The task force reviewed the available literature on fatality rates of patients with cancer who developed COVID-19 and based their recommendation on 28 peer-reviewed publications.

According to the task force's review- announced Dec. 19 and published in *Cancer Discovery- COVID-19* fatality rates for patients with cancer were double that of patients without cancer. Even when adjusted for age, sex, and comorbidities, the mortality rates trended upward,

indicating a greater risk for severe disease and mortality due to COVID-19 in patients with cancer.(2)

The American Cancer Society and the American Society of Clinical Oncology have also called on the Centers for Disease Control and Prevention to give patients with cancer a higher priority amid the rollout of vaccines against COVID-19. In a Dec. 18 letter to the CDC's Advisory Council on Immunization Practices, leaders at ACS and ASCO cite "compelling data that shows worse COVID-19 outcomes" in patients with cancer and people with a history of cancer.

The National Comprehensive Cancer Network• recently released guidelines for vaccination of patients with solid tumors and recommends vaccination for all cancer patients when vaccine is available.(2) They go on to specify that all patients in active cancer treatment should get immunized and go even further to state that all cancer caregivers should also be prioritized.

Currently, California's patients with cancer are not included in the California Department of Public Health's Tier 1 for vaccine prioritization. It should be noted, on February 5, 2021, the State of New York listened to this evidence and amended their vaccine eligibility group to include cancer patients beginning February 15, 2021.

Based on the data and expert recommendations noted above, we strongly recommend that you prioritize Californians fighting cancer such that they can have immediate access to lifesaving COVID-19 vaccines.

Please know that this issue is incredibly personal and even more urgent for patients and survivors.

1. CDC. People with Certain Medical Conditions. December 29, 2020. Available at <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html> • Accessed 1/22/2021.
2. Ong MBH. cancer groups urge CDC to prioritize cancer patients for COVID-19 vaccination. Available at [https://cancerletter.com/articles/20210108\\_2/](https://cancerletter.com/articles/20210108_2/) . Accessed 1/22/2021.
3. NCCN. Preliminary Recommendations of the NCCN COVID-19 Vaccination Advisory Committee. Available at [https://www.nccn.org/covid-19/pdf/COVID-19\\_Vaccination\\_Guidance\\_V1.0.pdf](https://www.nccn.org/covid-19/pdf/COVID-19_Vaccination_Guidance_V1.0.pdf)

## **Carla Salehian**

I am writing to ask that you and your department please prioritize vaccination of all high-risk Californians regardless of age and wish to express disapproval of the removal of Phase 1C. To be placed at the back of the vaccination line is devastating for young disabled and chronically ill people, who by the CDC's own definition have been identified as "high-risk" from the very beginning of the pandemic. Like older adults, young people with pre-existing conditions have a greater chance of contracting COVID-19 as well as worse clinical outcomes that can affect the rest of our lives.

As a 32-year-old with Spinal Muscular Atrophy (a debilitating neuromuscular condition that affects lung health and can progress to pneumonia, respiratory failure, and death via viral illness), this topic is personally stressful for me as it is a reminder how young disabled people are

treated as invisible or a burden to the system. It is ableist and dehumanizing. For almost a year, I've had to put off many regular in-person doctor visits for fear of exposure to the virus, which in the long term, will most definitely start to affect my overall health trajectory. Other health services, such as hospital treatments cannot be put off, meaning I *must* expose myself to high-risk areas such as hospitals for lack of alternate options. This necessary contact with service providers and dependency on caretakers means we are both more likely to die, and less able to limit our exposure.

I urge you to please reconsider your decision and change course immediately. I understand the desire to get as many people vaccinated as soon as possible but the negative effects on delaying vaccination protection to the younger disabled community are overwhelming and it is long overdue that our needs be considered and prioritized during this pandemic.

### **Carl**

When will people 64 years old with high blood pressure and taking immune suppression drugs be able to get covid19 vaccine?

Why are young grocery, bar and restaurant workers getting vaccines before people at most risk like me who is 64 years old?

### **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 years 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.

## **Eden Rapp**

My name is Eden Rapp and I have Down Syndrome. I work part time at Mad Pizza. Because I have to get to be vaccinated and I am at risk, so my hours has reduced to 4 hours on the weekend. I need the vaccine so that I can be more helpful and more accessible to my bozz at work at Mad. SO my question is how can I help get more vaccines in California so more people like me can get vaccines so that they can be more helpful and accessible to their boss?

## **Maureen Moe Mendoza**

I am writing to advocate for the need of the State of California to act upon individuals that have underlying medical conditions and or disabled were their caregivers, nurses, LVN's, and family members have been vaccinated under Phase 1 Tier 2 be also vaccinated. Having only the medical staff, caregivers, and family members vaccinated does not protect the person that falls under medical conditions and or disabled that are a Regional Center consumer, IHSS recipients, or group home consumer the protection of not contracting COVID-19. Just because they are disabled and have medical conditions does not give the State of California the right to ignore this population and let them die unnecessarily.

I am a caregiver and have been fully vaccinated and still unable to go out and grocery shop, pick up medication, shop for clothes, pick-up food curbside, etc. for my son or me. This is due to the fact that I can't interact with others outside the household because I might come into contact with someone that is positive with COVID-19 and contract it whereas I will not be affected but this would kill my son. My son when he was a toddler contracted Gram-Negative which is like COVID-19 which almost took his life, COVID-19 will kill him due to his lungs have gotten much worse. Just because someone is disabled and has medical issues doesn't mean they should be left behind. This population deserves to be vaccinated now considering that they are more than likely to die if they contract COVID-19.

The state of California has to have compassion with this population and allow them to be vaccinated now so more of this publication don't die unnecessarily. Where is the dignity and respect for this population?

## **Elisa Herman**

I read that the advisory committee is meeting again tomorrow, Friday, February 5th.

It is extremely important to ask for help in getting younger people that are high-risk for Covid hospitalizations and death to be out on a priority tier for vaccinations. They are vulnerable, scared and need to know California is looking out for them by putting them on higher vaccine priority by health risk and not just by age. Their age will not protect them from getting seriously sick or dying from Covid. Many of their disabilities already decrease their life span pre-Covid.

Please do the right thing, the moral thing, the California thing and take care of one of our State's most vulnerable. Give them a chance to get vaccinated.

If someone is actually reading this, thank you. Our stories matter.

### **Marcy A Ketchem Mantych**

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 comorbidities<sup>2</sup>.

#### References:

1. Neutralizing antibodies in Spike mediated SARS-CoV-2 adaptation; SA Kemp, DA (<https://doi.org/10.1101/2020.12.05.20241927>)
2. Risk Factors for COVID-19 Mortality among Privately Insured Patients (<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>)
3. Worldwide Examination of Patients with CLL Hospitalized for COVID; L. Roeker <https://ash.confex.com/ash/2020/webprogram/Paper136408.html>

### **Kristina Harvey**

I need your help. I am 56 years old and have metastatic breast cancer. As a result, I have a compromised immune system. The current coronavirus vaccine tiers for the state of California do not prioritize people like me in my age group. This is contrary to recommendations from the CDC. Given the difficulty of making an appointment for the virus, combined with a limited supply, I urge you to give priority to cancer patients ahead of others in their age group. We are much more likely to have severe symptoms and die. Thank you.

**Mary B. Dwight, Chief Policy and Advocacy Officer, Senior Vice President of Policy and Advocacy Cystic Fibrosis Foundation**

On behalf of the 2,500 people living with cystic fibrosis in California, we write today to urge the Community Vaccine Advisory Committee to ensure people with high-risk medical conditions—including cystic fibrosis—are prioritized for early access to COVID-19 vaccines.<sup>1</sup> We recognize the monumentally difficult task public health officials face when creating allocation plans that are both equitable and actionable during this crisis, and we appreciate the immense effort state public health departments have put into creating plans to allocate limited supplies of COVID-19 vaccines.

Our comments below call on the committee to ensure those with CF are prioritized for access to COVID- 19 vaccines with others with high-risk conditions in the state’s prioritization plan.

**Background on Cystic Fibrosis and COVID-19**

The Cystic Fibrosis Foundation is a national organization actively engaged in the research and development of new therapies for cystic fibrosis – a rare, life-threatening genetic disease that affects more than 30,000 people in the United States. The buildup of thick, sticky mucus in the lungs characteristic of the disease makes people with CF particularly prone to chronic respiratory infections. These chronic infections are punctuated by pulmonary exacerbations, events that are a risk factor for an irreversible decline of lung function and associated with morbidity and mortality. A significant proportion of pulmonary exacerbations are triggered by respiratory viral infections. With continued progress of the disease, some individuals with CF and advanced lung disease pursue lung transplantation.

The absent or malfunctioning protein that causes CF is also associated with a wide range of disease manifestations beyond the lungs, including pancreatic insufficiency that can lead to malnutrition, gastrointestinal issues, biliary cirrhosis, and diabetes mellitus.

While we have seen incredible progress in recent decades for those living with cystic fibrosis, COVID-19 represents a serious threat for this population. The strongest evidence to date on the threat COVID-19 poses to those with CF comes from a global analysis of 181 COVID-19 cases among people with CF.<sup>2</sup> From that analysis, it appears CF patients with advanced lung disease, those that are post-lung transplantation, and those with diabetes mellitus may be at risk of severe outcomes including death.

Due to the known risks posed by viral infections and multi-system manifestations of the disease described above, people with CF should be considered at increased risk of poor outcomes from COVID- 19 infection, and the Centers for Disease Control and Prevention (CDC) has listed CF as a condition that may put individuals at increased risk for worse outcomes.<sup>3</sup>

**Clear Communication on the Vaccination Process Is Needed to Support High-risk Patients**

We urge California to bring increased transparency around vaccine eligibility and access so patients with high-risk conditions like CF can understand how and when they may receive a vaccine. This pandemic has been enormously taxing on many in the CF community, and for those living with CF and their families, prioritized access to a vaccine means regaining some

sense of safety, normalcy, and ultimately a return to society. Instead of seeing a light at the end of the tunnel now that vaccines are publicly available, many in our community feel anxious and frustrated by ongoing confusion about vaccine access.

People with underlying conditions, such as those with CF, remain confused as to whether they qualify for prioritized access to COVID-19 vaccines, how they will be notified when they become eligible, how they will be expected to demonstrate eligibility at the time of vaccination, and where they will need to go to get vaccinated. We urge the committee to ensure more clarity is provided around which high-risk medical conditions are being prioritized for vaccine access, and more information on how patient communities like ours may navigate the process when their time comes to get vaccinated.

#### Individuals with Cystic Fibrosis Must Be Prioritized for Access to COVID-19 Vaccines

As the committee defines “high-risk medical conditions” in phase 1c of the state’s plan, we urge you to follow the allocation recommendations put forth by the CDC’s Advisory Committee on Immunization Practices (ACIP). Additionally, we call on the committee to heed further CDC guidance on the limitations of evidence for rare disease patients and the need for physician discretion in identifying individuals for early vaccine access in order to support prioritized vaccine access for people with CF.

The recommendations released by the ACIP are the result of months of careful deliberation by vaccine and public health experts and input from thousands of stakeholders. The ACIP and other decisionmakers sought to balance competing ethical principles and public health priorities, as well as the urgency of improving health equity in vaccine distribution plans. Importantly, the committee’s process has included meaningful public engagement and transparency on how the committee weighed different considerations related to prioritized populations.

The ACIP recommendations are accompanied by important CDC guidance on the limitations of available guidance recommends using clinical judgement in identifying patients whose individual risks factors warrant priority vaccine access but whose condition may not be on the CDC’s list of high-risk conditions.<sup>4,5</sup> Together, these recommendations support prioritized vaccine access for people with CF and other rare disease populations that, due to small population size, are unable to generate the same level of evidence on the risk of severe illness from COVID- 19 as substantially larger disease populations.

We urge the committee to ensure people with CF and other rare diseases that may increase the risk of worse outcomes from COVID-19 infection can get vaccines alongside other patients with high-risk conditions under the state’s plan. We ask that the committee incorporate the additional CDC guidance into the state’s allocation plan and ensure clinician discretion may be used in identifying additional individuals at high-risk for prioritization purposes.

Once again, we thank you for your attention and consideration of people with CF as you tackle these difficult issues. It is critical that all state COVID-19 vaccination plans ensure early vaccine access for vulnerable populations like those with CF. We look forward to working with you as the state continues to revise and develop further allocation recommendations for COVID-19 vaccines.



<sup>1</sup> <https://covid19.ca.gov/vaccines/>

<sup>2</sup> Cosgriff, Rebecca et al. "The global impact of SARS-CoV-2 in 181 people with cystic fibrosis." *Journal of Cystic Fibrosis* (2020), in press

<sup>3</sup> <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

## **NoBodyIsDisposable Coalition**

Thank you for the announcement that there is progress being made on prioritizing Californians with high-risk disabilities and/or conditions. In finalizing the solution, please understand that people need a hand, not a hurdle. Special restrictions that prevent people with high-risk disabilities/conditions from using vaccination sites that are designed to be convenient and welcoming from an equity lens puts an unfair burden on Black, Brown, Indigenous, and members of certain other racial/ethnic communities who are also disabled.

Outside the Oakland Coliseum, Governor Newsom said, "Equity is the calling of this moment." He explained, "The reason this site was chosen was so communities that are often left behind are not left behind in terms of the administration of these vaccines." We were relieved to hear Dr. Burke Harris clearly state that equity includes service and accessibility for individuals with disabilities. Now we need your help to connect the dots. Please make a reasonable accommodation by altering the proposed recommendation so that, for example, disabled people living near the Coliseum get the benefit of a convenient vaccine site, rather than being forced to undergo the risks and difficulties of travel to a separate site due to their disability/condition.

As you read today's stories, please imagine how you can make their vaccination process as easy as possible:

*"I have issues with my spine that are steadily getting worse during quarantine due to the risks associated with medical care, physical therapy, and body work (and the even larger risk of medical fatphobia should I contract COVID.) At this point I don't even know if these issues are something that can be resolved with treatment or if they will become chronic or become even worse and more disabling before I can safely access care."*

- California Survey Respondent. Isolating since March 2020.

*"I fear I am experiencing symptoms of high blood pressure and am developing a mass on my leg, but don't want to go in to a medical facility out of fear of covid19. I also fear I won't be taken seriously anyway because I am a fat Black woman which makes the risk even less worth it."*

- California Survey Respondent. Isolating 7 months.

*"I rely on daily support from personal care attendants, my attendants live in separate households and this places me at a higher risk for exposure to COVID-19."*

-California Survey Respondent. No medical appointments

*“I’ve run out of meds refills, so my diabetes is much less controlled. It means I’m unable to treat my frequent migraines, and am way more depressed too. I’m also out of Rx pain meds, and am in more pain daily.”*

-California Survey Respondent. Isolating “since the beginning”

Thank you for your work. We remain concerned about ALL Californians who are at high-risk. Incarcerated people and all people in congregate care settings need priority access to the vaccine. We are eager to hear your further recommendations and hope those will come soon.

Follow-up from #Nobodyisdisposable

Thank you so much for your reply - we are very grateful that you are taking the time to read our emails. At the same time, we were incredibly disappointed to hear the messaging in your interview with ABC7 today. If leaving this group behind is not your preference, we want to work with you to provide the support you need to advocate for a more equitable policy for the state.

How can we support you?

We still have hundreds of stories to share of high-risk Californians who have been delaying urgently needed medical care while they wait for access to a vaccine, 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.

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.

**Disability Justice League, Bay Area, Disability Visibility Project; Disability Justice Culture Club; Sins Invalid; National Association to Advance Fat Acceptance; #NoBodyIsDisposable Coalition; Fat Legal Advocacy, Rights, & Education Project (FLARE); Independent Living Resource Center San Francisco; Fat Rose; Senior and Disability Action; Health Justice Commons; Nolose, LA Spoonie Collective**

1) We appreciate that California state leadership has [finally provided a date](#) when disabled people, fat people, and people with specific medical conditions can get vaccinated. However, the latest plan fails to communicate how it will meet the needs of our communities and must be further articulated.

2) Time is *not* on our side. March 15th marks more than a full year of delayed care for many people who are fat or have high-risk disabilities and medical conditions, including many chronically ill and immunocompromised individuals, [hereafter called “people with high-risk disabilities/conditions”] during which time critical routine care continues to be delayed such as cancer screenings and chemotherapy treatment.

- For people with high-risk disabilities/conditions who have not been able to isolate, it is at minimum more than a month of additional exposure risk.
- People with high-risk disabilities/conditions individuals are forced to wait another month or longer when veterinary staff and outdoor exercise instructors have been eligible for the vaccine, and people who work from home continue to be vaccinated.
- People with high-risk disabilities/conditions continue to die, remain at higher risk than people without disabilities, and are susceptible to a permanent worsening of pre-existing conditions as a result of decisions made by the CA Department of Public Health’s to delay vaccine access for high-risk Californians.

The Governor has repeatedly made decisions that have gone into effect immediately yet people with high-risk disabilities/conditions are not being seriously considered.

3) Vaccinations for people with high-risk disabilities/conditions cannot be limited to provision by health care providers. An express statement clarifying that people with high-risk disabilities/conditions can receive vaccinations at the site of their choosing should be clearly communicated.

- Populations who do not have a primary care provider may only receive their healthcare through emergency rooms/urgent care, or small or temporary clinics. These populations will continue to experience challenges in terms of access to the vaccine.
- Racial, class, weight, and gender biases within the healthcare industry are well known and documented. The current plan creates additional barriers for Black people and other communities of color, economically under resourced people, and higher weight people, all of whom already experience higher levels of bias and discrimination from health care providers, by forcing additional visits to healthcare providers in order to receive the vaccine.
- Furthermore, individuals who are heavily policed based on gender identity should likewise be free to choose the vaccination environment most friendly and accessible, which may not be a healthcare provider.
- People with high-risk disabilities/conditions require access to the vaccine at accessible public sites per Section 504, Rehabilitation Act of 1973 and ADA requirements apply *Refer to Section 794* “Nondiscrimination under Federal grants and programs.”
- In the State of CA, [Majority of people with disabilities ages 18-64 live considerably below poverty level](#). West Virginia, opting out of [a federal program partnering with CVS and Walgreens to vaccinate long-term care and assisted living](#), instead delivering its vaccine supply to small, independent pharmacies with established relationships in their communities, presents a model that can be used in underserved neighborhoods who may otherwise experience access barriers, for example if individuals aren’t tech savvy or do not have access to a computer.
- Relegating people with high-risk disabilities/conditions to private health providers presents an additional obstacle because they may not always have the vaccine available or may not make it available to all eligible groups promptly.

People with high-risk disabilities/conditions must have access at all public facilities providing vaccinations, just like nondisabled people; separate is not equal.

4) The State’s guidance provides:

“Healthcare providers may use their *clinical judgement* [emphasis added] to vaccinate 16-64 who are deemed to be at the very highest risk...from COVID-19 as a direct result of one or more of the following severe health conditions...”

Inserting “clinical judgment” in this context does nothing but invite bias. Californians who meet the significantly narrowed CDC-list of conditions should automatically be eligible for vaccination. There should be no further requirement that a doctor deem them to be “at the very highest risk” and no invitation to screen them out via “clinical judgement.”

EXAMPLE: We are aware of a 40-year-old woman who meets the narrowed vaccination criteria due to weight and diabetes, and who is forced as an essential worker to interact with members of the public every day but was told by a doctor that she does not need to worry about COVID because of her age.

5) Other states are guided by [the CDC list](#), which is broader than California's list. The California list of articulated conditions is extremely curtailed, which causes three problems:

- This puts more power into providers' discretionary decisions. This, in turn, automatically disadvantages people of color, economically under resourced people, and fat people, all of whom tend to face systemic medical bias. This is not equity.
- Higher weight, diabetes, hypertension are all conditions that may be more prevalent among certain communities of color, but these conditions are all limited (BMI must be over 40, A1C must be over 7.5, hypertension is excluded) on California's list. The result will impose further hurdles to vaccinating the most vulnerable Black, Brown, and Indigenous people in California. This is not equity.
- After taking much longer than other states, California should have a more comprehensive list of automatically qualifying conditions. This is not equity.

Notably, HIV/AIDS, autoimmune conditions, people delaying gender affirmation or other critical surgeries, and similar should be considered for automatic inclusion.

6) Nobody is disposable. Disabled people using in-home care through formal or informal service providers or through mutual aid provided by family/friends/community, people with high-risk disabilities/conditions who would be in residential facilities but for the threat of COVID-19, as well as those in psychiatric facilities, group homes, board and cares, or other congregate settings including jails, prisons, and detention facilities, houseless individuals who are not a part of the shelter system should all be in the same category as people in nursing facilities, or at least moved into 1B Tier 1.

7) We continue to ask that a representative from the disability justice community be included on the advisory committee. Disability Justice principles take into account race, class, and other identity and systemic factors that impact people with disabilities. The interests of disabled and higher weight Black, Indigenous and brown viewpoints are not currently adequately represented in the advisory group or on the workgroup.

8) We object to the total lack of community and civil rights representation for fat individuals on the advisory board, despite the fact that approximately 1 in 4 Californians are higher weight, weight discrimination disproportionately impacts Black people and other communities of color, fat people face potential discrimination during crisis care, and they may be at heightened risk for severe COVID-19 illness.

The current plan sends a message about California's priorities that is inconsistent with the State's commitment to equity. If the Governor and the Working Group are truly committed to equity, the plan must be improved.

## Margaret Mele

Why are you continuing the systemic oppression of the California disabled community in this Vaccine Roll-out? I am a California resident and am [#HighRiskCA](#). I rely upon a Ventilator Machine to push air into my lungs to breathe 24/7 because I have a degenerative neuromuscular condition. I am at high-risk for COVID and I need to get vaccinated. The new guidelines to only vaccinate by age leave out people like me who are at high-risk for becoming very sick with COVID. You are continuing the State's pattern of marginalizing and harming disabled people. Other states are vaccinating high-risk people of all ages. It's irrational to withhold the vaccine from some of the highest risk people simply because they aren't over 65 years old. *It feels like authorities are punishing those of us who happen to be privileged enough to be able to choose to live in our COMMUNITY rather than a Skilled Nursing Facility.* While I understand we aren't in a group facility, we are still very connected to healthcare workers, services, and infection opportunities.

California has a disgusting precedent of allowing the traditional medicalized models of disability to pathologize disabled individuals while ignoring the broader social context of stereotyping and discrimination. If I am not constantly advocating and educating "professionals" who look down their noses at my years of lived experience, I will lose my life supporting benefits and could even die.

I should be being vaccinated during the same Tier 1 as my 6 personal care attendants because I am forced to be an unpaid "healthcare worker" simply to live and receive my life supporting benefits and treatments. That unpaid "job" and the other financial constraints & penalties the State and Feds require to keep those life-sustaining services, makes any self-sustaining employment out of reach to all except a handful of the most resourceful disabled people in California. Keeping most disabled people in dire POVERTY.

Yes you have vaccinated my staff— but ME, the PERSON at the heart of all that economic & bureaucratic activity, you are proposing to leave behind.

Why are you still restricting the vaccine to only 65+ people when there were dozens of open appointments for the Berkeley-Albany location last week? And barely anyone there! I can't fathom why you are STILL on the only 65+ Healthcare workers when there is obvious capacity!

Please do the right thing and vaccinate everyone at high-risk of any age. (And don't add in extra disgustingly discriminatory conditions such as making high-risk patients get the vaccine from our primary care provider-- that will disproportionately harm communities of color!)[#VaccineEquity](#) [#HighRiskCA](#) [#NoBodyIsDisposable](#) [#WeCANTwait](#)

*PS: I don't trust the State's updated policies will prevent the low-level healthcare professionals from taking my personal Ventilator should I be hospitalized with COVID because they are taught everyday by YOUR government's choices and capitalism that my life is pitiful and less valuable-- so the updated "policy" simply ensures they'll be breaking the rules when they take my life support device away. The top administrators might know better but good luck getting past the*

*overinflated egos of the underlings to get to them while you are a sick and pitiful cripple in their eyes.*

Thank You for taking the time to listen. It's *the least* you can do after REPEATEDLY FAILING your MOST AT RISK Californians. Karma has long arms. Ask Former Governor Davis. I sign off hoping the fleas of a thousand animals infest your armpits.

### **Emmie Fa**

As a physician and a parent of a young adult with severe neuromuscular disease with respiratory compromise, I have been appalled by the absence of a system that prioritizes those with physical disability, regardless of age, to receive the vaccine.

I have been active in my own hospital's scheduling and roll-out of vaccine distribution. I realize that some caretakers of the physically disabled have been given priority access. I also know that individuals with developmental disability and their family members have been prioritized. As a medical professional, I feel that those with documented physical diseases that weaken the respiratory muscles are at significantly more risk than those with intellectual disability. Why, then, are we not prioritizing an entire population of California citizens who are at most risk of dying from Covid?

I have contacted the Governor's office on many occasions. Is there any other avenue to protest the current guidelines?

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

I am writing with another urgent request!

People with underlying health conditions and comorbidities are no longer designated to receive COVID-19 vaccinations in phase 1c and vaccinations are now prioritized by age.

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 these individuals receive immediate vaccinations because their conditions put them at high-risk to become sick with COVID-19, possibly fatally.

CNN reports today, nearly 450,000 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 not only to reduce fatalities, but also to increase long term community health. This is the right thing to do and reflects the values of equitable distribution to intersectional, underrepresented and vulnerable populations as articulated by the CDC.

### **Makini**

I wanted to express my extreme disappointment in the de-prioritization in the vaccination of Californians who have underlying conditions (comorbidities) that make them more susceptible to severe Covid and death from Covid. I have several underlying conditions that make me more susceptible to severe Covid. For almost a year, I've been quarantining myself at home. I've put off necessary medical appointments at the hospital because I'm terrified of being exposed to Covid. I haven't seen my family (outside of those I live with) and friends for nearly a year. The light at the end of this dark tunnel was that Californians with underlying conditions were being prioritized for vaccination in group 1C. And I would no longer have to live in fear that a trip to the grocery store would send me to the ICU. That light and that hope was dashed last week when the governor announced that California was adopting an age-based policy for vaccination and going against CDC guidelines for vaccination prioritization. By adopting this age-based vaccination policy, you've told me and thousands of Californians that are at risk for severe Covid that our lives don't matter. This decision tells us that we don't matter and that the state government will not protect us.

**Dalma Diaz, on behalf of Chris Ko, Vice President, Impact and Strategic Community Impact, United Way of Greater Los Angeles and 57 county-wide signatories representing faith-based organizations, homeless service providers, the health care sector and advocates.**

On behalf of a coalition of 57 service providers, advocates, and philanthropic partners in Los Angeles County, we submit the attached letter for your consideration in response to the state's recent shift to an age-based prioritization plan for COVID-19 vaccination across the state. Due to the unique challenges and vulnerability of people experiencing homelessness (PEH), we strongly urge the state to allow for a site-based, aged-agnostic vaccination approach for people experiencing homelessness and the staff that serve them, where entire congregate shelter sites and street-based encampments are vaccinated, similar to the approach at other high-risk residential settings like nursing homes and adult residential facilities, per CDC Advisory Committee on Immunization Practices (ACIP) recommendations.

We urge you to:



Maximize Logistical & Resource Efficiency and Protect Frontline Staff: An age-based approach will create a significant resource burden and increased COVID-19 exposure risk for county medical teams and the frontline staff that serve PEH.

Ensure Equitable Vaccine Access for a Disproportionately BIPOC Population: The current prioritization strategy does not account for the fact that Black and Latinx people experiencing homelessness have been disproportionately impacted by the pandemic across all age groups and make up 64% of all PEH cases and 73% of all PEH COVID-19 deaths.

Account for the Deadly Impact of COVID-19 on a Prematurely Aging Population: Among PEH, COVID-19 fatality rates are 2-5 times higher than in the general public and the majority of deaths have been in PEH aged 50 and over. PEH are more likely to suffer from underlying medical conditions and complex health issues that result in premature aging and geriatric medical conditions that make them extremely vulnerable to COVID-19 and shorten their life expectancy by almost 20 years.

We strongly urge the State of California to allow for a site-based approach for vaccinating PEH and shelter staff regardless of their biological age. With nearly 20,000 PEH staying in congregate shelter on any given night across LA County, and tens of thousands more in street-based encampments, it is imperative that we prioritize and protect this high-risk population and the brave Californians that serve them.

## **The Ong Partnership**

ASIAN AMERICAN & NATIVE HAWAIIAN PACIFIC ISLANDER COVID-19 POLICY & RESEARCH TEAM: Appointing Native Hawaiian Pacific Islander Representatives to the California Community COVID-19 Vaccination Committee

The Asian American & Native Hawaiian Pacific Islander COVID-19 Policy & Research Team (AA NHPI CPRT) was formed during AAPI Heritage Month 2020. We advocate for using scientific evidence and community voice in creating, analyzing, developing, and implementing, COVID-19-related rescue, recovery and re-imagination. We advocate for culturally- and linguistically competent collection and analysis of disaggregated Asian American & Native Hawaiian and Pacific Islander data, and the development and implementation of culturally- and linguistically-effective policies and actions to address the social, biologic, environmental, and behavioral determinants of health, health equity, and COVID-19.

Our members include globally, nationally and locally renown and trusted, university researchers, public health professionals, health providers, and community advocates, and we respectfully request that you consider appointing two NHPIs to the California Community Vaccine Advisory Committee.

Why?

Because Native Hawaiians & Pacific Islanders have the highest case rates and death rates in California. Over the past two months, these rates have had the steepest increase over all other major racial/ethnic groups. NHPI representation on the California Community Vaccine Advisory Committee is imperative to ensure attention to the COVID-19 losses suffered by this community.

**Alexandria Valdrighi, MD**

My name is Alexandria Valdrighi- I am a pediatrician in San Francisco who works with immigrant children and their families. I am also involved in multiple advocacy groups focused on promoting immigrant health.

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.

It is important that there is a plan in place for vaccination at ICE facilities because these crowded environments are extremely high-risk for COVID-19 infection. Studies have estimated that the mean rate of COVID-19 among ICE detainees was 13x higher than the rest of the US population during the first six months of the pandemic. Other populations living in congregate settings have been prioritized in receiving the vaccine with state prisons included in the first round of vaccine administration. It is important that ICE facilities are similarly prioritized now that it is clear that vaccination at these facilities will be determined at the state level.

Furthermore, once a vaccination strategy is in place, it will also be important to organize a system for education on the vaccine through public health officials and physicians. This will ensure that ICE detainees are receiving accurate information on the vaccine and are able to make informed decisions.

**Rachel Budker, M.D. Candidate, Class of 2021, David Geffen School of Medicine at UCLA**

My name is Rachel and I am a fourth-year medical student at UCLA, where we have the privilege of serving, learning from and working alongside immigrant patients and populations throughout LA county.

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.

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

**Same Letter**

**Erica Lubliner, MD, Marianne Tassone**

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.

This is the humane thing to do. Please protect them as immigrants have contributed so much to our society with their work and children, and their families hope to see them in person again.

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

**Carina Solis**

My name is Carina Solis and on behalf of The Suzanne Dworak Peck-Keck Human Rights Clinic. We are a student led clinic that collaborates along the Keck School of Medicine of USC to help immigrants seek asylum and obtain free psychological and medical evaluations to help increase asylee social determinants of health.

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.

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.

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

**Same Letter**

**Amarachi Okoro, MD; Isabel Chen; Yadira Bribiesca; Benjamin Yeh; Anjali Rajaratnam; Dr Marguerite Thorp; Rohini Nott; James Joseph Cassero, MA, LMFT; Audrey Torrest;**

**Evan Tamura, MD, Family Medicine Physician, AltaMed Health Services; Leanne Grossman;**

My name is Dr. Amarachi Okoro. As a family physician in metro LA, I have the honor of serving and learning from a variety of immigrant communities, including my own Nigerian community. 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.

**Aliya Karmali**

My name is Aliya Karmali on behalf of the Law Office of Aliya Karmali. I have been working with immigrants and asylum seekers in the Bay Area since 2013, including those who have been imprisoned by ICE.

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.

If California is allowing ICE to imprison immigrants and asylum seekers and not freeing them during a pandemic, the state is obligated to ensure their safety in the face of a growing COVID-19 crisis.

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

**Eric Gearhart**

I’m writing to express my disappointment and frustration that the COVID-19 Vaccine Drafting Guidelines Workgroup has chosen to allocate vaccines to adults in the 65-75 age range, instead of to essential workers.

Only 18.6% of Californians aged 65+ participate in the labor market ([source](#), CA Employment Development Department). That means that a huge number of vaccines being given to the 65+ category are being administered to persons who are not performing essential work required to keep the economy and society at large functioning.

Additionally, the 65-74 age range that was recently approved for vaccination is unlikely to live in group quarters (such as an RCFE). According to a 2014 Harvard Joint Center for Housing

Studies paper, less than two percent of American adults aged 50-79 live in group quarters (“nursing facilities, supervised care settings, etc.”) ([source](#)).

It seems clear that the overwhelming majority of Californians in the 65-74 age range do not participate in the labor market, and do not live in group care facilities. Their risk of exposure is significantly less than adults whose essential jobs do not permit them to work remotely, and less than adults of a more advanced age that live in group care facilities. I urge you to keep this in mind when determining future allocations, and to prioritize distribution to groups like critical manufacturing, IT, and groups in the medical supply chain that are not healthcare workers themselves.

### **Jennifer Kinloch**

I’m not sure who to email, so maybe whomever reads this could direct me to the correct person. I have been in person teaching since November. The way the appointments are set up, I am teaching students in person in the classroom during the times that they can be scheduled. It’s frustrating to be put into the same group of educators who are NOT in person learning. We are exposed to so many people throughout our school day, unlike Distance Learning teachers. I would like to respectfully ask for some help with this.

Is there a way to set aside appointments for districts that have been in person teaching? There aren’t that many districts who are already in session. We have been in the trenches for 3 months waiting for our turn for the vaccine, only to see the appointments taken before we can get to computers. As it is now, Distance Learning teachers are getting their appointments because they are at their computer the whole day.

This scrambling & racing for an appointment is tremendously stressful. Please let me know whom I should directly contact? Thank you so much for your time:)

### **Dr. Randy Haggard, Superintendent, Buellton Union School District**

Thank you for the opportunity to address this important issue. I want to emphasize the need for educators to be prioritized for COVID-19 vaccination in order for students to be able to return more quickly to in-person instruction. Protection for vulnerable staff in our schools is essential for this important next step in restoring support for our children and young people who have suffered and lost so much in the pandemic.

Follow up email from Dr. Haggard:

Thank you for the opportunity to address the importance of vaccination for our educators. I want to encourage you to consider the need for school staff to be prioritized for COVID-19 vaccination. This important step will facilitate schools’ return to in-person instruction. Protection for vulnerable staff in our schools is essential for this important next step in restoring support for our children and young people who have suffered and lost so much in the pandemic.

**L.K. Monroe, Alameda County Superintendent of Schools CCSESA President**

On behalf of the California County Superintendents Educational Services Association, representing the 58 County Superintendents of Schools, we urge your Administration to work closely with local education agencies to ensure inoculation prioritization for all education and childcare workers statewide. We support the state's consideration to our hardest hit Healthy Places Index zip codes, while ensuring that the education and childcare workforce providing services in those areas are included in that prioritization.

We understand the difficult decisions made regarding prioritizing vaccines that are in such short supply and the rationale for ensuring equitable allocation. The education sector has been prioritized precisely because of its great societal impact and educators' role in mitigating the severe inequities experienced by children and their families during this pandemic. In-person learning is paramount to the social and emotional well-being and academic achievement of California's students. In-person learning is also critical so that parents, especially working women who have been disproportionately affected by the loss of childcare, can get back to work.

As the state looks to streamline efforts through a third-party administrator and the new MyTurn scheduler, we also urge the state to integrate the important work well underway at the local level. 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 efforts to stand up mass vaccination sites, improve transparency and data, and ensure equitable vaccination outcomes. Our sector is uniquely positioned to assist and amplify the state's efforts to reach local communities since we are embedded within each community. As the state improves delivery systems statewide with the third-party administrator and MyTurn scheduling plans, it is critical to integrate the great work underway at the local level and not upend efforts that have been carefully planned. Our membership stands ready to immediately facilitate the necessary communication and logistics that will ensure a seamless, expedient inoculation schedule for our employees.

**Tatia Davenport, Chief Executive Officer, California Association of School Business Officials**

On behalf of the California Association of School Business Officials (CASBO), representing over 24,000 K-14 public education leaders, we urge your Administration to work closely with local education agencies to ensure inoculation prioritization for education and childcare workers.

We understand the difficult decisions made regarding prioritizing vaccines that are in such short supply and the rationale for making it available to additional groups within the adult population. The education sector, however, has been prioritized precisely because of its great societal impact

and educators' role in mitigating the severe inequities experienced by children and their families during this pandemic. In-person learning is paramount to the social and emotional well-being and academic achievement of California's students. In-person learning is also critical so that parents, especially working women who have been disproportionately affected by the loss of childcare, can get back to work.

As the state looks to streamline efforts through a third-party administrator and the new MyTurn scheduler, we also urge the state to integrate the important work well underway at the local level. 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 efforts to stand up mass vaccination sites, improve transparency and data, and ensure equitable vaccination outcomes. Our sector is uniquely positioned to assist and amplify the state's efforts to reach local communities since we are embedded within each community. As the state improves delivery systems statewide with the third-party administrator and MyTurn scheduling plans, it is critical to integrate the great work underway at the local level and not upend efforts that have been carefully planned. Our membership stands ready to immediately facilitate the necessary communication and logistics that will ensure a seamless, expedient inoculation schedule for our employees.

### **Alicia Orabella, Martinez**

I am a licensed cosmetologist and salon owner in Oakland California who resides in Martinez, CA.

I am the founder of Pro Beauty, Inside. A grass roots independent movement, promoting the interests of licensed beauty professionals throughout California.

I am requesting consideration to move us into the vaccination pool as we are in close contact with our guests for much longer than 15 minutes pointed out by the CDC.

Depending on our licensing and provided services, we can spend 2-9 hours in close contact with our clients "daily."

ie: Licensed estheticians and electrologists, manicurists are often much closer, due to their scope of practice in upwards of 90 minutes.

Barbers who perform shaving would be face to face without the client wearing a mask "where permitted. Haircolorists (cosmetologists) can spend multiple hours with guests.

Our industry is recognized as "personal care," aka "Beauty Salons and Barber Shops," noting the OSHA guidelines for hair salons and spas.

Drawing attention to” San Diego and Los Angeles, the only two counties producing numbers where “hair salons” are concerned.

This is quite alarming since the vast majority of our industry has been performing personal care services underground since last Spring.

Many “feel” since there is no “data,’ there are no cases, so we must not be contributing to the cases. I completely disagree; however, I question how many licensed beauty pros would report cases while working illegally to face the BBC and fines.

I would like to formally request a meeting to discuss these issues.

**Barry Greenhouse, Senior Vice President & President, Global Supply Chain, Grainger**

I am writing to you today to confirm priority access to COVID-I 9 vaccines for Grainger employees. W.W. Grainger is North America’s leading industrial distributor of maintenance, repair and operating products. These products are necessary to help keep workers safe and operations up and running. For that reason, Grainger’s employees are essential workers under the Federal government’s Cyber and Infrastructure Security Agency (“CISA”) Guidelines during the Covid-19 response. Our customers - which include federal, state and local governments, health care providers, manufacturers and others who support critical industry sectors - have special responsibilities to maintain their operations and continue their work to help respond to the Covid-19 pandemic.

Like many critical infrastructure organizations, our team members have gone above and beyond to meet extraordinarily high demand for product s indispensable to pandemic response , such as Personal Protective Equipment (PPE), cleaning supplies, and essential maintenance, repair, and operations (MRO) products. These individual s face a higher risk of infection going to work every day to help ensure reliable distribution and supply of these product s. In determining the allocation of COVID-19 vaccines, Grainger respectfully requests confirmation that our workforce will be prioritized for vaccines in Phase Ib, as outlined in the Centers for Disease Control and Prevention’s (CDC) COVID-19 Vaccination Program Interim Playbook.

Grainger’s ability to meet its obligations as an essential business by continuing to provide vital products and supplies to our customers in critical infrastructure sectors depends on vaccinating our workforce. Vaccination is needed so we can deliver PPE and other needed products to front-line health care workers, first responders and those in critical manufacturing so they can support the pandemic response, which remains vital.

We fully support the need to contain and respond to the Covid-19 pandemic and will continue to follow all Government requirements. We appreciate your support and dedication to the frontline personnel working to protect the health, safety, and continued operations of essential business during this pandemic.



**Erin Evans-Fudem**

As you know, I represent the Pacific Maritime Association, which has been working in concert with the ILWU seeking vaccine priority for port workers. We have heard through a few channels that the port workers may be reclassified as food and agricultural workers for the purpose of vaccine priority, which would be great. Are you able to confirm this for me?

**Mrs. Valerie Contreras, On behalf of my fellow brothers & sisters on the waterfront, essential, frontline workers**

I write to respectfully request your assistance in prioritizing and securing sufficient COVID 19 vaccines for essential ILWU dockworker in the West Coast Ports.

The International Longshoremen's Union (ILWU) and the Pacific Maritime Association (PMA) reported that 1, 034 maritime workers contracted COVID-19 in California, Washington, and Oregon. These numbers continue to trend upward and the death toll continues to rise. The numbers continue to climb upward and it poses a risk to our Nation's supply chain. From January to February 2021 there have been 340 new positive cases in the Port of Los Angeles/Long Beach alone.

Our Nation's reliance on maritime transportation and international trade remains unchanged as there is the essential need for cargo to move through our ports. The sacrifices, resilience, and selflessness of those who work in the maritime industry have kept our supply chain functioning and our economy connected, and will serve as a foundation as we look to recover as a country. Workers load and unload lumber, cars, steel, food, and essential items for our businesses to continue to operate. We cannot work from home as that is not an option when the rail cars need loading and unloading and the ships need to be moving in and out of the Ports, port truckers need to be loaded & unloaded with container cargo to deliver to the customers.

I am a frontline worker on the docks and we have not failed our State and our country as we have continued to work tirelessly to keep our local store shelves stocked with necessary goods. Everything on the store shelves, the medical supplies, the medication, the PPE for hospitals, hand sanitizer, mask, clothes, shoes, furniture, food, computers and daily necessities are in these containers. We are the frontline workers. It is our lives and loved ones that are put at risk. Essential worker means that we sacrifice to make it happen for our State and Nation as a whole. Our work effects this economy. I am **terrified** to go to work! My co-workers are being hospitalized and are dying from COVID 19. We work continuously as we put our lives on the line daily.

I urge you to put us as a priority for the COVID 19 vaccine.

The Ports or Los Angeles/Long Beach

Brother Eddie Greenwood, deceased December 2020 Covid19

Brother David Rodriguez, deceased 1/24/21, Covid19  
Brother Nick Lomeli, deceased covid19 12/2020  
Brother Joe Radisich, deceased March, 2020 covid19

Many more have tested positive and are hospitalized.

### **Sarah Miller**

Hi, I'm an essential worker working in the field of defense at Sandia National Laboratory. I am high-risk for covid complications per the CDC list of high-risk individuals due to being immunosuppressed. I would sincerely appreciate it if you would reconsider prioritizing those of us who must work onsite and have a high-risk disability. I would happily provide evidence of my medical need to a local hospital or to Lawrence Livermore National Laboratory (which is a vaccine distribution facility). Please reevaluate the vaccine distribution so that those of us who are essential workers who are high-risk and younger than 65 can safely work and support the defense of our nation.

### **Dolores Vasquez**

I'm a truly concerned about how San Diego county is doing changes to vaccine process and changing who can receive it. I am a grocery worker and should be able to register but am not able to because San Diego has not yet opened up to grocery workers but state has. This is not fair to those who are on front line daily and now teachers are trying to push ahead

### **Michael Gruber, Vice President, Regulatory and Government Affairs, Consumer Brands Association, Arlington, VA**

The Consumer Brands Association requests, upon the latest arrival of COVID-19 vaccines, that the State of California accelerate priority access to COVID-19 vaccines for the state's 147,000 frontline essential workers in the consumer packaged goods (CPG) industry. For almost a year, these employees have been working tirelessly to make the products indispensable to pandemic response, such as disinfectants, cleansers, hand sanitizer, toilet paper, personal hygiene products, as well as food and beverages. Products necessary for the basic function of society, critical infrastructure operations and ending the crisis.

This request is consistent with our November 20, 2020 request to California public health officials and the Centers for Disease Control and Prevention's Advisory Committee on Immunization (CDC ACIP) [Updated Interim Recommendation for Allocation of COVID-19 Vaccine](#). Today, COVID-19-related absentee rates remain close to 10%, a trend that poses a grave threat to the entire CPG supply chain and the availability of life-sustaining products Americans need to stay home and stay safe.

Consumer Brands is concerned that California’s vaccination plan appears to prioritize frontline essential workers in the household and personal care products in the forthcoming stages, Tier Two of Phase 1b, and possibly into Phase 1c. Consequently, vulnerable frontline essential workers could be left waiting longer for vaccinations. ACIP designated manufacturing and food frontline essential workers as eligible in Phase 1b due to the higher risk of occupational exposure compared to other essential workers. Consumer Brands respectfully requests that California clarify its vaccination allocation and distribution plan to prioritize the frontline essential workers, including those of the CPG industry, in Tier One of Phase 1b.

Prioritization for California’s frontline CPG workforce is an essential defense measure to ensure that all essential workers in each critical infrastructure sector are protected and remain healthy and that store shelves stay adequately stocked. We all must do our part to make sure lives of all California’s residents quickly return to normal.

### **Lauren Mendelsohn**

I would like some clarification regarding the following language that was posted on the CDPH’s website yesterday, regarding vaccine tiers for employees of licensed cannabis facilities:

“Cannabis industry employees are included in Phase 1a for medicinal cannabis and Phase 1b Food and Agriculture for growing, production, storage, transport and distribution. Medical cannabis workers should be accommodated as necessary in Phase 1b, Tier 1, by nature of their designations in eligible essential workforce classifications.”

- The second sentence is contradictory to the first.
- Did CDPH mean medical cannabis **retailers** are in 1A?
- Where do adult-use cannabis retailers (or employees of other adult-use cannabis facilities for that matter) fall?
- What if one’s employer has a medical-designated manufacturing / cultivation / distribution license?
- Where do employees of cannabis testing labs (which are not designated “medical” or “adult use”) fall

### **Jill Tucker, CEO, California Animal Welfare Association**

On behalf of the California Animal Welfare Association (CalAnimals) and the hundreds of sheltering and animal control agencies we represent around the state, we respectfully request consideration as to the importance of offering COVID vaccines to animal control officers and animal shelter staff. Deemed “essential workforce” by the state of California, these workers have a high degree of public interaction and are often asked to remove and care for animals from homes where owners are deceased or being transported to the hospital for COVID-19 treatment.

The day-to-day job responsibilities of these professionals, particularly animal control officers, are subject to the same contacts and risks as other law enforcement officers, with a high degree of public interaction in the field. Whether enforcing laws, supplying citizens with needed resources

for their pets, assisting local fire and police with animal-related calls, or working within the animal shelter, staff members face a daily exposure risk. Additionally, communities around our state rely heavily on these employees to provide a critical function that is in jeopardy should they become sick.

We are immensely proud of the professionals in our field as they have continued to provide vital services during this pandemic, risking exposure to ensure that they continue to meet the needs of animals and people in their communities.

We are deeply grateful for their service and sincerely appreciate your consideration in the prioritization of vaccine distribution.

**Rich Block, CAZA President and Executive Director of Santa Barbara Zoo**

On behalf of the California Association of Zoos and Aquariums (CAZA), thank you for your service and leadership during this incredibly difficult time. We support your focus on safety, transparency, and equity as you prioritize how to allocate scarce vaccines. We respectfully request that you specifically include and prioritize essential zoo and aquarium workers for vaccines in Tier 1 of Phase 1b as part of the Food and Agriculture category of your upcoming health guidelines for Phase 1b.

California includes zoo and aquarium essential workers under Food and Agriculture category of essential workers: “18. Workers at animal care facilities that provide food, shelter, veterinary and/or routine care and other necessities of life for animals.” For this reason, we request that these workers are included specifically in Tier 1 of Phase 1b for the COVID vaccine. Our counties are requiring that the state designate our animal care staff specifically, like how CDPH described which occupations were in Phase 1a in their December 5 guidelines, before providing vaccines to them. These specially trained staff are unable to work from home and sometimes must work closely together to care for these animals.

CAZA is comprised of 24 zoos and aquariums in California accredited by the Association of Zoos and Aquariums. CAZA estimates that its institutions have 1,500 essential workers. While most of our institutions are currently only allowed to be open outdoors and some indoor facilities in the Purple Tier remain closed, our animal care, facilities, and security staff are essential workers continuing to take care of the tens of thousands of animals in our care each and every day.

**Dan Huber, CEO. Foster Poultry Farms**

Thank you for your kind remarks recognizing Foster Farms’ vaccination effort at our Cherry Street processing plant in Fresno.

As you know, between February 2<sup>nd</sup> and February 5<sup>th</sup>, Foster Farms partnered with the Fresno Department of Public Health and Safeway/Vons to vaccinate more than 1,050 employees at the

Foster Farms Cherry Street facility. We are especially encouraged that the employee participation rate was 90%. We attribute this, in part, to our effort to educate employees and answer questions in advance of vaccination, and we are gratified by their many messages of appreciation. We are hopeful that the broad media coverage that the Cherry facility vaccination program received will serve to spread the word further throughout the greater Fresno community that vaccination is both necessary and safe.

We greatly appreciate the confidence of the Fresno Department of Public Health in entrusting us with a pilot vaccination program, and the experience of Safeway/Vons in administering the vaccinations. From the standpoint of logistics, participation rate and program continuity, we believe that the Cherry Street vaccination effort demonstrates the efficacy of on-site vaccination for larger agricultural enterprises. We hope that it serves as an example of what can be accomplished when government leaders, public health officials and the private sector work together in the interest of employee health and welfare.

The success of the Cherry vaccination program adds to the urgency we feel about expanding COVID-19 vaccinations to all our California processing facilities. From a company perspective, we are prepared to act immediately. We recognize that the temporary shortage of vaccines in the state, and the need to establish a fair and equitable system of distribution has necessarily led to delays. I am confident that you are making your best effort to accelerate progress. Having completed more than 100,000 COVID-19 tests at our California facilities since the pandemic began, I can report to you that our positivity rates are consistently running less than 1%, while not discounting limited instances of prevalence surge. In the final analysis, there is no substitute for vaccination.

I think it is fair to say that no one – not those in government, public health, and certainly not those of us at Foster Farms – was fully prepared for the unprecedented nature of the COVID-19 pandemic. We should collectively learn from whatever missteps may have occurred in the past, as we focus on the better future offered by vaccination. I do not envy the choices created by vaccine shortage. Those that are COVID high-risk because of age, disabilities and pre-existing illnesses or economic circumstances cannot be marginalized. Throughout the pandemic, our employees, indeed all who work in agriculture across the Central Valley, have stepped up to keep food on California tables, and I know you recognize this. We have done our best to protect our employees and they have persevered. I ask for your continued assistance in ensuring that their vaccination is prioritized. As a company and as a state, they deserve our thanks and our help.

### **Tani G. Cantil-Sakauye, Chief Justice of California**

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

As California anticipates the availability of COVID-19 vaccines and begins to plan for their acquisition and distribution, I request on behalf of the California Judicial Branch that court

employees and judicial officers be included as a priority in the plan, given the early limited supply of vaccines. I make this request in light of the California court system's close proximity to our residents/users/partners, and the significant degree of foot traffic cycling through our courthouses.

We fully understand that there are others who should have first priority, but employees and members of the judiciary should not be far behind as they are designated as "essential workers" by the Administration, and current guidance issued by the Centers for Disease Control and Prevention includes several classes of essential workers given their criticality to the functioning of society. Further, the Department of Homeland Security has designated courts as essential critical infrastructure workers<sup>1</sup>. Accordingly, state court employees and judicial officers should be included in any early planning given the essential role state courts play in our society and economy. Following are considerations that support this request.

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

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

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

- Civil
  - Unlawful detainer/eviction hearings.

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

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

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

---

<sup>1</sup> See *Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response, Version 4.0*, August 18, 2020 (available at: [www.cisa.gov/sites/default/files/publications/Version\\_4.0\\_CISA\\_Guidance\\_on\\_Essential\\_Critical\\_Infrastructure\\_Workers\\_FINAL%20AUG%2018v3.pdf](http://www.cisa.gov/sites/default/files/publications/Version_4.0_CISA_Guidance_on_Essential_Critical_Infrastructure_Workers_FINAL%20AUG%2018v3.pdf)).

### **Justin Hess, City Manager, The City of Burbank**

The City of Burbank continues the charge with our local, regional, and state partners in battling the COVID-19 pandemic. The next step in this process is the timely vaccination of our communities. Realizing that there are many layers to this process, I am writing on behalf of local government employees, in particular the law enforcement officers within California regarding the urgency to see these first responders receive the much-needed vaccine.

To date, dozens of California law enforcement officers have lost their lives to the COVID-19 virus and this number continues to climb. Data indicates that coronavirus has killed more officers nationwide than any other type of incident combined in the past year. The Los Angeles region lost an LAPD Officer and LA County Sheriff Deputy just last week. Their ability to protect our communities requires their close engagement, oftentimes in an uncontrolled environment, with the public and offenders of the law. It is imperative that we provide every means possible to protect their safety and well-being. There are countless clinics statewide that are prepared and ready to administer the vaccine to our law enforcement officers and are solely missing the vital element in this life saving process, the vaccine itself.

We have worked diligently to prepare for vaccine distribution to City personnel, and via our internal system we were able to deliver vaccines to our Fire and Emergency Medical Service (EMS) personnel with not a single wasted dose. This speaks to the success of our strategic planning and our readiness to immediately scale up vaccine delivery to include not just Fire and EMS, but Police, other critical City staff, and the critical personnel of the Burbank Unified School District as well.

The plan for our law enforcement officers is ready. We simply need the vaccine disseminated so that we can see these life-saving inoculations placed in the arms of the many courageous men and women providing daily law enforcement services for our communities. It is imperative that every possible preventive measure be afforded to our first responders so they can keep themselves, our communities, and their families safe. I respectfully request and encourage you and your colleagues to advocate for the immediate dissemination of vaccine across the state so that our law enforcement officers can receive this added layer of protection to help them protect and serve our communities.

As stated in the letter to vaccine providers sent out by Director and State Public Health Officer, Dr. Tomas J. Aragon, "California needs to press forward in administering actual shots-in-arms as quickly as possible - this will protect those at risk for severe disease and reduce the impact on our healthcare system." In keeping with this philosophy, I would also like to advocate for the other local government employees who play a critical role in keeping our City operating and maintaining vital public services. These same local government personnel will be the ones called upon to assist with the logistics and behind-the-scenes administration of facilitating vaccine delivery to the community at large, and if they become impacted, it will affect not only local government's operational ability, but also our ability to provide vaccines for the greater good. From public works field crews to utility workers, homeless outreach personnel to senior and childcare staff, the City of Burbank seeks to offer life-saving vaccinations to all critical government personnel as soon as possible, and we need the aid of state leaders to make this goal a reality.

### **Nathan Heinze**

With the recent change to the vaccine rollout I noticed front line workers in logistics and manufacturing settings were moved out of tier 1b. These people have to physically be at work each day and many times work in close proximity to others. Is there a reason this group was removed from tier 1b? To me it seems like this is a prime setting for transmission since so many people are indoors, in close proximity, for 8-10 hours per day. I urge the state to reconsider this move and put logistics and manufacturing workers back in tier 1b.

### **Wendy Cochran**

Our ask is simple: prioritize Covid-19 vaccines for Board of Barbering & Cosmetology licensed beauty and barbering professionals to help us get back to work safely. For us, for our clients.

As the regional SAHO has been lifted, more than 350,000 California licensed barbers, cosmetologists, electrologists, estheticians (of which, a quarter hold massage therapy certifications) and manicurists have returned to work, face to face with our clients. We have very connected relationships with our clients, conversations with them as we work and appointments that exceed 15 minutes. Our influence with our clients can also help encourage them to get vaccinated, too.



While we respect medical freedom and those who wish to not be vaccinated, many in our statistically very young-in-age industry will have to wait a very long time for their vaccination tier....but we can assure you our clients of all ages will not wait for their appointments with us. This is not an occupation we can do while telecommuting and working from home. And as small business owners, we have lost a significant amount of our clients' business and have minimal resources available to us, if they haven't already been exhausted.

We lost so much in 2020, but we're ready to roll up our sleeves, be vaccinated and make up for lost time. Please help us return safe and strong by prioritizing beauty and barbering professionals for Covid-19 Vaccines under Phase 1a, tier 3.

**Macy Neshati, Executive Director/CEO, Antelope Valley Transit Authority; Chau L. Vu, Director of Public Works, City of Bell Gardens; Martha D'Andrea, Transit Manager, City of Glendale; Joyce Rooney, Transit Manager, Beach Cities Transit; Claude McFerguson, Director of Transportation, City of Commerce; Adam Raymond, City Manager, City of Glendora; Dominic Lazzaretto, City Manager, City of Arcadia; Rolando Cruz, Chief Transportation Officer, City of Culver City; Seleta Reynolds, General Manager, Los Angeles Department of Transportation; Miki Carpenter, Director, Community Resources, City of Azusa; Sarah Zadok, Transportation Operations Manager, City of El Monte; Jane Buike, Recreation Manager, City of Manhattan Beach; Steve Mermell, City Manager, City of Pasadena; Doran J. Barnes, Chief Executive Officer, Foothill Transit; Jim Parker, Executive Director of Regional Transportation, Norwalk Transit System; Edward F. King, Director of Transit Services, City of Santa Monica; Ernie Crespo, Director of Transportation, Gardena Transit; Darrell Johnson, Chief Executive Officer, Orange County Transportation Authority; Brian Saeki, City Manager, City of Whittier; Philip A. Washington, Chief Executive Officer, Los Angeles County Metropolitan Transportation Authority; and Kim Turner, Director, Torrance Transit System**

The Los Angeles and Orange County coalition of transit operators would like to register our region's concerns with the State's shift to an age-based vaccine distributions plan. This plan eliminates prioritization for transportation and logistics workers who were previously assigned to Phase 1B, Tier 2, and we respectfully urge you to consider restoring priority for these workers alongside other frontline employees in Phase B. LA and Orange County stands with the California Transit Association and other agencies around the state in making this request on behalf of our employees.

Combined, our transit systems serve 10 million people in Los Angeles County and 3 million people in Orange County, and we have continued to transport hundreds of thousands of people daily throughout the pandemic. Our fixed route and paratransit services are a lifeline to essential workers, seniors, people with disabilities, and other riders who are primarily low-income and people of color. Much like the healthcare, food and agriculture, emergency services, and education workers prioritized in Phase 1B Tier 1, these transportation workers interact with the public in a manner that places them at high-risk of occupational exposure.

As we look to the next phase of this crisis, we must consider not only how to protect our employees and current riders, but also those who will be returning to our system soon. Our system transports students to and from both K-12 and postsecondary schools, and we are eager to welcome these students and other riders back on board as job sectors begin to reopen. COVID-19 has caused operator shortages that prohibit agencies from currently increasing much needed service. Including transit workers on the same Phase 1B priority as education workers ensures that both the operators and riders are better protected from the moment they leave home every day.

Our agencies stand ready to coordinate with the LA County Department of Public Health and the Orange County Health Care Agency to distribute vaccines as soon as they become available. In addition, our transit systems will be critical to assist in providing access to vaccinations for populations that have mobility challenges. We recognize that decisions around vaccine distribution are difficult and that they are made with the understanding that supply is currently limited. However, we respectfully urge you and your administration to reconsider prioritizing frontline transit employees by either preserving the previous sector-based tiers, or by elevating transportation workers to the current priority list that includes individuals over 65, as well as other frontline workers in healthcare, agriculture, emergency services, and education.

### **Alturo E. Aguilar, Chairman California Conference Board**

Even after more than a long, depressing, mournful *year* of dealing with the global Covid- 19 pandemic, more members of the brave, front-line unions that service, repair, and drive mass- transit vehicles throughout California literally face life-and-death conditions every day as they continue to serve the public.

The ATU represents more than 13,000 dedicated men and women who every day move California. We are first responders when asked to evacuate during fires, floods, civil unrest, and now pandemics. We also represent paratransit operators who knowingly and willingly transport covid-19 patients to and from doctors ‘appointments’.

The ATU also lost more than 127 brothers and sisters across the country and Canada and, sadly in California, we have lost 15 brothers and sisters; seven are from my Local 1277. As of Monday, February 8, 2021, we have 1,134 positive cases throughout California. Unfortunately, I must remind you that these are just ATU numbers. Some of our sister transportation unions have been hit even harder.

With these heart-breaking losses in mind, I most firmly and respectfully ask for two very important considerations that would tremendously help both our members and all the members of every union which represents the hard-working men and women who, *during every day of this health emergency*, have risked their own health and that of their families in order to serve the mass transit-dependent public.

First, I call on state, county, and local political and public-health leaders to afford mass- transit workers the *same priority* for receiving Covid-19 vaccine shots as do (very rightly) police,

firefighters, medical/hospital personnel, postal workers, retail clerks, and all people over age 75. Our members, and those of our sister transit unions, deserve no less.

Second, with respect to distribution of the Covid-19 vaccine, I strongly urge these same officials to make the shots available *at our jobsites*. Such a distribution system would save a lot of travel and waiting time, and also ensure that our dedicated members received protection. They deserve nothing less.

Thank you for your consideration of these two vital proposals that would help safeguard the professionals who keep California's trains, buses, and paratransit vehicles up and running, and serving the public.

**Phillip A. Washington, Chief Executive Officer, Los Angeles County Metropolitan Transportation Authority**

On behalf of the Los Angeles County Metropolitan Transportation Authority (LA Metro) Board of Directors, I am writing to formally request that our frontline transit workers be prioritized for distribution of the COVID-19 vaccine that is being distributed statewide. LA Metro operates the largest public transportation system in the state, and we continue to operate our service as a lifeline to other essential workers during the COVID-19 crisis. Our transit service also provides vital mobility for people without options so that they can meet their basic needs. Transit employees are essential, and their work is critical to providing transportation services that support other essential industries and their related workforces.

We employ over 7,000 transit bus and rail operators, supervisors, maintenance workers and security personnel who operate and maintain our bus and rail system - serving over 10 million Los Angeles County residents. Although our ridership has declined substantially, due to Stay at Home orders that are in place - we are still serving over 600,000 riders daily. Despite the risks, our employees, like so many other frontline workers, are still showing up and working through this crisis. They are committed to providing this essential lifeline service in a manner that is safe and reliable.

Of our 11,000-employee workforce, we have confirmed less than 400 cases of COVID-19 due to the measures that we have put in place, with PPE being provided and safety being a guiding value and priority for this agency. Despite our best efforts to slow the spread and protect our frontline employees, this year - tragically, we lost 2 employees to the COVID-19 virus. Metro is making every effort to keep our employees safe and we urge you to partner with us by ensuring transit workers are given priority for the vaccine alongside our healthcare workers, the elderly and other essential workers.

In addition to working with you on a vaccine distribution plan that prioritizes transit workers alongside healthcare workers and other essential workers, LA Metro would like to continue working with you on funding and policy relief that can aid critical essential transit workforce in the state. We appreciate the steps already taken by the State Legislature and your office in requesting federal aid to help all Californians stay healthy and safe during this crisis.

**Doran J. Barnes, Chief Executive Officer, Foothill Transit**

On behalf of Foothill Transit, I write to express our concerns about the State’s new plan for transitioning from a sector-based to age-based COVID-19 vaccine distribution plan, and underscore our continued request to prioritize transit workers for vaccine access. The State’s new plan effectively eliminates the prioritization of workers in transportation and logistics under Phase 1B-Tier 2, which includes our transit frontline workers. Our workers and the services they provide were deemed essential at the start of the pandemic and continue to play a vital role. Foothill Transit respectfully urges you to consider restoring priority for transit workers.

Foothill Transit is the primary public transit provider in the Pomona and San Gabriel Valleys of eastern Los Angeles County. The vital mobility services we provide serve as a lifeline for the transit dependent, seniors, people in need of essential care and food, healthcare workers, first responders, social services providers, childcare workers, grocery store employees, and other essential workers throughout the region. Much like the workers in sectors categorized in Phase 1B- Tier 1, our transportation workers have high daily occupational interaction with the public in a manner that could involve risk of exposure to COVID-19. Our transit workers’ roles provide services that align with the services and occupational COVID-19 exposure of the few sectors that would still benefit from the limited sector-based distribution under the new plan. Under the new plan, transit workers will not receive the same access to vaccines as those providing these similar services.

Moving forward, we must consider not only how to protect our transit workers and current riders, but also the population that will be utilizing public transit in the future once again. It would be unfortunate for the State not to ensure that essential trips are as safe as possible for both the public and the transit worker by ensuring transit workers are vaccinated. At a time when COVID-19 has caused shortages of our available bus operators, elevating transit workers to equal consideration in the limited sector-based distribution in the new plan alongside individuals age 65 and over and workers in the health care, emergency services, food and agriculture, and education ensures that both transit workers and riders are better protected.

We recognize that decisions around vaccine distribution are difficult, but respectfully urge you to strongly consider our continued request to prioritize transit workers for vaccine access. Thank you for your attention to this matter. We are happy to work with your office should you have any questions or concerns.

**Aziz Akbari President, ACWD Board of Directors**

The Alameda County Water District (District) provides water service to 357,000 people - residents and businesses in Fremont, Newark, and Union City in Southern Alameda County.

When COVID-19 restrictions went into place, the District made necessary adjustments to staffing and operations to ensure reliable water service to customers during the pandemic.

As you know, water is an essential service, and the District requests your support to expedite the inclusion of frontline water professionals in the California Department of Public Health's COVID-19 Vaccination Program. Maintaining safe and reliable water service is necessary to ensure the health and wellness of the community. This includes potable water service to homes, businesses, hospitals, long-term care facilities, government offices and community organizations, as well as for firefighting purposes.

The process to move, treat and distribute water depends on a limited pool of professionals with specialized certifications required by state and federal regulations. In addition, the field work necessary to respond to water main breaks, leaks or other emergencies presents a challenge in maintaining social distance between employees, customers, and the public. To date, the District has been fortunate to have only a small number of employees out of 236 test positive for COVID-19; however, we have experienced a recent outbreak and further outbreaks could severely impact the ability to provide 24/7 water service.

We understand the challenge of ensuring that available vaccines are disseminated in a fair and ethical manner. Although the original Phase 1b included water workers, we are now assigned Phase 1c. We request that the California Department of Public Health's COVID-19 Vaccination Program include the District's frontline professionals in Phase 1b. Our request is based solely in the interest of maintaining an essential and vital service to the community.

**Laura Hendricks, CEO, Transdev U.S.**

On behalf of Transdev, a leading private sector operator of public transit systems with multiple contracts in California, I am writing to express our serious concerns about the State's new plan for transitioning from a sector-based to an age-based framework for distribution of COVID-19 vaccines.

We ask that you continue to prioritize transit workers for access to the vaccine. Our workers and the services they provide were deemed "essential" at the start of the pandemic and they continue to play a vital role. The State's new plan unfortunately effectively eliminates the prioritization of transportation workers in the Phase 1B-Tier 2 segment.

This is of grave concern to us because our employees (bus operators, road supervisors, maintenance crews, customer service teams) have high daily occupational interaction with the general public in a manner which places them at risk of exposure to COVID-19. They interact directly with passengers in buses, shuttles and paratransit vans each day, and at bus stops and transfer centers. In our paratransit service, for example, for the elderly, disabled and those with mobility challenges, our operators must secure passengers' wheel chairs and fully immobilize them. This requires close physical contact between operators (drivers) and passengers who may have serious health challenges.

Under the state's new plan, as it stands, transit workers will not receive the same access to vaccines as workers in other sectors who provide similar services. We believe that transit

workers deserve equal consideration as individuals age 65 and over, along with workers in healthcare, emergency services, food and agriculture, and education who are being prioritized.

If you ensure that frontline staff in public transportation are vaccinated, you are ensuring that essential trips are as safe as possible for both the public and transit workers. We stand with our client partner agencies, many of whom are leading transit authorities in California, to urge you to consider restoring priority for transit employees, who are clearly essential to local economies and the quality of life of millions of passengers, many of whom do not have other transportation options.

Every day our employees transport seniors, people in need of essential care and food, healthcare workers, first responders, providers of social services, childcare workers, grocery store employees, other essential workers and people with medical, cognitive and physical challenges. We are proud to provide vital mobility services to people who need them, and have done so consistently throughout the pandemic.

Our company operates public transit systems under contract to city and/or county transit agencies in several areas in greater Los Angeles, San Francisco, and San Diego, as well as 14 other cities across the state. We provide some 40 million passenger trips per year in our contracts in California. Across the U.S. we operate in some 200 cities and communities and transport 150 million passengers trips per year. Around the world, we have transit operations in thousands of cities in 18 countries and are devoted to taking people where they need to go, safely and comfortably.

We acknowledge that the decisions you and your team are making around vaccine distribution are complex and difficult. We respectfully urge you to consider our request to prioritize transit workers for access to vaccines. We would be happy to answer any questions or work with members of your office.

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

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 20th 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 18th 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.

### **John Nikides, APFA LAX Base President**

I am the LAX Base President for the Association of Professional Flight Attendants, the union representing the flight attendants employed by American Airlines. I represent approximately 3,000 LAX-based flight attendants, the majority of whom reside in the state of California.

It has come to my attention that the state has unilaterally removed transportation workers, i.e. flight attendants, from group 1B Tier 2, despite the fact that our peers in other states are already receiving the vaccine.

We have waited patiently for our turn, despite the daily threat of COVID exposure in a work environment which makes social distancing impossible. We work in close quarters daily...in and around hundreds of passengers; coworkers; and other employee groups. We deal with non-compliant anti-mask travelers; passengers exhaling in close proximity; and the handling of passenger discards such as used cups, glasses, napkins and plates. We handle medical emergencies without the advantage of proper PPE and we deal with a work environment which does not afford us the privilege to avoid close contact. Yet we do not enjoy the recognition and protections commensurate with the risks we face on a daily basis.

Each flight attendant at American Airlines can potentially come into close contact with hundreds of passengers each work day for periods of time ranging up to 16 hours.

A flight attendant on our largest aircraft may be exposed to over 300 passengers in a day for the extraordinarily long and continuous periods of time associated with long-haul flying, while a flight attendant on our smallest aircraft may deal with well over 600 passengers when performing the typical narrow-body domestic multi-leg flying.

Each day we go to work presents thousands of opportunities for infection. I am hereby asking that our work group not be forced to risk death and disability simply to keep the US airline system going when the case is so compelling to offer us the vaccine immediately.

I have written two letters to Governor Newsom with no response. I implore you to do all possible to assist our work group...one which has been so quickly forgotten in a struggle that can so easily mean the difference between life and death for the people I represent.

How would I go about having the Association of Professional Flight Attendants added to your member list? I would be happy to volunteer my services as the representative of the largest percentage of our members in the state of California.

**Tim Schwartz, SFO President, Association of Professional Flight Attendants**

APFA (Association of Professional Flight Attendants) would like to be considered to be part of the Community Vaccine Advisory board. How could we join and have our voices heard?

Follow-up from Mr. Schwartz:

Looking over the names on the Community Vaccine Advisory Committee and I do not see anyone from the Airline Transportation sector being included. Is there a reason why?

**Dana Davis, American Airlines Los Angeles based Flight Attendant San Francisco resident**

I am a Flight Attendant for American Airlines and am very concerned that Gov Newsom and the state of California has disregarded CDC guidelines and pushed this essential and critical work group lower in the vaccination priority. Not only have we been on the front lines of this pandemic since the debut, many of my colleagues have contracted, passed along and died from this virus and they are not over 65 years of age. This is a horrible mistake on California's part. While I understand vaccines are extremely limited, it is in everyone's best interest to get front line workers vaccinated sooner rather than later, especially those of us working in the riskiest of conditions. Dr. Fauci himself advises against travel and has said he'd avoid it until it's safe to do so. If I had the luxury of telecommuting or even a job that allowed me to stay in San Francisco, I'd be more than happy to let all older residents get vaccinated before me. However, I am forced to work on planes that fly all over this country with many not so compliant passengers who do not believe in wearing a mask in addition to some fellow crew members who are "anti maskers". Social distancing is next to impossible in our work environment. We often have 8-16 hours duty



days so we must remove our masks to eat and drink. We are in harms way every time we go to work and risk bringing this virus back home to California. Please help us! Follow CDC guidelines for vaccination order! Thousands of my colleagues are already getting vaccinated in other states. California needs to recognize us for the essential, front line workers that we are! If you haven't read the NYT article about flight attendants from Jan 26, I urge you to do so. The last section especially sums up the nightmare flight attendants have been living. We need relief now right along with teachers and food service workers.

**Cliff Smith, Chief Executive Officer Air Culinaire Worldwide, Tampa, FL**

Our company Air Culinaire Worldwide, LLC (herein referred to as "Air Culinaire"), is an in-flight catering company that operates catering kitchens domestically and internationally. We have a global team of highly-qualified inflight catering professionals at our customer's service 24 hours a day, 365 days a year. Our customers include customers in the following sectors: cargo, business aviation as well as personal aviation. We have 20 kitchens across the United States and our corporate office is headquartered in Tampa, Florida. A number of our kitchen facilities are located in regions which have been greatly affected by COVID-19: California, Florida, Texas, Arizona and New York among others. We understand the needs of private aviation flights are ever-changing, especially during this pandemic and we are here to help at a growing number of airports around the world.

Furthermore, we are inspected by the FDA and are uniquely positioned to support various transportation entities. The missions of the flights may vary; however, they are typically closely related to the current GNP activities of the United States.

We are engaged in feeding of the crew and passengers that support supply lines that may be involved with:

1. Acquisition or distribution of Personal Protection Equipment as it enters the US.
2. Acquisition or distribution of vaccines and other medication s.
3. Feeding of charter aircraft that may contain military or security personnel.
4. Transporting medical supplies to natural disasters and facilitate organ transplants.

The task of Air Culinaire is to provide meals to the pilots so that they can complete their missions while maintaining FAA protocols in regard to nutritional requirements. In many cases, we are uniquely trained and badged to gain airport access to accomplish our duties.

Air Culinaire is aware that the Advisory Committee on Immunization Practices (ACIP) plays a critical role in making recommendations to the Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services (HHS), as well as jurisdictions across the United States, regarding the development, distribution, and use of COVID-19 vaccines. Therefore, for the reasons listed above, Air Culinaire hereby kindly requests that the ACIP review the information we have provided and recommend to the CDC that Air Culinaire should be designated as essential business for the benefit of our employees and our customers.

While Air Culinaire practices stringent safety protocols, having our employees and kitchen teams who work 24/7, 365 days a year on important missions, especially during this pandemic-vaccinated would ensure that our employees are continually able to perform their functions to support the transportation & food infrastructure.

**Tom Hennig, General Manager, Rancho Murieta Community Services District**

As the Drafting Guidelines Workgroup to Advise State on COVID-19 Vaccines develops plans for distribution of the COVID-19 vaccine, Rancho Murieta Community Services District asks that our frontline, essential workers receive priority in Phase 1-B. This phase includes “people who play a key role in keeping essential functions of society running and cannot socially distance in the workplace,” as described in the Centers for Diseases Control and Prevention (CDC) *COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations*.

Vaccinating frontline Special District employees is particularly important because our critical infrastructure and community services underpin all aspects of society, including services fundamental to a community’s health, safety, and economy.

Rancho Murieta CSD provides the Drainage, Security, Sewer, and Water services to residents of the residents and businesses within the District borders. In addition, we provide services for administering garbage collection and District commercial and residential development.

Our services are essential for keeping our community functioning. Due to the specialization of operations, and the corresponding challenges in finding replacements for staff members who may become ill or exposed, it is necessary to mitigate key staff members’ COVID-19 risks through all possible means, including vaccinations. We estimate that twenty-five (25) essential staff members should be given priority access to the vaccine in Phase 1-B.

We appreciate your consideration of our essential workers in California’s vaccine prioritization plans. Please contact me at 916-260-9075 if you have any questions or would like to discuss vaccine prioritization for our workforce.

**Kat Wortham, Director, Health & Housing Silicon Valley Leadership Group**

Thank you for your tireless efforts to contain the COVID-19 virus and protect California’s communities. The COVID-19 pandemic has made a lasting impact on every community in the State, and the vaccine brings light at the end of the tunnel. We respectfully request that you consider once again prioritizing critical manufacturing workers into the Phase 1B category for receiving the COVID-19 vaccine, a position they were appropriately in until recently.

The Silicon Valley Leadership Group is driven by more than 360 CEOs/Senior Executives to proactively tackle issues to improve our communities including on issues like housing and transportation. Collectively, Leadership Group members provide nearly one out of every three

private sector jobs in Silicon Valley. One of the top concerns of the members we represent in the Silicon Valley is rapid recovery from COVID-19.

The Leadership Group recognizes that demand far out paces current supply for the COVID-19 vaccine. However, critical manufacturers have a specific need to be prioritized for vaccination. They do not have the luxury of working from home and are putting themselves and their families at continued risk by going to work every day. Critical manufacturing jobs play a central role in not only California's economy, but in the everyday life of everyone who uses a computer, cellphone, or utilizes a medical device. These jobs are especially important to the functioning of our health systems as we continue to fight the current pandemic

The Leadership Group believes it is vitally important that all frontline workers receive the vaccine and would like to see the State of California grant prioritization to workers in critical infrastructure and manufacturing as part of that priority. This move would be in line with the proposed vaccine prioritization guidelines as drafted by the Centers for Disease Control and Prevention (CDC) to vaccinate all frontline essential workers. This would include workers who must work on-site, including engineers, scientists, technicians, and maintenance workers. These workers build and maintain the technologies which keep our everyday lives moving forward.

**Donald Specter and Margot Mendelson, Prison Law Office; Michael W. Bien, Founding Partner, Rosen Bien Galvan & Grunfeld LLP; Sharon Dolovich Director, UCLA Law COVID-19 Behind Bars Data Project; Andrew Imperato & Aaron Fischer, Disability Rights California; Jennifer Friedman, President, California Public Defenders Association; Katherine Katcher, Founder and Executive Director, Root and Rebound ; Philip Melendez, Director of Organizing, Re:Store Justice; Allison Zuvela, President, California Attorneys for Criminal Justice; Jeff Selbin, Director and Clinical Professor of Law, UC Berkeley School of Law Policy Advocacy Clinic; Brendon Woods, Public Defender, Alameda County Public Defenders; Tracy Macuga, Public Defender, Santa Barbara County; Heather Williams, Federal Public Defender, Eastern District of California; Diana Block, California Coalition for Women Prisoners; Felicity Figueroa, Chair, Orange County Equality Coalition; Eunisses Hernandez, Co-Executive Director, La Defensa; Joanne Scheer, Director, Felony Murder Elimination Project; Kyle Magallanes Castillo, Deputy Director, Community Works; Richard Speiglman, Chair, Interfaith Coalition for Justice in our Jails; Sue Burrell, Policy Director, Pacific Juvenile Defender Center; Elena D'Agustino, Public Defender, Solano County; Miriam Lyell, Public Defender, San Joaquin County; Stephanie Sauter & Sarah Ellenberg, Co-Executive Directors, LAW Project of Los Angeles; Dr. Carole Dorham-Kelly, President and CEO, Rubicon Programs; Ivette Alé, Senior Policy Lead, Dignity and Power Now; Daisy Ramirez, Steering Committee Member, Transforming Justice OC; Ashley Rojas, Executive Director, Fresno Barrios Unidos; Jeremy Lahoud, Project Co-Director, Youth Organize California Network; Bakr Teebi, Co-Founder, Yalla Indivisible; Eleni Wolfe-Roubatis, Executive Director, Immigrant Legal Defense; Sasha Novis, Staff Attorney, El Otro Lado; Carol Tuch, President, Women for: Orange County; Gilbert Saucedo, Co-President, National Lawyers Guild, Los Angeles; Elise Cossart-Daly, Cossart-Daly Law, APC; Brooke Weitzman, President, National Lawyers Guild, Orange County; Lulu Hammad, Cofounder, Orange County Emergency Response Coalition;**

**Michelle Seyler, Executive Director, Clergy & Laity United for Economic Justice; R. Lane Clark, President of the Board Laurence Severance, Co-Chair Clergy & Laity United for Economic Justice - Santa Barbara; Teri Bickley, Orange County Integrated Care Task Force; and Joanna N. Theolene, Policy Manager, Legal Services for Prisoners with Children**

As lawyers and advocates for incarcerated people in jails and detention centers across the state of California, we write to demand that the California Department of Public Health (CDPH) issue clear guidance directing counties to immediately provide COVID-19 vaccines to people held in county jails. Allocating vaccines to this highly vulnerable population is essential to address massive ongoing outbreaks of COVID-19 in jails and the devastating ripple effects to communities across the state.

People in California's jails and detention facilities face unique vulnerability to COVID-19, by virtue of the dangerous conditions in which they are confined and their disproportionate risk factors for severe illness and death. Thousands of people held in California county jails have chronic health conditions, disabilities, and other factors that put them at heightened risk of suffering and death due to COVID-19.<sup>1</sup> Data provided by some counties indicates that 30% or more of the jail population has been identified as having least one risk factor for severe COVID-19 illness. Many enter jail having received inadequate health care in the community, and California county jails have long been ill-equipped to provide adequate health care to the people in their custody.

Conditions in the county jails render these facilities distinctively dangerous during the COVID-19 pandemic. Aging structures, inadequate ventilation systems, and crowded living quarters increase the risk of transmission in the jails. County jails face particular challenges in preventing mass COVID-19 transmission because of high turnover among the incarcerated population and the daily presence of staff coming and going from surrounding communities. Many people in jails are confined to crowded dormitories, where social distancing is impossible. They frequently are held in cramped, poorly ventilated holding cells with other incarcerated people.

Existing measures to limit the transmission of COVID-19 in the county jails have failed. There are ongoing, large-scale outbreaks of COVID-19 in county jails throughout the state. The *New York Times* recently reported that Fresno County Jail has had more confirmed cases of COVID-19 than any other correctional facility in the country. Just last month, an incarcerated person in the Fresno County Jail died of complications from COVID-19. Sacramento County Jail is in the midst of a COVID-19 outbreak at both its jail facilities. On January 20, 2021, the Jail reported 306 active cases in custody. Just seven days later, an additional 225 people were confirmed to have tested positive for COVID-19. Orange County Jail, despite an aggressive public health strategy that included extensive testing and public-health driven population management, recently saw its COVID-19-positive population swell to nearly 1,200 people – more than one-third of its entire incarcerated population. Similar outbreaks are taking place across the state.

The failure to protect people in jails and detention centers from the spread of COVID-19 has damaging effects across the state. Court operations are hampered by the inability to safely process in-custody defendants. Community health infrastructure is strained by the influx of

COVID-19 cases from local detention facilities. The CDC has recognized that COVID-19 outbreaks in correctional and detention facilities may lead to heightened community transmission.<sup>2</sup> Moreover, conditions in the jails themselves deteriorate as officials scramble to make space for quarantine and isolation units, reduce recreational opportunities, and eliminate jail visitation programs in response to the enormous risks of mass transmission of the virus in these facilities.

Many counties have begun to vaccinate medical and custody staff who work in jails. This is a critical step to protect staff members and begin to limit the introduction of COVID-19 into jail facilities. CDC guidance is clear, however, that “[j]urisdictions are encouraged to vaccinate staff and incarcerated/detained persons of correctional or detention facilities at the same time because of their shared increased risk of disease.”<sup>3</sup> It is essential for the State to direct counties to follow CDC guidance by immediately offering vaccines to the people in their custody, with special priority for those at higher risk due to age, health conditions, or disability. Anything less sets the course for additional mass outbreaks that will lead to more deaths and further strain on the State’s limited hospital resources.

People in California’s jails lack the means to protect themselves from this deadly pandemic. Their conditions of confinement expose them to an intolerable risk of illness and death during this pandemic. As a consequence, the State and the counties have a special obligation to protect their safety and well-being by prioritizing them for vaccination. As one federal court recently recognized, failure to prioritize incarcerated populations for vaccines likely demonstrates deliberate indifference to the foreseeable risk of serious harm from COVID-19, in violation of the Eighth and Fourteenth Amendments to the United States Constitution.<sup>4</sup> Moreover, given the vast over- representation of Black and Latinx people in California county jails, prioritizing jails for vaccine allocations also will advance the State’s expressed emphasis on equity.<sup>5</sup>

The State therefore must provide clear guidance to counties that establishes priority for incarcerated populations to receive COVID-19 vaccine allocations immediately. We are happy to consult with your offices on these important issues.

<sup>1</sup> People incarcerated in jails have disabilities and chronic health conditions at rates significantly higher than the general population. See Ingrid A. Binswanger et al., *Prevalence of Chronic Medical Conditions Among Jail and Prison Inmates in the USA Compared with the General Population*, 63 J. of Epidemiology & Community Health 912, 914 (2009); Jennifer Bronson, et al., *Disabilities Among Prison and Jail Inmates, 2011-12* at 3, U.S. Dep’t of Justice, Office of Justice Programs, Bureau of Justice Statistics (Dec. 2015).

<sup>2</sup> *COVID-19 Vaccine FAQs in Correctional and Detention Centers*, Centers for Disease Control and Prevention, available at <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/vaccine-faqs.html> (last visited Feb. 2, 2021).

<sup>3</sup> *Id.* (emphasis in original).

<sup>4</sup> *Maney v. Brown*, No. 20-cv-00570-SB (D. Or. Feb. 2, 2021) at 3, 34 (ordering the State of Oregon to offer vaccines to all incarcerated adults in order for the state to “fulfill its duty of protecting those in custody”).

<sup>5</sup> *COVID-19 Vaccines*, California Dep’t of Public Health, available at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19Vaccine.aspx>.

## **Over 100 people sent at least 300 versions of this letter:**

As a [position/title], I am devastated by the California Department of Corrections' (CDCR) negligence to protect incarcerated people and demand CDCR follow the advice of public health and medical experts to urgently decarcerate their facilities while ensuring equitable access to the vaccine.

The recommendations below are a critical first step to establishing health equity in the State of California:

1. Governor Newsom and CDCR must decarcerate all facilities immediately to below 50% capacity by granting emergency releases without exclusions based on conviction or sentence.
2. CDCR must permanently stop all involuntary transfers of people between facilities, including the transfer of formerly incarcerated people from prisons to ICE detention centers.
3. All local public health officers must use their powers under the California Public Health and Medical Emergency to “abate any public health hazard” and order facilities in their jurisdiction to urgently decarcerate.
4. California Department of Public Health’s vaccine distribution plan must be publicly accessible and prioritize incarcerated people for vaccination while safeguarding people’s autonomy by not using punitive practices to force incarcerated people to take the vaccine against their will.
5. CDCR must require their staff to be vaccinated and staff who refuse to receive a vaccine must be placed on administrative leave.

The COVID-19 pandemic has magnified, but not created the intrinsic threat that incarceration poses to public health and safety. This pandemic has revealed what people directly impacted by incarceration have long named – it is impossible to keep people safe and healthy behind bars. Policymakers must treat the COVID-19 pandemic as a wake-up call to the deep-rooted violence of structural racism and mass incarceration, and urgently enact policies that will reduce California’s incarcerated population by granting large-scale releases. Decarceration is an urgently necessary step towards public health and racial justice.

### **Background:**

California prisons are home to the largest COVID-19 outbreaks out of all state prisons, jails, and ICE detention centers nationwide. Over 50% of people in California prisons have had COVID-19, and as of 2/3/21, 197 have died as a result of CDCR’s medical negligence. The California Department of Corrections (CDCR) has failed to implement basic public health measures, including social distancing, provision of Personal Protective Equipment (PPE), staff compliance with face covering and social distancing requirements, and adequate testing protocols to keep incarcerated people safe during this pandemic.

With vaccine distribution beginning inside California state prisons, we must prioritize the health and autonomy of the nearly 100,000 people incarcerated in California. We believe incarcerated

people should be provided dignified healthcare and have equitable access to prevention and treatment measures, including vaccines for COVID-19.

We caution state policymakers and prison officials from treating the vaccine as a simple solution to, what is in fact, a deeply rooted and complex public health crisis. For one, we know that vaccines may be less effective against new strains of the coronavirus. Furthermore, vaccines do not stop the threat of the next pandemic and vaccines will not end the public health crises plaguing California's state prisons. Every year there are outbreaks in carceral facilities, such as the flu, tuberculosis, valley fever, and legionella and CDCR and California Correctional Health Care Services (CCHCS) continuously fail to ensure equitable and adequate healthcare. Like many infectious diseases, COVID-19 exacerbated the pre-existing public health harms embedded in the prison system, including overcrowding, inadequate healthcare, and unsafe practices such as involuntary transfers that have made incarcerated people more susceptible to severe illness and death during and beyond this pandemic.

For months, authoritative health bodies including the American Public Health Association and National Academies of Sciences, Engineering, and Medicine have called for decarceration alongside other health coalitions and policy experts, but CDCR has failed to implement this lifesaving measure. Given the horrifying, deadly lessons we have learned from COVID-19, it is even more clear that incarceration is a threat to public health, whether or not you're incarcerated. We continue to call upon CDCR to reduce the incarcerated population to at least below 50 percent capacity to slow the spread of the virus, prevent further COVID-19 deaths, and reduce the negative health impacts of incarceration.

### **Barbara Riverwoman, Santa Cruz**

As a retired community college instructor, I am appalled that inmates are being exposed to extremely high-risk covid exposure. because of their continued incarceration. demand CDCR follow the advice of public health and medical experts to urgently decarcerate their facilities while ensuring equitable access to the vaccine.

We must follow guidelines established by the state in our treatment of these fellow human beings.

They must be granted emergency releases now to prevent unnecessary deaths. Please do the right thing.

### **Lisa Healy**

I am a citizen of San Ramon and I have a question with regard to the tier system in place.

I have multiple health issues: cancer, epilepsy and ulcerative colitis however, I am only 58.

I am wondering why a tax paying, law abiding citizen is prioritized below criminals (inmates)?

Phase 1C: Estimated Spring

- People ages 50 – 64
- People ages 16 – 64 with high-risk medical conditions

I would think high-risk medical conditions should be a priority. I am all for first responders getting what they need and those that deal daily with the public.

However, after that I do believe that people with high-risk medical conditions should be lumped in with 65 up. You can be 65 with no pre-existing conditions getting a shot while someone like me, or others ,who have a high probability of not being able to fight off a viral infection is not getting vaccination until after criminals get one.

Please help me understand how tiers were established .I know it is a guideline provided , I don't need that as an answer. It is only a guideline , does not mean it cannot be altered.

**Mary S. Izadi, Constitutional Policing Advisor, Orange County Sheriff's Department**

Thank you for your efforts to support a safe and equitable distribution of the COVID-19 Vaccine. My comments address the urgent need to vaccinate those housed in county jails.

From the beginning of the COVID-19 pandemic, it was clear that congregate living facilities, including skilled nursing facilities and our country's jails and prisons, were uniquely vulnerable to the transmission and spread of COVID-19. Vaccine prioritization is a critically important issue. The California Department of Public Health (CDPH) is distinctively situated to provide leadership to the State and each of the 58 Counties on this topic. Without essential guidance from CDPH, all incarcerated persons inside California county jails could be disproportionately affected.

Although a local County's Health Officer or government might have discretion for allocating vaccines to prevent inequitable distribution, most Counties will look to you and CDPH for guidance. If CDPH delivers clear recommendations to overcome immunization disparities, it will significantly reduce local hurdles and create an equitable immunization plan for those who need it the most. Action by CDPH will be pivotal for seamless equitable vaccine distribution.

Vaccinating inmates also directly protects the surrounding communities where the county jails are located. According to the California Healthy Places Index, the Orange County Jail facilities in Santa Ana and Orange are situated in the lowest health category. Coupling the risk already present for individuals who live in vulnerable communities with the inherent transitory population in county jail is a recipe for disaster. Incarcerated persons in county jails interact daily with community members, including medical staff (inside and outside the jails), corrections employees, contractors, and volunteers. Unfortunately, that is just the tip of the iceberg; county jails are a revolving door of incarcerated persons. The passing nature of the incarcerated population in a county jail creates a substantial risk to the community for the further spread of COVID-19. It has a high likelihood of burdening local hospitals and ICU capacities. All this, coupled with incarcerated individuals aged and medically vulnerable, is a significant public health issue.



We appreciate your continuing efforts to protect our communities' health and ensure that the most equitable strategies are employed when distributing the life-saving COVID-19 vaccinations. Thank you in advance for considering the prioritization of those incarcerated in county jails instead of a purely age-based model.

**Consuelo (Connie) B. Casillas, MD, Pasadena**

My name is Consuelo B. Casillas, M.D. on behalf of Alliance in Mentorship 501c3 (multi-platform social med mentoring network aimed at empowering the next generation of underserved health care professional for underserved populations. I have volunteered with Refugee Health Alliance in providing care to immigrant populations in Tijuana awaiting asylum hearings as well as for Flying Samaritans out of UCLA run by pre-health professional students to provide care to underserved populations across our border. I am a 3<sup>rd</sup> generation Mexican-American doctor whose grandmother immigrated to Texas as a child in the early part of the 20<sup>th</sup> century.

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.

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

**Bill Ong Hing and Hamid Yazdan Panah**

The COVID-19 pandemic and the subsequent vaccine rollout have exposed deep issues of equity, access and justice in California. Perhaps no population has been more marginalized in the rollout than those who are held against their will in immigration detention facilities. Nearly a year into the pandemic, there is still no known plan in place and no agency or group clearly responsible for making sure that immigrants in detention in the state will get vaccinated.

Immigration and Customs Enforcement detains immigrants in six facilities in California. Five of them are owned and operated by private, for-profit corporations where reports of maltreatment have been commonplace, including court-cited “[deliberate indifference](#)” toward the spread of the coronavirus. General conditions have been so bad at the sixth detention center, the Yuba County jail, that it has been under a court-ordered [consent decree](#) since 1979.

Based on data collected from April to August 2020, the coronavirus rate among immigrants in ICE detention centers nationwide is 13 times the rate of the general U.S. population. To date, more than [9,000 individuals in ICE](#) custody have been infected and at least nine have lost their

lives to the virus. Each ICE facility in California has seen outbreaks, with the largest, at the Otay Mesa Detention Center, resulting in [hundreds of infections](#) and one death.

These outbreaks not only threaten those held inside and those who work there, but they can also easily overwhelm the medical resources of surrounding communities.

All of this underscores a fact that is glaringly obvious: Immigrant detention is inhumane, immoral and wholly unnecessary. It needs to be abolished, and people in civil proceedings — which is the case for virtually all those in ICE detention — should be allowed to go home and await their day in court.

And yet ICE has refused to dismantle its detention machine even as COVID-19 ravages its facilities. In South Florida, it [fought](#) the release by the courts of individuals who are medically vulnerable. A federal judge in Miami called ICE's failures to protect detainees from the pandemic "cruel and unusual punishment."

Perhaps not surprisingly, ICE has also seemingly washed its hands of the responsibility to provide the vaccine to individuals it stubbornly refuses to release. In December, an ICE [spokesperson announced](#) that it would be up to states to decide when and how to vaccinate individuals in the agency's custody.

This appears to be news to California policymakers. At the end of January, one member of the state's Community Vaccine Advisory Committee [told a reporter](#) that the assumption had been that vaccinating immigrants at the ICE centers would be "up to the federal government." Immigrant advocates, including the two organizations we represent, have raised the issue of detention vaccination in letters with state officials, but we have yet to receive a response about how and when the vaccine will be delivered.

Over the last five years California has served as a model for the nation by passing groundbreaking legislation to protect the health and safety of immigrants in detention. This year the Legislature is continuing that legacy with [AB 263](#), a bill designed to ensure that public health orders are enforced in ICE detention facilities. Even before it passes, the state must do all it can to address the rollout of vaccines and to protect and save lives in these facilities. As California works to reorganize and improve its overall vaccination rate, it must include a specific plan that recognizes the urgency of the COVID crisis in ICE detention. It should ensure that individuals in these facilities have access to the vaccine, as well as the information they need to make an informed decision about whether to get vaccinated.

California must continue to serve as a model for immigration policies that ensure equity, access and healthy communities.

**Neal Miller, LAc, DNBAO, President of the Board of Trustees, CalATMA**

On behalf of California Acupuncture and Traditional Medicine Association (CalATMA), I write to offer the assistance of our licensed acupuncturist members in the delivery of COVID-19

vaccinations to Californians. CalATMA represents more than 500 licensed acupuncturists across the state, and affiliates with many other California organizations representing the 12,248 active licensed acupuncturists and allied health care professionals in our great state. We can help, and we want to help.

Our state faces a critical shortage of trained medical personnel to administer vaccines. Licensed Acupuncturists are uniquely trained and prepared to help. Our members are already trained, certified, and experienced in the safe use of needles in accordance with CalOSHA's bloodborne pathogens standards as well as clean needle technique standards regarding use of needles in health-care settings. By receiving vaccination injection training that has been provided to firefighters, and to nursing and medical students across the country, our members can be rapidly deployed to help fill the current the shortage of health care professionals needed to vaccinate our state.

Licensed Acupuncturists serve patients in communities across the state and are prepared to partner with local health agencies or health care providers to fill gaps in vaccinations. Our profession is extremely diverse and includes many practitioners who are fluent in multiple languages and have experience treating patients with cultural sensitivities. CalATMA would be pleased to provide you with a list of practitioners by county who would be willing to take vaccine injection training and work with the state and local health offices to vaccinate eligible residents.

CalATMA would be honored to work with you and Governor Newsom to ensure that there are adequate trained professionals to deliver the COVID-19 vaccine to all Californians who need it. We look forward to hearing from you at this critical time.

## **Elton Sherwin**

The case for delaying most second shots grows ever stronger.

From *Sky News*\* on 2/7/2021

“...it has turned out, as a result of the UK's bravery frankly, that these extended intervals [between vaccine shots] seems to be associated with greater protection.”

“...Thank you, thank you British scientists.”

Dr David Nabarro, World Health Organization's chief Covid expert

From the *Financial Times*\*\* on 2/10/2021...

“Public Health England found that a single dose reduced symptomatic infection by 65 per cent in younger adults and 64 per cent in the over-80s, while two jabs conferred 79 and 84 per cent protection respectively.”\*

A single shot “...appeared to be triggering a good immune response about two weeks after the jab among younger adults...and after about three weeks in the elderly...”\*

\* <https://news.sky.com/story/covid-19-uk-vindicated-over-brave-decision-to-delay-second-vaccine-dose-who-official-says-12211550>

\*\* [www.ft.com/content/eb311423-dd2f-48f8-af57-8d8f0103c313](http://www.ft.com/content/eb311423-dd2f-48f8-af57-8d8f0103c313)

Could you pass the presentation on to the CVAC.

I have updated the presentation with the latest data.

[1STSHOTS1STR6CA PDF](#)

### **Stacey Miller, S3 Tech Ventures**

I am reaching out to introduce the State of California to the novel COVID-19 Registration Tool we built for the State of New Mexico which has proven to be a great success resulting in New Mexico maintaining a top 5 position (most recently top 2 and 3) for vaccine distribution since the registration tool was implemented on December 23, 2020, just 5 weeks ago.

The COVID-19 Vaccine Registration Tool is built to streamline the distribution of the COVID-19 vaccine within states, counties, and communities. It was designed to be very intuitive and user friendly with one ultimate goal in mind: get vaccines to eligible recipients and match supply with demand as quickly and equitably as possible. This Tool has accomplished that feat.

The Tool also functions as a very efficient schedule filler. Invites go out and several hundred slots are filled within minutes. Members of the public can quickly register and vaccine providers can implement their supply in a very strategic and equitable way especially when inventory is limited.

Using our mapping software, a provider can invite multiple registrants at once who meet certain criteria to schedule appointments based on their location. This selection of groups occur in a randomized fashion to keep it as equitable as possible. Employer groups also have the option to upload their entire staff which can then be uploaded into the overall pool of registrants. Providers can manage their appointment schedules and administer vaccines in an expedited fashion. Reporting capabilities of the software are standard for each location and system wide.

Within the past few weeks we have had several meetings with several states - all who are impressed with the product. California would benefit significantly from this Registration Tool. We would like the opportunity to arrange a time for you to speak with our Chief Medical Officer as well as our technology team in order to provide further details along with an in depth demo.

### **Gayle Gerdes**

I am reaching out to you on behalf of a client who is a leader in the AI space and is currently working with private and government entities to assist in distribution of the COVID-19 vaccines. Their product is designed to reach a variety of demographics and address hurdles that often keep individuals from receiving vaccines.

While I realize this is simply a short, unexpected email, I would appreciate a few moments of your time to share what the company can provide California as your state is working to increase and improve distribution of the vaccine.

Should you not be the best person to further discuss this with, I would appreciate you directing me to the best contact in the department.

**James Mangia, MPH President & CEO, St. John's Well Child & Family Center**

I write on behalf of St. John's Well Child and Family Center, a federally qualified health center in Southern Los Angeles, with regard to our concerns about the recent changes in the state's COVID-19 vaccine distribution plan to include Blue Shield and Kaiser Permanente as third-party administrators (TPAs). While we appreciate the Administration's and state public health agencies' desire to improve the logistics related to vaccine distribution to get shots in arms faster, we believe doing this without the input and assistance of community health centers will be detrimental to the underserved communities of California.

Members of this committee are well-versed in the data that shows the extreme health inequities that have been exacerbated by the COVID-19 pandemic. Data from the Department of Public Health show the death rates for Black and Latinx people are higher than the rest of the state by 12% and 20%, respectively. The case rate for low-income communities is nearly 40% higher than other parts of the state. The majority of the members of these communities are either on Medi-Cal or are uninsured. These are the populations that need to be focused on during vaccine distribution to ensure the health equity that state leaders strive to achieve. The third-party administrators selected for the monumental task of reorganizing the distribution strategy have limited experience working with these populations. The state must use community health centers to fill this gap in knowledge. It is the only way to ensure a smooth transition and increase the access necessary to protect our underserved residents.

The vast majority of our patients, and those served for COVID-19-related care, are members of underserved and minority populations with either Medi-Cal or no health insurance. We witness each day how this virus disproportionately devastates Black, Latinx, and Asian communities.

We have tested over 70,000 patients for COVID-19 and administered over 20,000 vaccinations thus far in communities that are among those hit hardest in the nation by the pandemic.

Throughout this process, and during our decades of experience with these communities, we learned the needs of our patients and earned their trust. We understand their fears and concerns with both the virus and the vaccine and know how to allay them, and we provide the culturally-competent care that is essential for their health needs. We also have the network required to be able to access these patients, with over 400,000 patient visits annually at our clinics alone. If provided vaccines for distribution, we have the potential to make an even more significant impact in the battle against COVID-19 than we already have, and we are just one clinic; there are over 1,000 throughout the state serving a total of 7.4 million Californians, many of whom are in underserved communities. By collaborating with, and harnessing the knowledge and experience

of, community health centers located throughout California, the state and TPAs to spearhead an equitable vaccine distribution to protect California's most vulnerable residents.

In a November press release, the California Department of Health stated this committee will "help guide the state's decision making and build equity into decisions about vaccine distribution and allocation." We strongly urge the members of this committee to stay true to this intent and recommend to the Administration and all relevant authorities to require the Blue Shield and Kaiser Permanente TPAs to collaborate with community health centers for the vaccine distribution. Health centers were serving the communities most vulnerable to this virus long before its existence. Rather than trying to reinvent the wheel, the state should view health centers as a key ally and resource and allow us to continue to do what we do best: eliminate health disparities while providing high-quality health care.

**Luisa Buada, RN, PHN, MPH, Chief Executive Officer, Ravenswood Family Health Network**

I am writing on behalf of Ravenswood Family Health Network that operates in San Mateo and Santa Clara counties serving over 25,000 patients 85% who are marginalized minorities, 82% have incomes below federal poverty, 65% whose primary language is not English, 32% are functionally illiterate in their own language and 40% are uninsured due to their immigration status.

The proposal to extend a contract to a Health Plan, who has no direct health care delivery experience, is a payor that operates in the abstract world of electronic claims, entirely unfamiliar with marginalized, underrepresented communities of color, vulnerable to serious health consequences from COVID, who may not have internet access, may not have transportation access, may not have the language ability to read or understand the forms and consents, - and is a Health Plan that has no experience in supply chain distribution... who by their own admission have no idea how they are going to reach out to these aforementioned populations is ... is a grave political error.

This is a Public Health Pandemic which should be addressed by the leaders of public health that have committed their lives to reaching out to the neediest of our population, despite having had their resources severely underfunded and undervalued in the past 30 years. We have made a tremendous progress in the past 2 months to prepare and are now vaccinating members of our community in great numbers hampered in large part by the limited supply of vaccines, rallying volunteers to extend our ranks but most importantly, serving the residents of our most affected communities where they live, with people and organizations they trust.

To bring in a uninformed, unprepared and inexperienced TPA intermediary to do vaccine allocation and operate out of mass drive through vaccination Hubs, will result in abandoning once again the least enfranchised members of our society. The rhetoric of redressing racial and economic inequality that this pandemic has exposed would become hollow to achieve the convenience of delivering greater numbers of vaccines available only to those members of our

population that already have the means, the internet access, the access to transportation, the language and educational privileges.

Counties like San Mateo and Santa Clara are of course serving residents with those capacities in hubs in great numbers. But they have also reached out to community health centers and community groups serving the hardest hit communities of color, immigrant populations and non-English speakers. They have provided vaccine supply to those of us who are trusted health care providers where we can make sure there is equity in the distribution of the vaccine.

Ravenswood Family Health Network staff and our organization have invested hundreds of hours of sweat equity and unreimbursed time and materials because we are committed to getting vaccines to our patients and our surrounding community members. To date we have administered over 2,500 vaccine in just 4 weeks. We are planning to give vaccines out in events every week on a weekend when our essential worker patients and elderly are able to walk and get rides to our health center. We have only been able to be successful because of the relationship we have with our counties who understand the needs of our local population. Our efforts and our success will be put in jeopardy by an inexperienced and unprepared TPA who is unfamiliar with our community members and how best to reach them.

We urge you to reconsider this step and allow our Public Health County institutions to do the job they know best.

**Anthony Gniadek**

I am 67 years old with medical issues when can I get my vaccination. I called and received doubletalk. Give me some direction!

**Niki Bruick**

I'm wondering when CVS will be updating their eligibility list? It's still currently allowing only 75 yrs & older, and Healthcare workers to sign up.

**Mary Ellen Berumen <**

This is more of a suggestion. Instead of an exact age, I think you should allow vaccination by year of birth. And rather than such large groupings of 10 to 15 years, you should release the vaccine to groups of a year or two so that it would prevent the vaccine sites and appointment systems from clogging up so much.

Yes this is somewhat personal. I am one of those people with an August birthday and am frustrated that I cannot see my 97 year old mother or my 71 year old brother who is a chemotherapy patient. I don't know how long either of them have to live. They both have received their shots and I am grateful for that. I understand why you changed the priority

recently to those with comorbidities, but this means my age group gets put off until April or so, and with the appointment systems being what they are, it is very likely that many people in their 50s will be vaccinated before I am, though will be 65 in August. I can't be the only person in this situation. There are a lot of us boomers who have aging parents who need to see us even though we are not primary care givers.

Please consider this situation. I do appreciate everything you do to keep us safe, but I just needed to share my reality with you.

### **Tamara Shipman**

While I am certainly glad to see California is finally working to protect the most vulnerable high-risk citizens, I am disheartened to see their eligibility will not take effect until March 15th. Considering, per your CDC stats presented at the last meeting, those with 3 or more underlying conditions account for 80% of COVID deaths, I would think the work group would have expedited their eligibility and allowed them immediate access to the vaccine.

I would also like to hope that there will be more detailed guidance presented in the upcoming meeting. For example, the recent bulletin announcing the new guidance only states that health care providers can use their judgement to vaccinate high-risk individuals who fall into the eligible categories. How they are going to get the vaccines was not stated. Most doctor's offices are not giving vaccines, so how exactly are at risk individuals supposed to get them if their doctor isn't giving them? Will high-risk individuals be able to get a letter from their doctor to use at other vaccination sites, such as mass vaccination clinics and local pharmacies? If not, why not? How else will they be able to get the vaccine? I know as a Kaiser patient, they are not getting much of an allotment and currently can't even vaccinate those who are eligible, so it seems like health care providers are the hardest source to get a vaccine from.

These high-risk individuals deserve to have easy options to access the vaccination, including being able to use County and FEMA vaccination clinics, where they stand a better chance of getting an appointment. This board has a duty to them to make sure the communication on how to get a vaccine is clear, concise, and easy. Otherwise these individuals will be waiting even longer than the already shameful month they have to wait for eligibility. You have failed them so far, please don't fail them any more.

**Lynn Kersey, MA, MPH, CLE, Executive Director, Maternal and Child Health Access, Los Angeles**

Thank you for your work on this committee. My comment are

- Nowhere on the website <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Community-Vaccine-Advisory-Committee.aspx> nor any agendas does it say how to make public comment, if one is searching the website. I found this email address in a power point presentation from the first meeting, 11/25/20. Most people won't dig around



for how to contact the committee. Please post information prominently on how to make public comment.

- Maternal and Child Health Access has been and continues to be involved in efforts to inform, test, assist with health coverage and vaccinations for the community, our staff and our families. You already know the issues. However, two specifics about My Turn, which I understand is only available now in pilot in LA and San Diego.
  - The site assumes you don't know about the priorities and each time you visit looking for an appointment - as we do often at MCHA - you have to enter the same information. This is tedious and should be able to be bypassed once you've entered once for the person for whom you are searching for vaccine.
  - Once you enter a zip code a VERY limited number of sites show up - I get the Forum only whether I enter 90016 for my home in the Crenshaw area or 90017 for my downtown office. I know there are many, many more sites - and they don't show up by vaccine availability because no vaccination appointments have so far been available.

I would not use "My Turn" unless I had to, quite honestly. I'd rather go to the old complicated city and county sites where at least you could know what the various sites are and try your luck. On My Turn only two sites ever even show up.

There should also be a filter to filter by first shot, second shot or both.

### **Daphne O'Keefe**

I am a senior citizen on Medicare, and I am a patient of UCSF in San Francisco.

When I signed up for an appointment for the covid vaccine, they required that I provide my credit card information so that they can charge me \$71.38 for the covid vaccine.

I thought that the vaccine was supposed to be free for everybody.

### **Nicole Ling**

Los Angeles county has not opened Phase 1B yet. It is now the middle of February and Phase 1B was supposed to open for February. LA County needs to open vaccine eligibility for all people in Phase 1B. They're taking too long to roll out this phase.

### **James Ensten**

as of today, February 5th, 2021, in Placer County, Sutter Health is currently vaccinating 65+ and seems to have plenty of doses. Placer County itself is doing 2nd doses only. Kaiser is vaccinating people 75+ years old but Kaiser has no doses available. There is zero consistency. How is the

general public supposed to know what to do? I think I am a fairly intelligent person and I honestly have no clue as to what is happening. Plus, it seems like there are a dozen different California-supported websites, each with just bits of the information. C'mon!

Can a Kaiser member go to a Sutter Health facility or to the Placer County fairgrounds? Why is this allowed? If it is allowed, how can Kaiser or Sutter Health plan the number of doses they will need for their members? Will this mean that Kaiser or Sutter Health may end up with way too many doses that could have been used elsewhere? C'mon!!

Every resident should have been assigned a site and a day based on their SSN (or something). People without SSNs could be considered 'Open' and have their own days/tiers. This free-for-all scheduling is a cluster... C'mon!!!

We are California! We invented Google, and Apple, and Facebook, and...

Any of these engineering teams could have built a secure, easy-to-understand and use, equitable assignment and recording database in probably 100 days or less. Shoot, if we had that, airlines, hospitality, employers... could even query it to allow or disallow people/activities. They would have done it philanthropically too!

Instead, we have every county, every provider, and now even designated supermarkets and drugstores, doing their own thing and people forging little pieces of paper.

We MUST do better!!!!

THIS, right here, is why people don't like 'government'. I am not some radical conservative or socialist liberal. I am just a normal person. But THIS?

SSN = Name and Age. Name gives you, likely, address. Addresses give you allocations. Easy! Add in critical occupations. Open a bunch of State-run vaccination sites (even if you outsource these to local health care providers, et al). Assign people to sites. Set up an assistance call center. Partner with community groups to reach the immobile/infirm. Record everything in a database. Go back a fill in the 'misses'.

Instead, we get people (only those who have/can use computers) logging in to, and refreshing, multiple web sites surfing for open vaccination appointments. It's like we're a 3rd-world country. Actually, no. 3rd-world countries probably have a better system...

FIX THIS PLEASE

## **C Cowdery**

I am 64 years, 10 months old.

I am not homeless, nor incarcerated.

Instead, I have worked continuously the past 42 years.

I was diagnosed with Asthma at age 5, and am on daily medication.  
If I do not qualify as Tier 1B, please explain.

**Dolores Alvarado, Chief Executive Officer, Community Health Partnership**

I am writing on behalf of Community Health Partnership and its 10-member community health center organizations to thank you for your many efforts to address the COVID-19 pandemic emergency.

However, I am also writing to express our grave concerns regarding the plan to abruptly alter the state's vaccine distribution system.

We have a tremendous concern regarding the state's plan to have a third-party administrator (TPA) allocate the vaccine without the benefit of local context. Our members are worried that the new system will undermine our efforts to expand our ability to administer as many vaccines as possible to residents. This is why the Blue Shield Third Party Agreement is so concerning to us.

We are worried that the TPA will reduce the amount of vaccine that the Santa Clara County Public Department receives and prohibit its distribution to our community clinics. Santa Clara County has the state's second largest public healthcare system, including three hospitals and many community clinics. Furthermore, Santa Clara County contracts with our community health centers to provide health care and COVID-19 testing and vaccinations to communities of color, the uninsured, and those hardest hit by COVID-19. This system has worked very well giving CHP's community health centers access to vaccines with minimal bureaucracy and delays, thus ensuring the vaccines get where they are needed most.

Under the proposed Blue Shield TPA system, we fear that disparities will be further compounded if the methodology to allocate vaccines is weighted more heavily on volume and speed than racial equity.

Residents without personal vehicles, who have difficulty registering due to a lack of technology, or have a mistrust of large government sponsored vaccination efforts may not go to the mass hubs proposed by Blue Shield and Kaiser. Immigrant communities, agricultural and food service workers, and the poor (living within the very zip codes with the highest infection and mortality rates) may not be able to take a day off work to travel a distance by car to wait for hours at a remote mass vaccination hub.

Applying a "place-based" distribution system will help ensure that vaccine allocations are dedicated to communities who face barriers to accessing "mass" vaccination sites. As such, it makes more sense for people to be vaccinated at a trusted community location where they already receive health care and where they are more likely to return for the second dose. We understand that some regions have struggled getting their residents vaccinated quickly. However, Santa Clara County, in partnership with our community health centers, has built an extensive and successful vaccine delivery system, including multiple public vaccination sites within the very neighborhoods hardest hit by the pandemic.

We are all working tirelessly to control this pandemic to allow California to reopen and recover. Santa Clara County's Public Health Department, along with our community health centers, has demonstrated the ability to deliver vaccine into the arms of our residents quickly and successfully. As your health center partners, we implore you to urgently focus on prioritizing local health Jurisdictions for available vaccine (and the ability to share vaccines with community health centers), ensure meaningful and ongoing consultation with our members, and provide immediate fiscal resources for these local efforts. Please consider carving out large public healthcare systems from the TPA as you rollout the strategy.

### **Bob Brownstein**

Please ensure that the new Third party manager of the vaccination program (Blue Shield) does not reduce and hopefully expands the allocation of vaccine to large counties like Santa Clara and to community clinics within those counties. Both of these organizations have been effectively vaccinating the population, limited only by supplies. If the allocation to the county and clinics are reduced, over 50,000 people who have received first dose vaccinations and have scheduled appointments for a second dose will probably have their appointments canceled. This will be a catastrophic event. Most of these people are seniors who - in panic - will have to frantically find other places to receive a second dose or start over. To create such a situation would be unforgivable!

The community clinics are critical for reaching low-income people of color who have been disproportionately impacted by the pandemic. They must continue to be part of the vaccine allocation system.

### **Trisha Schuster**

I recently made an appointment for my husband's covid vaccination. We used the mychart system through the San Diego Petco superstation rather than [myturn.gov](https://myturn.gov) because it was easier to navigate. I wanted to let you know my experience.

Most people know whether they are eligible, this should be a separate option rather than the first step. The myturn website requires you to input all your information prior to finding out whether there are appointments. If there are no appointments, you have to start over at the beginning. This is very time consuming and turns getting an appointment into an ordeal.

Contrast this to the mychart website where you can leave your browser on the appointment page, refresh periodically and only input the information once an appointment is available. The problem with this site is that the appointment may have gone to someone else by the time you have typed everything.

Ticketmaster has a system where once you click the desired seats they are reserved for a time to allow you to input the information. If that could be incorporated it would be ideal.

I hope that it doesn't intimidate people with no insurance when insurance information is required. Also, asking for this much information might scare off the undocumented.

I think an ideal website would incorporate the following:

1. A comprehensive listing of all appointments available at any site in the county so the user could pick between them
2. Input information and verify eligibility after selecting an appointment that the system saves for you while you complete the form
3. Statement highly visible that insurance is not required and there is zero cost for vaccination so that when someone gets to that section they don't just quit.
4. A decline to state for information not required to verify eligibility for those concerned about their legal status.

Thank you for all your hard work during these difficult times. It feels like there is beginning to be light at the end of the tunnel if we can get through the vaccination phase!

### **Desiree Munafò**

I am writing to ask for an explanation as to why the County of San Luis Obispo is not allowing seniors over 65+ to receive the covid vaccine. It is my understanding that the Govern issue Notification on January 13,2021 Number: NR21-015 that Seniors 65+ are eligible to receive the Covid vaccine in the State of California.

I have been told by SLO that they are not and will not be allowing that age group to receive the vaccine because lack of supply. I do not understand how each county can choose at their discretion whether or not to abide by the governs notifications for the STATE. If there is a issue with this county then I would think the government should have had someone at the state level address this situation and rectify it so that SLO county is in line the the rest of the states eligibility. It is inexcusable that these seniors are in a county that for 1 month now has not been on a level playing field as the other counties in California. This should have been addressed and corrected by now. SLO is saying they don't think it will happen till maybe the end on February, that's means over 6 weeks these seniors are at a disadvantage.

I have a senior that I am trying to get vaccinated so I can fly her back to the east coast. She has been there this past year with no family.

### **Yvonne Besvold, Burbank**

Hi – I am so supportive of the resources being put in place to get vaccines in arms and encouraged by all the sites.

However, the process to secure an appointment is incredibly inefficient. There should be search capabilities based on eligibility and mile radius to look for OPEN appointments. Right now you have to first select one of the many routes to finding an appointment provider, then there are various search techniques. Once you have selected a provider, you have to go thru a search and then click on each location to find that the appointments are full. This is a very inefficient hunt and peck process. Every time I have followed a lead where it looked like there were open appointments, it ended up there was no availability and you had to go thru many steps for each location. I just spent 2 hours trying to get an appointment for my neighbor with no luck.

There has to be a better order of operations to search for open appointments across multiple sign up systems. We live in a state that has some of the greatest tech companies headquartered. Can we enlist their help to enable better search tools? This is a frustrating process that will only get worse as the populations eligible for appointments get broader. Personally, I know that a lot of people are working every day multiple times to secure a spot for an elder. This is taxing the systems as well. In general, all of the various site searches are going to locations but not locations with OPEN appointments.

I have been trying for weeks to get my 92 year old neighbor (in LA) and my 89 year old mom (in Riverside) signed up. We only got my mom signed up with Riverside opened vaccines to those 85 and older after multiple days/times of trying on-line with no luck when sign ups became avail. Getting that spot was sheer luck, because my sister happened to see on the news that spots for 85 and older were open. There should be some sort of sign up system to get notified with appointments are open.

While I appreciate that the supply chain flow of the vaccines is complicated and unpredictable, the sign-up process requiring hunting for open appointments could be immediately improved. As for help, get the private company resources like apple going on this!!

### **Mark Numainville, City Clerk, for Berkeley City Council**

We believe the distribution of safe and effective vaccines to Californians demands a level of urgency akin to a wartime mobilization, so we write to you with concerns about California's vaccine rollout to date. We understand that there is currently a limited supply of vaccines being made available to local health departments and health care systems, as is true for all U.S. states and territories. We also know that the availability of vaccine supply is dependent on manufacturers and coordination with the federal Centers for Disease Control and Prevention.

We applaud recent steps taken by your administration and local partners to establish mass vaccination sites and increase the number of trained vaccinators in order to ensure that life-saving vaccine gets into arms as quickly as possible. We strongly agree with the recommendations that have already been made in a letter authored by Assemblymember Gattie Petrie-Norris on January 13, 2021, which was co-signed by 46 state lawmakers. In that letter, state legislators called on your administration to:

- Provide a reliable forecast of vaccine doses to be distributed to local health departments and

health care systems, and it is our sincere hope that your administration and the incoming Biden-Harris administration can work together to provide the certainty that our local vaccine distributors need in order to adequately plan for efficient vaccine distribution;

- Expand the pool of vaccinators to include nursing students, retired medical professionals, firefighters, and trained service members of the National Guard; and
- Assure that state reimbursement will be available to local health departments for vaccine distribution costs.

As a local health jurisdiction, the City of Berkeley is eager to play its role in vaccinating our community; as of January 15, 2021, our city has used 92 percent of 1,100 first doses received and eagerly awaits more life-saving doses to protect our community. We respectfully make the following requests that we believe will help to ensure that we have the tools needed to win the war against COV/O-19:

- 1) Provide immediate additional funding to local health departments for vaccine distribution, administration, and public outreach. The COVID-19 pandemic has exposed long-term underinvestment in local health departments by the state and federal government alike. We support the request made by a number of organizations-including the California State Association of Counties, Urban Counties of California, Rural County Representatives of California, County Health Executives Association of California, and the Health Officers Association of California-to provide \$400 million for COVID-19 vaccine distribution and administration. This funding is critical to ensuring that local health departments have the staffing and logistical support needed to get vaccine into arms and to leverage partnerships with trusted messengers that can promote the safety and efficacy of vaccines to our diverse communities. We are concerned about news reports indicating that roughly 20 to 40 percent of front-line health care workers in Los Angeles County and an estimated 50 percent in Riverside County declined the vaccine, and we believe much more investment is needed in a public awareness campaign.
- 2) Provide data on vaccine usage at the health care system, county and local health jurisdiction level. It has come to our attention that the California Department of Public Health does not provide data on vaccine usage rates by health care system and at the county level or by local health jurisdiction. Given our state's challenges in using available vaccine, we are concerned that local health departments do not have access to local data on how vaccine distributors within their jurisdiction are performing in terms of vaccine usage. We urgently request that the state make vaccine usage data available by health care system and at the county level or by local health jurisdiction, so that local health departments can support entities within their jurisdiction that may be experiencing challenges in efficiently using vaccine doses.
- 3) Promote flexibility for vaccine phases and a user-friendly experience. As we proceed with our vaccination program, we urge you to ensure that our state's prioritization system for distributing vaccines includes flexibility so that no dose ever goes to waste within the established tiers and phasing. In addition, reports of uneven access to vaccine among eligible priority groups across the state and long phone hold times lead us to believe that we must do more to promote a user-friendly experience. This should include ensuring that information from any vaccine provider be offered in threshold languages as determined by each county.

To that end, we support efforts to create multiple access points-from pharmacies and doctor's offices to mass vaccination sites-across our state and to provide multiple avenues for our diverse populations to make an appointment or learn where they can go to get vaccinated.

4) Promote Equity in vaccine prioritization and distribution

As the state continues the roll out of vaccination, it should center equity in its decision making and prioritization, and prioritize populations that have been most impacted and suffer from the highest mortality rates due to COVID-19.

We share your firm belief that our state's well-being and economic vitality hinges on reaching herd immunity from COVID-19 through efficient and equitable distribution of vaccines to our state's 40 million residents. We are eager to do our part at the local level to vaccinate members of our community, and we appreciate your consideration of the issues we raise.