

**WRITTEN PUBLIC COMMENT TO COMMUNITY VACCINE ADVISORY
COMMITTEE (CVAC)
Submitted from February 16 to March 1, 2021**

Carly Ryan

I strongly urge CDPH and this committee to establish a vaccination timeline for all California residents with age-based tiers according to delivery commitments made by Pfizer and Moderna and to publish it as soon as possible.

At this point I hope CDPH and this committee can acknowledge that it is impossible to fully vaccinate one higher priority tier before moving on to another. The current priority tiers, while well intentioned, are confusing and doing more harm than good. The conversation these last two months has been dominated by various interest groups lobbying the CDPH and local health departments that they should be prioritized above other people. If one group wins, then another loses.

The extreme scarcity of doses, combined with desperation and lack of knowing when your group is next, means people WILL cheat and game whatever system you all put in place. And the people who win are those with the most resources.

LA County just announced that anyone with disabilities or underlying health conditions age 16-64 will be eligible for vaccine appointments March 15th. So, starting next month anyone who pays for a doctor's note can jump the line? They will brag about it on social media, and other interest groups will be upset and start lobbying again.

The age-based tiers work just fine—they are hard to misinterpret. They are easy for our dear health care workers and vaccinators to verify. Everyone I know over 65 in California has received at least one dose (yay!) and didn't have to gather additional paperwork to verify employment, health history, etc. Let's keep this going!

Please do ages 55-65 next, starting say, March 1. Then 45-55 April 1. Ages 35-45 start April 15. And so on. Will everyone age 55-65 be vaccinated before April 1? Probably not, but it doesn't mean everyone younger has to wait even longer. Don't change the dates after they've been established either. It's a roll out, not a sequence. It won't be perfect. But it will give everyone, especially young healthy people like me HOPE.

Dr. Bob Wachter of UCSF Department of Medicine is a huge proponent of age tiers and lotteries. I'm sure he would be willing to contribute to the braintrust on a roll out plan.

Thanks for the opportunity to comment. I do hope someone sees this and considers implementing age tiers. They work!

Email letter sent from #NoBodyIsDisposableCoalition
Disabilities Rights Letter

Catherine MacKichan

High risk Californians should not be forced to wait until March 15 for the covid vaccine. Many or most of these Californians are just as (or more) vulnerable as those seniors who were first prioritized, and they should get these life-saving shots now.

I am a 37 year old mother, currently pregnant with my second child. I also have a rare lung condition. Like many high risk Californians, I cannot fully isolate, in part, ironically, because of the very condition that makes me so high risk: I have to go to regular doctors appointments, of my pregnancy and birth of my son. Because I'm not yet eligible for the vaccine in California, I am terrified that I will get covid, which would put us both at great risk.

It is wrong to make people with high risk conditions wait, especially when you have opened up availability to lower risk groups like teachers (most currently teaching remotely) and agricultural workers. It also appears that many currently eligible people are not showing up for appointments. These appointments should go to high risk Californians now.

Please please reconsider the current timeline and allow high risk Californians to get the vaccine immediately.

Scott Wainner

Thank you for your efforts to expediently distribute the COVID-19 vaccines.

With regard to the next tier of high-risk people aged 16-64, please ensure that the decision of whether or not to vaccinate is ultimately left up to each individual's physician to determine. The list of conditions which define high-risk, while well meaning, omits a large number of other high-risk comorbidities including but not limited to a history of pneumonia, which has been found to be the #2 contributing factor to COVID mortality, behind age.

Cofounders on behalf of the IHSS Consumers Union: Nancy Becker Kennedy, Blaine N Beckwith, Lilibeth Navarro, Susan Kirk Chandler; and in support, Connie Arnold, IHSS advocate for over 30 years, and HolLynn D'Lil

We the undersigned feel it is wrong and shameful that the State of California places people with disabilities so low on the vaccine priority list when they are the most in danger. People with disabilities on the IHSS program are not only medically fragile, but they live in their homes with the help of high risk providers. And if one of their providers has to quarantine, IHSS consumers with disabilities cannot last one day alone. Like nursing home recipients IHSS recipients with disabilities are the most at risk.

Basing availability to the vaccine on diagnosis is also very bad, because it will skip over a great many people who will lose their ability to live in their home if one of their caregivers turns up a positive Covid test and has to quarantine or worse. Why are you putting no classification on providers and threading the needle so narrowly in the case of a senior or person with disability?

We are shocked and saddened that, unlike other states, California seems to have overlooked people with disabilities which appears to be an indication that California leaders do not care about whether they survive.

We are grief-stricken that the state that was the home of the independent living movement that held dear the civil rights of people with disabilities now sees us as disposable people.

We are shocked at how long the state of California is taking to get to people with disabilities vaccinated and how stingy it is in the way of categorizing those who need the help, when they wouldn't be on In Home Supportive Services if they didn't need that help.

In Home Supportive Services was intended for seniors and people with disabilities to be able to live in their home. Why are IHSS providers considered more important than the people for whom the program was created? We intend to express publicly how shameful we think it to do this to In-Home-Supportive-Services-Program recipients.

Melissa Footlick, transplant recipient

Hello, my name is Melissa Footlick. I am a resident of San Diego, CA. I want to urge you to vaccinate the disabled and those with conditions that put them at risk for poor outcomes if they contract Covid-19. The current list of conditions is not inclusive enough, leaving out many with very serious conditions, such as those that have received a bone marrow transplant or those with the serious lung disease, Cystic Fibrosis. In addition, the March 15th date is too far off. We must begin to immediately vaccinate those with high risk conditions right away. Most of us have been delaying medical care for the past year, waiting for it to be safe. Some need such urgent care that it cannot be put off, putting them at risk each time they enter a hospital. I also ask you not to make it difficult to "prove" our disabilities as this will only restrict access to those that need the vaccine the most and will harm those in marginalized communities.

Our lives have value. Our lives are worth living. Vaccinate the disabled, those with very high-risk conditions, without delay.

Subsequent email from Ms. Footlick

I urgently implore you to expand the list of allowed conditions in order to vaccinate as many disabled/high risk Californians as possible. There are many with rare conditions in grave danger. You must save as many people as possible.

And please release any additional information on what will be required to verify disability or chronic illness so that those of us eligible to receive a vaccine are able to prepare. I also urge you

to go ahead and open up vaccination to the disabled and chronically ill right away, before March 15th.

Our lives have value. Save us.

Richard B Moss, MD, Professor of Pediatrics, Emeritus, Lucile Packard Children's Hospital at Stanford and Siri Vaeth, MSW, Executive Director, Cystic Fibrosis Research, Inc.

On behalf of Cystic Fibrosis Research, Inc. and the 2,500 individuals in California living with cystic fibrosis (CF), we write to strongly encourage the inclusion of cystic fibrosis as one of the listed medical conditions eligible for COVID-19 vaccinations on March 15. Due to the acute health complications related to this debilitating complex disease, those with cystic fibrosis are extremely vulnerable to life-threatening consequences should they contract COVID-19.

While most known for causing progressive lung disease, CF is a multi-systemic disease that leaves no organ unscathed, impacting the endocrine, reproductive and digestive systems. Due to a mutation in the CFTR protein, the lungs of those with CF are filled with thick, sticky mucus that impedes the body's ability to clear infectious material, leading to chronic pulmonary infections that permanently damage lung tissue. Respiratory failure is the most common cause of death. CF is thus also a leading cause of lung transplantation. Other complications from cystic fibrosis include CF-related diabetes, liver cirrhosis and cardiovascular disease such as pulmonary hypertension and right-sided heart failure. COVID-19 would be devastating for those already experiencing these significant life-threatening disease manifestations.

Cystic fibrosis impacts individuals of every race and ethnicity, and still has no cure. Due to disease complications, our community is predominantly young; last year the median age of death for those with CF was 31. Cystic fibrosis is a rare disease, impacting only 31,000 people in the United States, and 2,500 in California. Of those 16 and older, approximately 1,600 would be eligible for COVID-19 vaccines under current EUAs. This small number would be easily absorbed into the vaccine allocation, and would prevent these vulnerable patients from pain, suffering, and potential death.

It has been noted that CDC recommendations helped to guide California's prioritization of the ten listed health conditions for expedited vaccines. This list was derived from studies of conditions impacting large groups of people. As such, cystic fibrosis – and the vast majority of rare diseases - will never be eligible for consideration.

We are intimately aware of the devastation wrought by cystic fibrosis. Dr. Moss is a national and international leader in the field of cystic fibrosis as both a clinician and researcher, who led the Cystic Fibrosis Center at Stanford. Dr. Moss currently serves on CFRI's Board of Directors. Ms. Vaeth is the mother of a young adult daughter with cystic fibrosis, and as director of CFRI, works daily with individuals with CF and their families across the state

and nation. We know firsthand the pain, suffering and loss experienced by the cystic fibrosis community, long before the arrival of COVID-19.

Members of the cystic fibrosis community live in fear that their opportunity to receive the vaccine will come too late to save them. We ask you and your fellow members of the California Community Vaccine Advisory Committee to modify the list to include CF.

Marsha McClatchy-Girdlestone

Hello, my name is Marsha, and I am disabled with a lung disease called cystic fibrosis. Why were people with disabilities and underlying conditions skipped over for vaccines? When will we be eligible for vaccinations?

The fact that we were skipped over is discriminatory and ableist. Again, WHEN will we be eligible?

Dr. David M. Livingston, CF parent

Thank you for your note regarding CF patient prioritization for the vaccine. With all due respect and given the consequences of CF for my son and thousands of others being cheated by the system and deprived of the vaccine on a timely basis by bureaucrats and those without an understanding of what CF does to a patient, from the lungs through the body, I don't need your PR email like the one you sent below. What I need is to see what you and your associates are going to do about having left CF off the list of prioritized patients needing the vaccine. Shining me on with your nonsense like you sent me in the below email does not go far as the CF community is smart, educated and we are politically aware and COMPETENT. We have fought for years for insurance, meds for our children and ourselves, GHPP coverage, you name it. And we win in our struggles. How about rethinking your reply and letting us know just how you intend to prioritize CF patients for the vaccine. If you are not planning on doing that, how about being transparent and giving us your medical, scientific and otherwise reasoning for not doing so. Since you are a public servant and your salary and benefits are derived from our taxes, including the taxes of our CF community, don't you think you can do better than the note you sent below?

I will await a real response from you regarding this very serious issue.

Same Letter

Ms. Mary Convento, Ms. Barbara Harison, Ventura; Ms. Ruth Livingston, Dr. Bradley Bettinger MD, Doris Kinsley, Peggy Cone, Noreen Kellough, Laura Simpson, Mollie Murphy, Janet Vogelgesang, Michele Babnick, Lori Eirich, Helen Trowbridge, Kristina Massopust

I write today to express my strong concern that cystic fibrosis has been excluded from the list of health conditions eligible for COVID-19 vaccines on March 15. Impacting only 2,500 Californians, cystic fibrosis (CF) remains a progressive fatal disease with no cure. While most known for causing progressive lung disease leading to respiratory failure, CF is a multi-systemic disease that leaves no organ system unscathed.

Cystic fibrosis impacts individuals of all races and ethnicities. One-third of people with CF face food insecurity. Those with cystic fibrosis are extremely vulnerable to life-threatening consequences should they contract COVID-19. As CF is a rare disease, I fear our community has been forgotten.

Due to the challenges of cystic fibrosis, our community is predominantly young; last year the median age of death for those with CF was 31. Making individuals with CF wait for months for a vaccine may have catastrophic outcomes. When accounting for age, approximately 1,500 CF patients are eligible for the vaccine. Adding cystic fibrosis to the list of prioritized conditions would make an infinitesimal difference in the overall number of available vaccines, but would have a significant impact on the survival of those who live with this debilitating condition.

I care deeply about this issue.

You have the ability to save the lives of those most vulnerable. Please provide those with cystic fibrosis eligibility for vaccines effective March 15.

Jack Lissauer, Menlo Park

I would like to point out what I consider to be a serious flaw in California's latest vaccination priority plan that places large numbers of people behind many others with lesser risks: Co-morbidities are considered individually rather than in sum. In particular, people not much younger than 65 with significant health issues that aren't on the state's list for eligibility as of 3/15 won't have an opportunity to be vaccinated until well after the majority of adults in California.

For example, a very high bar (oxygen dependence) is set for those chronic pulmonary conditions. I will turn 64 next month. I have sleep apnea and need to use two prescription inhalers and two nasal sprays every evening to get a decent night's sleep, placing me at much higher risk than a healthy 65 year old, who has been eligible for the vaccine since January. Yet I, and my partner, who has a similar combination of issues, won't be eligible until after well over half of the adult Californians have had an opportunity to be vaccinated.

Because of the combination of age plus chronic conditions, we have been under virtual house arrest for the past 11 months - zero indoor socializing, rare in-person socializing with friends and family (always outdoors, socially distant and masked, and not even that during the higher risk months), foregoing most dental and medical care, etc. We even minimize most outdoor exercise because we live in a fairly dense neighborhood and many people walk around unmasked. Our

health problems might well be insufficient to push someone in their twenties or thirties into the high-risk category, but our situation is far from unusual.

There are simple solutions to this problem. You could allow simple certifications by physicians for people within 5 or 10 years of being eligible by age alone, or even self-certification of co-morbidities for those in this age range. If combined with reducing the age at which no additional factors are needed for eligibility in increments of 5 years at a time, there wouldn't be a big incentive to jump the queue inappropriately. If the self-certification path were allowed, it could also apply to near-seniors in all front-line jobs.

Jonathan Groveman

I'm writing because it appears that a litmus test will be created next month for which cancer patients qualify for the Covid vaccine, and which cannot. My wife is currently undergoing daily radiation treatment for breast cancer at Sutter. She spoke to Oncology today about the process for qualifying for next month's shot and was informed that radiation treatment does not qualify, but Chemo would. So: "You're cancer isn't good enough but hers is ..."

I'm a dyed in the wool Democrat. I voted for Governor Newsom and I'll vote for him again, but is this another topic he'd want out and about during a potential recall election?

Sutter Oncology mentioned that every patient that has walked in the door this week has asked about the Covid shot. Daily radiation treatment doesn't pass the litmus test. A dozen hands on and people breathing on my patients like my wife won't qualify. Is that really what Governor Newsom wants to create?

Look, everyone is deserving. A friend is a non-firefighter with CalFire and he is getting a Covid vaccine this week. Another friend is a non-first responder with OES and he too is getting the vaccine. A third teacher friend didn't make the cut in line yesterday. My wife with breast cancer and daily radiation treatment won't make the cut next month.

I'm a military veteran and a Newsom supporter but he is going to lose a recall election if he doesn't shore up carte blanche shots for some but not for teachers and all cancer patients.

Lisa Lugo

My 79 year old mother got her first vaccine, which we are thrilled with, however she and I both agree I should have been first. I have stage 4 cancer. I am very, very, very ill. I understand the need for teachers to get it to get kids back in school but as a stage 4 cancer patient I should be allowed also. A lot of my Leiomyosarcoma friends (Facebook group) live in other states and have received both vaccines. I am disappointed to say I live in California and we are so far behind ALL these other states, I can't even get one.

Claudia Vieira

I would like to request that people, like my husband, who have early-onset Alzheimer's be added to the list of at-risk folks eligible for priority vaccination. They may be under age 65, but due to their dementia, are at higher risk of contracting Covid. I have also read that research indicates that some, like my husband, who have a genetic variant called APOE4, seem to be at risk of more severe cases of they do contract the disease.

In addition, I feel that folks like me, who care for disabled family members and loved ones at home, should also be prioritized. In addition to my husband, I also care for my elderly mother, who, thankfully, will get her 2nd vaccination today!!

Timothy J. Smith

Nice to e-meet you and thanks for all you do.

Please consider joining the 12 other states —NY, NC, PA, TN, RI, UT, VA, KS, MT, NE, NH, and NM— in including HIV explicitly within the context of immunocompromised state in preparation for Phase 1C starting 3/15.

With no disrespect intended, I find it to be shortsighted to only consider risk of severe COVID-19 illness and hospitalization as the only thing to consider with regard to vaccination prioritization.

Our understanding of long-term health effects, even if COVID-19 symptoms resulted in mild illness, is nascent.

I'm 30 years old and have been living with HIV for 10 years (diagnosed December 2010). Because of my status and how long I've been living with HIV, (per [cancer.gov](https://www.cancer.gov)) I'm at a significantly higher risk of developing non-AIDS-related cancers—including lung and Hodgkin lymphoma. I'm also at higher risk for strokes. These illnesses are occurring in PLWHA regardless of CD4 levels and being undetectable. What long-term health ramifications (especially terminal) may SARS COV 2 expose PLWHA to? This is not the first time the CDC's limited understanding has inadvertently affected my health.

When I was diagnosed with HIV, the CDC guidance stated starting HAART once CD4 cells dropped <350. This only took 6 months. Between December 2010 and June 2011, my CD4 dropped from the 600s to 340s (an AIDS diagnosis being <200). Because of this, my CD4s never fully reconstituted and remained in the 400s for most of my twenties. Chest colds in particular lingered for months and exacerbated my asthma which I thought I grew out of.

Patients like me are the reason the CDC reevaluated and now recommends immediate start of HIV treatment. With regard to COVID-19, what's to say, those of us with normal CD4 range and undetectable, only experience mild COVID illness but then are at a higher risk of lung cancers or lymph tissue cancers (some of the most difficult to treat) long-term? The CDC's current limited

guidance in overlooking may once again inadvertently do more harm than good. Our best chance to combat unforeseen long-term health consequences is to include PLWHA explicitly in Phase 1C.

Please consider redefining PLWHA to be included in your definition of immunosuppression.

David McAvoy

I am wondering why PLWAids have not yet been included in the 1c rollout of the Covid vaccine? I am a 62 year old man living with HIV since 1989. I also have Asthma. Because I am not yet 65, I do not qualify for a vaccine and according to Californias 1C rollout plan I will still not qualify. Are you planning on changing the qualifications for people with pre-existing conditions, to include people with HIV, if not why?

Kathleen Hardesty

I am an IHSS worker. I am supposed to get a vaccine the first group. My 47 year old son is profoundly disabled by Quadriplegia cerebral palsy. He is completely non-ambulatory and requires 24/7 protective supervision. He is a client of Reginal center. Due to the effect of his CP he has difficulty controlling his diaphragm and often a minor cold becomes pneumonia. He has been trapped indoors for over a year to protect his health and ARC is closed for day program, of course. I am his caretaker so I am also trapped indoors to care for him. [Trapped is a harsh word, but it is exactly how it feels) I know I qualify for a vaccine. Mikael should qualify, also. My 69 year old husband is diabetic with arterial disease. Oh I call and call and call for an appointment for any of us. Mikael's inability to transport carefully in his power chair might cause injury to people in line. So I am hoping for a drive up vaccine site. We can all be done with it and at least feel a comfort to use double masks and social distancing to perhaps take a walk. Something anything. I know the waits in lines can be very long. Mikael is incontinent and by timing, etc. we can avoid accidents in most stressful situations. But will there be easily accessed restrooms' available? I am hoping that our medical group Scripps will eventually contact us. But their supplies of vaccine never seem to last. I know you all get thousands of letters like this. People in worse situations. And I would rather they get services first. I know we aren't special. I guess I just needed to vent. This whole thing is so difficult. Maybe you could do something to help those of us dealing with disabled family members who are at risk. The pandemic is just larger than any of us. God bless.

Katie Schwarz

I have an autoimmune disease (Crohn's) which means my body goes haywire attacking itself. I am also on immunosuppressants to stop my body from killing itself. I get all colds and cases of flu worse than others. AND YET, I don't know if and when I'll be able to get the COVID-19 vaccine. I don't know if I get counted in the 1C group because the not being immunocompromised only seems to include cancer and transplant patients. Funnily enough, I've

been on both chemo drugs and transplant drugs as immunosuppressants for my illness. It would be really great if the government could realize that the groups in 1C need to be expanded to defined better to include all people who could get severely sick and die from COVID-19.

Cher Gonzalez, American Diabetes Association

Please find, attached, the American Diabetes Association's letter in response to the California Department of Public Health's (CDPH) February 12th [Provider Bulletin \(ca.gov\)](#) in regards to the bulletin's A1c prioritization vaccine requirement. In short, the American Diabetes Association (ADA) is concerned about the prioritization protocols utilizing A1c for COVID-19 vaccination prioritization.

ADA urges California's Community Vaccine Advisory Board to prioritize all people with diabetes in the vaccine roll-out and believes the A1c protocol is problematic for the following reasons:

- Those without insurance, who may be the most vulnerable because they lack the health care resources to manage their disease, may not have the ability to obtain an A1c test or produce lab work showing a current A1c, would not qualify for vaccine priority.
- The protocol could potentially delay people with diabetes from getting access to the vaccine because they may have to wait for lab work, medical appointments, or for their physician to provide documentation of an A1c test result.
- People with diabetes may intentionally drive up their A1cs so that they qualify to receive the vaccine. High blood glucose is associated with poor health outcomes and therefore would be detrimental to the individual's health and potentially to California's health care system.
- Current data associating A1c and COVID-19 outcomes is insufficient to show cause-and-effect; therefore, it is not prudent to create a public policy based on this test result.

We continue to urge California to prioritize all people with diabetes for COVID-19 vaccines. We hope we can continue to be a resource to your vital efforts to best protect our community and others from the dangerous effects of the novel coronavirus. Please let us know if we can provide additional information or help in coordinating a virtual meeting.

Karen Kananen, Pasadena

I am a 60 year old woman who has dealt with life with type 1 diabetes for 50 years. I heard that California is going to allow people with certain comorbidities to get the COVID vaccine next. Having been extra careful during this pandemic because of my history of health issues due to my juvenile diabetes, I was elated to hear that I might get to be vaccinated after March 15th. Imagine my shock upon checking the list of those eligible to get the shot next when I found out that only the (generally avoidable) type 2 diabetes sufferers and others such as the morbidly obese would be allowed to get their vaccinations before me!! What science has decided that those with type 1 diabetes are not in need?

It is often noticed that people tend to think that diabetics only come in two types - children (thus, juvenile diabetics) and older adults (type2). Surprise! Those childhood diabetics actually DO grow into adults with type 1 diabetes! Our lives are already difficult enough in a daily basis - why are we now being denied an earlier vaccination - because nobody remembers we exist? Type 1 diabetics are more at risk for heart and kidney issues and worse outcomes for most other serious conditions.

I urge you to consider to include the approx 125,000+ California type 1 diabetics in the next phase of the vaccination process (starting approx 3/15). Life is already challenging enough for us. Please don't keep us waiting.

Kimberly Vawter, JD

People with type 1 diabetes have a [higher risk of dying](#) from Covid-19. Why are they lower on CDC's vaccine priority list? Can't the state of California and the County of San Diego do the obviously correct thing by moving type 1 diabetics either higher than type 2 diabetics (or at the same level) on the vaccine priority list? The general public doesn't have a clue about the difference between type 1 and type 2 diabetes, but our state and county officials should be better informed. Just because type 1 diabetics make up only 5-10% of the entire diabetic population, we shouldn't be ignored and passed over due to pure ignorance. I urge the health department to take a good look at this issue and rectify it to save lives of type 1 diabetics who struggle with this very challenging condition 24/7 and are at a higher risk of experiencing severe complications or death if they contract Covid 19.

Chris Barnes

Following up on this - what is your rationale for prioritizing type IIs?

On Mon, Feb 15, 2021 at 3:17 PM Chris Barnes <chris.barnes19@gmail.com> wrote:
Dr. Schechter,

As one of the 190,000 Type I diabetics in California, I am writing to you to express my disappointment in your committee's decision to exclude Type I Diabetes from the list of underlying conditions that will be prioritized in the next phase of vaccine distribution.

I wanted to draw your attention to the latest research, which shows that 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. 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 DKA. In a multicenter study by the T1D Exchange, 47% of patients with T1D who were hospitalized with COVID-19 had DKA. 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.

Given the higher risk of severe illness and hospitalization from COVID, I urge you to allow Type I Diabetics to begin receiving the COVID vaccine starting March 15th.

Joan Salinger, Professor Emeritus

I am age 70 with severe immune dysfunction regarding medication allergies. My UCI doctor of internal medicine recommended I not get the Pfizer or Moderna vaccine as I have reacted to Goltly and Miralax in the past. My doctor and my pharmacist both believe the Johnson and Johnson vaccine will be safest for me. I am B cell antibody deficient along with having allergies to multiple medications and have autoimmune medical conditions and worry about access to the J&J vaccine. I hope there will be a priority availability for the J&J vaccine for those who are elderly and at great risk who cannot take the mRNA vaccines. I am due for surgery soon and want to get the J&J vaccine right away. I live in Laguna Niguel, CA and want you to know the needs of people like myself who need to know where to get it and who need it right away. Please prioritize availability for the J&J vaccine for people with immune dysfunction who cannot take the Pfizer or Moderna vaccine.

Jeremy Durant

I am writing you today to urge you to begin vaccinating the CA high risk population immediately. My wife and business partner has chronic respiratory issues and is on supplemental oxygen 24/7. We lead a boutique marketing agency with 30 employees reliant on us. She is 39 years old and is at much higher risk than a healthy adult aged 65. There is no margin for error and the longer she waits, the likelihood of contracting COVID-19 increases. She has waited 11 months and the vaccine has been available in CA for the past 2 months. The original plan was for her to receive the vaccine with adults 65+. Then the state of CA inexplicably decided to make the high risk population a lower priority.

There are many states that are vaccinating high risk and ages 65+ at the same time—why is CA doing something different and deprioritizing our high risk population?

Changing to aged-based vaccine phases seems to be the easy, lazy way out and it's just a way to ensure CA's vaccine numbers look better than they have in the previous 2 months. It seems to be pure politics and nothing to do with data and/or protecting our most vulnerable.

I am asking you to change your policy ASAP and make our most vulnerable a priority! I look forward to your response.

Santina Croniser

I write to you today with deep concern for the COVID-19 vaccine eligibility requirements. While I appreciate that Governor Newsom opened vaccine eligibility for some disabled people, the current qualifications do not go far enough.

Some Disease Modifying Therapy (DMT) will result in a compromised immune system. As you know, people who are immunocompromised and at increased risk for COVID-19. Additionally, the current guidance does not take into account coexisting conditions, such as being immunocompromised, having asthma, and being above the BMI. These conditions have been identified by the CDC, WHO, as well as other medical organizations to increase the severity of COVID-19.

Such conditions are quite easily documented through medical care, especially DMTs. My own personal DMT proves so risky that there are special programs dedicated to monitoring how frequently it's administered as well as monitoring any health symptoms that may put me at greater risk. Suggestions by the governor that people with disabilities will take advantage of the system to receive vaccinations is as outrageous as it is incorrect. My condition and DMT is on file with Sutter, Stanford, and UCSF as well as the aforementioned program. Clearly, if proof is necessary, it is as simple as a doctor's note or record of my health insurance (which I could easily provide electronically).

As such, please use your influence to request a revision in the COVID-19 eligibility list to people who are on immunosuppressive DMTs.

Lisa Nosal

I am writing to ask that CDPH consider making California's list of people who qualify for the Covid vaccine due to underlying conditions or disabilities equitable to those in other states. California's list is much more restrictive and leaves off people who are vulnerable to Covid.

I have multiple sclerosis and take a fairly strong immunosuppressant medication to manage that condition. My medication means that I am at increased risk for respiratory disorders like Covid-19, and the effects of the immunosuppression mean that my body would be less likely to successfully fight off any infection. I have not seen friends or family, even socially distanced, in months due to my fear of how easily I may contract Covid-19 and how dangerous it may be for me. Yet I am not considered to have a qualifying underlying condition by the State of California.

I ask that the State expand its list of qualifying conditions to more closely match other states so that Californians with disabilities and health conditions receive equitable care.

Judith Fraser

About a month ago, studies came out that placed people with schizophrenia at greatest risk of dying from Covid-19 than any other group except those 65 years and older. That being the case, I wonder why this population hasn't been included in the next round of vaccines along with others who are disabled.

Theresa Coleman

I understand the need to prioritize seniors, those with underlying health conditions and those working with high risk populations. However, I'd like to speak for a segment of the population that may not have the power to advocate for themselves. I'm speaking for those who have psychological disorders such as anxiety, depression, bi-polar, etc. and especially our young people who are suffering from mental health issues that have been exacerbated by Covid isolation. We have had our first middle grade school suicide. It is painful to see young people who suffer from anxiety, depression and other psychological issues feel even more isolated, hopeless and suicidal bc school, friends, sports have basically been cancelled. I hope you will honor and prioritize this at-risk group. Frankly, I am surprised that mental health disorders have not been included in the medical condition phase. Perhaps it can be prioritized in the general public phase.

Brian Whitney

My name is Brian Whitney, and I'm a high school junior from Walnut Creek, California. Thank you for your tireless effort serving public health during this pandemic period, especially in rolling out the vaccine giving people hope.

I am writing to you because I have an urgent issue to address. My mom, Ning, has scheduled a major surgery next month in March, which requires many days of hospital stay after the surgery. She will be living in a hospital room, a congregated setting with other hospitalized people for many days. Coming into contact with hospital staff including doctors, nurses, technicians, food servers, janitorial service workers are unavoidable. Because of this higher risk, my mom would like to get the COVID-19 vaccine before her surgery. However, she cannot obtain a vaccine appointment due to her age (she is 56-years-old, not over 65), despite all of her efforts talking and checking with her doctor, the John Muir Health network, and Contra Costa County's Public Health Services. She currently doesn't fit into any of the guidelines' eligibility, even though she is in a high-risk category due to the non-elective surgery she needs.

News reports and research articles indicate hospitals in California and all around the world have COVID-19 hospital outbreaks despite the best infection control efforts done by the hospitals, patients in the U.S. are contracting the virus inside healthcare facilities, according to CDC data obtained by [*The Wall Street Journal*](#) (see links below). COVID-19 is very transmissible. Many patients are very worried and are avoiding essential care for fear of contracting coronavirus disease 2019 (COVID-19) in hospitals. Patients living in hospital rooms in a confined setting

with unavoidable contact to hospital personnel are even more vulnerable, like my mom will be. They live closest to the most severely hospitalized COVID-19 patients and have underlying medical conditions. These patients are the medically most vulnerable, but are not eligible to get the COVID-19 vaccine if they are not over 65-years. Is there any other group more vulnerable than the patients who live in hospital, besides the most front-line healthcare workers?

This is a deficiency in the current vaccine plan which leaves out some of the most medically vulnerable patients. These patients should be in phase 1a.

With the progress of vaccines rolling out around the country, some counties have reached phase 1b or 1c, I hope you can enhance the vaccine guidelines to allow vaccine appointments for patients who stay in hospital rooms, and need it the most, like my mom.

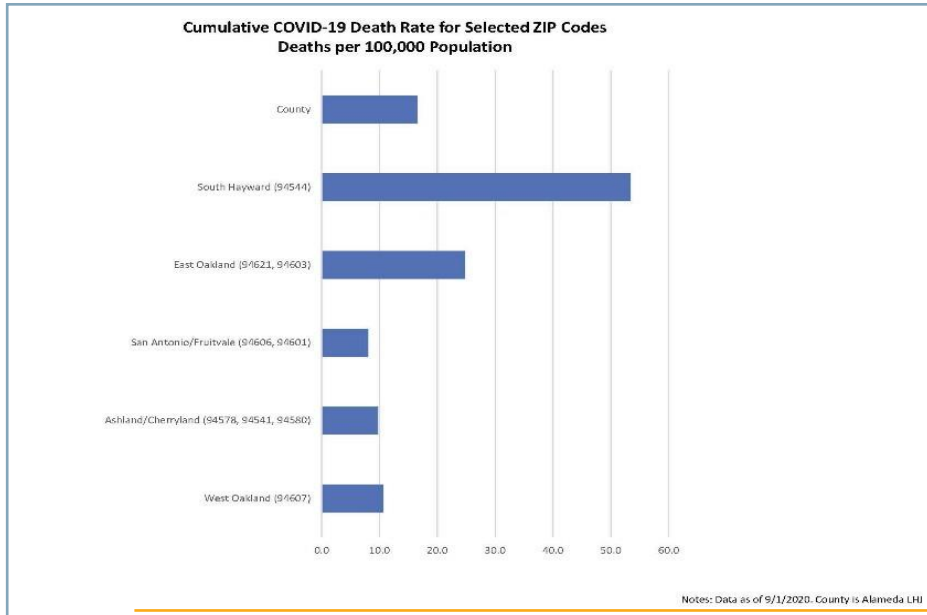
Your decision on vaccine guidelines is so important that it will impact thousands of the families' lives in this state and country. Thank you for understanding.

Greg Hodge, African American Response Circle Brotherhood of Elders

On behalf of the Brotherhood of Elders Network and the African American Response Circle (AARC) , we are writing today to seek immediate modifications to the eligibility criteria for the distribution and administration of the COVID-19 vaccine. The current criteria's focus on the 65 and older population (with limited exceptions) is exacerbating the racial disparities that have been the ugly and entirely preventable backdrop of the COVID-19 crisis. Those disparities are continuing and stark. Today, the State reported the following vaccination disparity data: White: 32.7%; Latino/x: 16%; Asian:13%; Black:2.9%; and Native American: 0.3%.

Our coalition seeks a modified approach by which zip codes with the highest infection and hospitalization rates are made the top priority for vaccine distribution. Furthermore, within these zip codes, eligibility criteria should be broadened to reach residents who are disproportionately impacted by COVID-19, with a goal of achieving a wide base of vaccine mediated immunity for area residents. As illustrated in Figure 1, to the left, the geographic distribution of COVID-19 deaths is disproportionate in Alameda County, with 94603, 94621, and 95444 zip codes hosting the highest death rates. The demographics of these zip codes reflect higher percentages of African American and Latinx residents than the county as a whole.

Figure 1. Cumulative COVID-19 death rates by zip code (Alameda County)



The utility of the COVID-19 vaccine is that it reduces the incidence of severe COVID-19 infection, hospitalizations, and death. In California, zip codes with the highest deaths rates have large percentages of populations under the age of 65 who are not currently eligible for the vaccine but are nonetheless, dying. This pattern is replicated in Alameda County.

Figure 2. Age distribution of residents in Alameda County zip codes with highest COVID-19 death rates

Population by Age Group	Zip Code: 94603		Zip Code: 94621		Zip Code: 94544	
	Persons	% of Population	Persons	% of Population	Persons	% of Population
0-4	2,774	8.24%	2,778	8.53%	5,836	7.20%
5-9	2,637	7.83%	2,623	8.05%	5,609	6.92%
10-14	2,433	7.23%	2,383	7.32%	5,351	6.60%
15-17	1,402	4.16%	1,387	4.26%	3,009	3.71%
18-20	1,244	3.70%	1,226	3.76%	2,670	3.29%
21-24	1,611	4.79%	1,562	4.80%	3,398	4.19%
25-34	5,966	17.72%	5,944	18.25%	14,088	17.37%
35-44	5,412	16.08%	5,297	16.26%	13,411	16.54%
45-54	4,088	12.14%	3,791	11.64%	10,002	12.33%
55-64	3,040	9.03%	2,738	8.41%	8,219	10.13%
65-74	1,894	5.63%	1,751	5.38%	5,771	7.12%
75-84	850	2.53%	782	2.40%	2,638	3.25%
85+	311	0.92%	307	0.94%	1,104	1.36%

Statewide, a greater percentage of African American and Latinx deaths are in people under 65, compared to those over 65, across the state (see

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Race-Ethnicity.aspx>). This is not true for White and Asian populations.

Figure 3. Percent of COVID-19 deaths, Californians under and over age 65

Race/Ethnicity	Deaths 0-64	Deaths 65+
Asian	5.9%	12.4%
Black	7.3%	6.5%
Latino	73.1%	50%
White	13.7%	31.2%
Total%	100%	100%

These death rates are in stark contrast to who is getting vaccinated. For example, in Alameda County, doses are targeted towards those 65 and older with white residents outpacing vaccination rates of other groups by 1.5 times or more.

Reducing hospitalizations and death as an intentional goal of a revised vaccine distribution strategy will have a secondary benefit of reducing excess non-COVID deaths. We know that when hospitals are full due to COVID-19 infections, local residents suffering from other emergent diagnoses (stroke, heart attack, trauma, etc.) may be triaged to lower acuity/urgency of care and suffer worse outcomes. A recently published analysis of excess deaths attributable to the COVID-19 pandemic in California specifically quantifies the number of excess deaths directly attributable to the pandemic: See <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2774273>

A zip code-based vaccination strategy could therefore result in benefits beyond just the immediate goal of getting high-risk populations vaccinated. Such an approach has significant potential to reduce racial disparities in excess deaths for those populations most likely to suffer from emergent diagnoses.

Prioritizing vaccine distribution to reduce hospitalizations and death should use a place-based approach with liberalization of the age criteria. Immediate modification of vaccination distribution and administration priorities to reflect this approach will not only reduce COVID-19 related hospitalizations and loss of life, but also will reduce glaring racial disparities in key COVID-19 indicators, and mitigate the secondary and negative impact of excess deaths related to COVID-19 depletion of hospital resources and capacity.

About the Organizations

The Brotherhood of Elders Network is an intergenerational network of men of African ancestry who foster environments where Black boys and young men are empowered to flourish. The Network established the African American Response Circle in April of 2020 to specifically focus on the disparate impact of the COVID-19 pandemic on the African American community in Oakland/ Alameda County. The AARC is comprised of approximately 90 Black-led/Black-focused organizations and African American community leaders.

Jeff Plourd, President, and Brea Mohamed Executive Director, Imperial County Farm Bureau

On behalf of the Imperial County Farm Bureau (ICFB), we write with an urgent message of need for additional vaccine allocations to Imperial County. We are reaching out to you on behalf of Imperial County's 13,000 agricultural employees with the hope to gain assistance for our community.

Imperial County has been adversely impacted throughout the COVID-19 pandemic and has had little relief along the way. Imperial County was in its last couple months of its peak agricultural production season when the pandemic started to escalate in 2020. Overnight, our employers made adjustments to their practices to better protect our employees and have continued to make modifications in response to changing guidance and regulations. Pre-pandemic, our industry was already faced with a labor shortage, and the COVID-19 pandemic has increased this growing problem. Nonetheless, our local diverse ag industry has continued to feed the world throughout this past year despite being faced with the hardest of circumstances, and all ag employees play a huge role in this hefty responsibility.

Almost a year has passed since the start of the COVID-19 pandemic. Now, we once again are in the peak of our agricultural production, and we are faced with an additional challenge: COVID-19 vaccinations. We thank your administration for rightfully placing agricultural employees in Tier 1 of Phase 1B of your statewide vaccination plan. However, while other counties have begun vaccinating their agricultural employees, Imperial County has not had enough vaccine allocated to our area to begin Phase 1B. Now that individuals 65 years old and older have been placed in Phase 1B, we are hopeful that we can start vaccinating our ag community soon. However, if our vaccine allocation continues to be what we have seen in the past month, it is going to take far too long to vaccinate the 53,600 people in Phase 1B, Tier 1.

ICFB has met with the Imperial County Public Health Department to discuss the best ways to serve our agricultural community, which, as you know, is an extremely vulnerable population. We will also be meeting with a local community based organization who has vast experience serving this group. We are ready to turn our discussions into action, but we cannot do that without you. We need more vaccines allocated to Imperial County.

We support the Imperial County Board of Supervisors in their prior requests submitted to your office requesting the help that the Imperial County community needs. We agree that the equity and distribution of the vaccine does not seem to meet the needs of Imperial County, nor your expressed original intent of prioritizing communities hardest hit by this pandemic. We believe that Imperial County will play a critical role in not only drastically improving the state's vaccination rate but also serving some of the state's most vulnerable population.

Again, we respectfully urge you to allocate more COVID-19 vaccines to Imperial County so that this community in dire need can be helped.

Sarah Rubinstein, United Way of Greater Los Angeles, on behalf of Chris Ko (email introducing letter below)

On behalf of a coalition of 67 service providers, advocates, and philanthropic partners in Los Angeles County, we are sending you 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. We were pleased to see the state expanded vaccine eligibility last week to people with certain documented health conditions and disabilities. However, per our letter, being homeless is an underlying risk factor that threatens the lives and longevity of our unhoused neighbors, and PEH should be granted prioritized access to the vaccine without burdensome documentation requirements that unhoused Californians are unlikely to have.

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.

Chris Ko, Vice President, Impact and Strategy, United Way of Greater Los Angeles

On behalf of the Los Angeles community of homeless service providers, advocates, and various stakeholders this letter is a response to the recent shift to an age-based prioritization plan for COVID-19 vaccination across the state. Rather than an age-based prioritization for people experiencing homelessness (PEH), our recommendation is a site-based strategy which supports greater logistical and resource efficiency and addresses health equity concerns. PEH age 20 years older than the housed population with an over representation of people of color. Due to the unique challenges and vulnerability of people experiencing homelessness, we strongly recommend that a site-based approach is allowed where entire congregate shelter sites (including staff) and street-based encampments are vaccinated at once regardless of age.

1. Treat shelters and street-based encampments like nearly every other high-risk residential setting in CA has been treated and allow everyone who touches those sites vaccinated in the fastest and most efficient manner (i.e. site based vaccination surges that are age-agnostic); and
2. Stop applying a uniform age-based construct to a population that is seeing a COVID-19 mortality rate that is 2-5 times higher for nearly all age groups.

Numerous states have chosen to prioritize this population per CDC ACIP recommendation, and as the state with the largest homeless population in the country we consider it an oversight to include homeless shelters in the state's age-based strategy when the CDC recommends a site-based approach as well. As the most populous county in California, Los Angeles County is also home to over 66,000 people experiencing homelessness on any given night and thousands of shelter workers. Vaccine uptake within our county's homeless population will be critical to the health and safety of the greater Los Angeles community as we work towards collective immunity.

Maximizing Logistical & Resource Efficiency

Other congregate settings such as nursing homes and adult residential facilities have been vaccinated through a site-based approach—the same standard should be applied for homeless shelters to promote 2nd dose uptake/tracking and vaccine access within a highly mobile and medically-vulnerable population. With an age-based approach we can expect confusion in shelters and street-based encampments when it comes to abiding by protective measures like social distancing and mask-wearing among people who are immunized and those who are not. This puts the onus on homeless service providers and shelter operators to ensure safety while also contending with conflicting messages and risk-taking behavior driven by a sense of (literal and figurative) immunity. On top of coordinating logistics with medical teams, providers and operators will also have to explain why some clients can get vaccinated while others cannot to a population that may consider chronological age an arbitrary measure of vulnerability given the toll that experiencing homelessness has on their bodies and lives.

The current age-based strategy would limit the vaccination to PEH who are 65 years of age and older. This strategy creates a significant resource burden on DHS, as their medical teams will have to return to sites time and time again—risking COVID-19 exposure—as vaccine prioritization moves down age groups and second/booster doses are needed. Costs associated with additional PPE, transportation, staffing, and coordination alone will put burden on limited dollars and staff capacity at a time when medical teams and county budgets are already overextended.

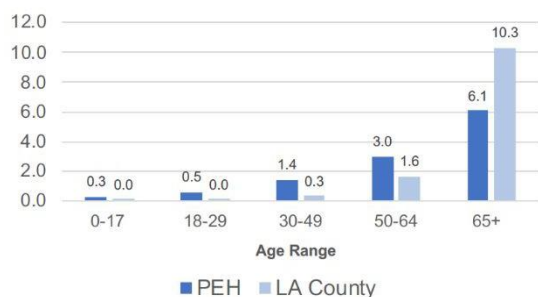
Ensuring Equitable Vaccine Access

In addition to logistical and resource considerations, there are equity concerns around an age-only prioritization approach for our unhoused population. The current 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. Additionally, there are insurmountable barriers for vaccine eligible PEH including transportation barriers, lack of walk-up vaccination sites, requiring internet access to schedule vaccination appointments, and minimal same day appointments. Due to the COVID-19 pandemic, PEH have less access to healthcare with many primary health clinics transitioning to telehealth appointments or due to mandatory quarantine in a shelter.

Premature Aging

While an age-based approach aims to decrease deaths and hospitalizations, the data shows that among PEH, COVID-19 fatality rates are 2-5 times higher. PEH are more likely to suffer from underlying medical conditions and complex health issues that result in premature aging. This means that many PEH suffer from geriatric medical conditions that make them extremely vulnerable to COVID-19 with a shorter life expectancy rate almost 20 years lower than housed populations.¹ The pandemic has also negatively impacted non-COVID mortality among PEH as well.

LA County Age-specific COVID-19 Case Fatality Rates: People Experiencing Homelessness (PEH) vs. General Population
Current through 2/2/2021



- Although cases among PEH are most seen in people aged 30-59, fatality rates sharply increase among PEH aged **50** and over²
- Over half of all PEH deaths due to COVID-19 have been of individuals aged 50 and older
- The fatality rate for the county overall is 1.59%; for PEH it is 2.34%

Disproportionate impact of COVID-19 on BIPOC Communities

According to the CDC, in the first month of COVID-19 vaccinations in the U.S.— only 5.4% of all dose 1 vaccine recipients were Black/African Americans, 11.5% were Hispanic/Latinx, and 60.4% were White.³ This early data point to disproportionate vaccination rates within different race/ethnic groups.

As on February 8, 2021

- o 64% of all COVID-19 cases among PEH in the county have been of Black/African American or Hispanic/Latinx individuals. These groups also account for 73% of all PEH COVID-19 deaths⁴.
- o Black/African American and Hispanic/Latinx PEH have fared worse than their housed counterparts; 49% of all LA County cases are made up of Black & Latinx individuals and Black and Latinx individuals make up 57% of all LA County COVID-19 related deaths⁵.

Fostering Trust

Communities of color have a deep distrust of academic and research institutions that stem from a history of predatory medical practices like the Tuskegee syphilis study and the former Trump administration’s politicization of the pandemic and how that may have impacted the quality and safety of the vaccine.⁶ Additionally, people of color have voiced concern of a “rushed” vaccine, and the lack of knowledge of the long-term consequences of these vaccinations. Offering vaccines in familiar and trusted shelter settings without age requirements can go a long way in reinforcing good will toward the vaccine.

We strongly urge the State of California to allow for a site-based approach for vaccinating PEH and shelter staff regardless of their chronological age. An age-based approach excludes many at the frontline of the COVID-19 pandemic. With nearly 20,000 PEH staying in shelter⁷ on any given night across LA County, and thousands more in street-based encampments, it is imperative that *everyone* who wants to get vaccinated can.

¹Remembering Those Lost to Homelessness. (2018).

https://uwgla.sharepoint.com/:w:/r/sites/COVID-19/_layouts/15/Doc.aspx?sourcedoc=%7B0B4D88ED-6280-4C68-A724-932683350CA2%7D&file=Vaccine%20Advocacy%20Letter.docx&nav=eyJljo2MDA2ODY1MjJ9&action=default&mobiledirect=true

² Summary Report of COVID-19 in People Experiencing Homelessness (PEH). (2021). http://publichealth.lacounty.gov/media/coronavirus/docs/SummaryReport_People_Experiencing_Homelessness.pdf ³Centers for Disease Control and Prevention. (2021).

Demographic Characteristics of Persons Vaccinated During the First Month of the COVID-19 Vaccination Program — United States, December 14, 2020–January 14, 2021

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7005e1.htm#:~:text=During%20the%20first%20month%20of%20the%20>

20U.S.%20COVID%2D19%20vaccination,%25%20were%20non%2DHispanic%20White.

⁴ Summary Report of COVID-19 in People Experiencing Homelessness (PEH). (2021).

http://publichealth.lacounty.gov/media/coronavirus/docs/SummaryReport_People_Experiencing_Homelessness.pdf ⁵ Locations & Demographics. (2021).

<http://publichealth.lacounty.gov/media/coronavirus/locations.htm#peh-settings> ⁶

Scharff, D. P., Mathews, K. J., Jackson, P., Hoffsuemmer, J., Martin, E., & Edwards, D. (2010). More than Tuskegee: understanding mistrust about research participation. *Journal of health care for the poor and underserved*, 21(3), 879–897.

<https://doi.org/10.1353/hpu.0.0323>

⁷ LAHSA Homeless County Total Point In Time Data Summary. (2020).

<https://www.lahsa.org/documents?id=4692-2020-greater-los-angeles-homeless-count-total-point-in-time-homeless-population-by-geographic-areas>

Alliance for a Better Community

American Civil Liberties Union of California California Immigrant Policy Center

California LGBTQ Health and Human Services Network

California National Organization for Women California OneCare/HEAL California

California Rural Legal Assistance Foundation Chosen Generation Fellowship Church

Coalition for Responsible Community Development

Community Health Councils Crenshaw Subway Coalition

Criminal Justice Program, UCLA School of Law

Democratic Socialists of America - Los Angeles (DSA-LA)

Dignity & Power NOW Disability Rights California

Disability Rights Education and Defense Fund FLUX

Gender Justice LA Housing California

Immigrant Defense Advocates

Immigrant Legal Resource Center Inner City Law Center

Invisible Men LA Forward

Law Foundation of Silicon Valley Legal Aid Foundation of Los Angeles

Los Angeles Alliance for a New Economy (LAANE)

Mirror Memoirs

National Health Law Program National Trans Visibility March Safe Place for Youth

Southeast Asian Community Alliance SWOP Sacramento

The Promise Institute for Human Rights Think Dignity

Toberman Neighborhood Center Trans Can Work

Transgender, Gender-Variant, & Intersex Justice Project

Venice Community Housing West Valley People's Alliance

Western Center on Law & Poverty

Recent changes to the state's vaccine-priority plans appear to eliminate any priority for people in congregate living environments. A sudden shift to deprioritize people in congregate settings would abandon the state's original commitment to equity as a core principle in vaccine distribution, disregard the recommendations of the state's own Community Vaccine Advisory

Committee (CVAC), and compound the danger to groups that are already at high risk, many of whom the state owes a heightened duty of care.

As members of the CVAC and other organizations with community and equity expertise, we request that California Department of Public Health (CDPH) immediately make clear that people in congregate living environments are prioritized for vaccine access and distribution at the state level and release a clear plan for operationalizing that priority.

Inability to isolate safely from others—whether as a result of being incarcerated, detained, unhoused, low-income, or in farmworker congregate living facilities—is a common feature of many populations and communities that are at greater risk for COVID-19. The heightened health risk for these populations is beyond dispute. The Framework for Equitable Allocation of COVID-19 Vaccine, for example, produced by the National Academy of Medicine, repeatedly emphasizes the importance of vaccine priority for people in congregate living environments.¹ In addition, the American Medical Association has called for additional protections, including vaccine priority, for people in congregate settings.² The CDPH has made clear in recent months that it understands this heightened risk. CDPH’s own plans have until recently underscored and sought to address the significant risk facing Californians in congregate living environments, from Long Term Care Facilities to prisons, jails, shelters for people experiencing homelessness, and other similar settings.³ Indeed, CDPH’s public plans posted on its COVID-19 website on January 25, 2021 included specific priority for people living in congregate settings.⁴

In late January, CDPH announced a shift to an age-based vaccine-priority framework.⁵ That strict age-based framework would eliminate any priority for people living in congregate settings, including in prisons, jails, immigration detention centers, shelters for people experiencing homelessness, and others such as farmworker congregate living facilities, state migrant housing, and employer-provided housing for guest workers on H-2A visas. Moving to a strictly age-based framework would have grave consequences.

Prisons and jails. People in California’s jails and detention centers 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-19.⁶ 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.

Immigrant detention centers. California is home to five immigrant detention facilities, four of which are operated by for-profit private corporations. All four of these private facilities have been the site of COVID-19 outbreaks.⁷ In April 2020, a federal court described the conditions at Adelanto, the largest of the private facilities, as “inconsistent with contemporary standards of human decency” and found people detained there faced an “extremely high risk of very serious harm.”⁸ Despite the extraordinary danger at the immigration detention facilities in California, Immigration and Customs Enforcement has responded to the pandemic with callous

indifference, leading another federal court to conclude that “[f]rom the start of the public health crisis until now, the conduct of key ICE and GEO officials in charge of operations at [the Mesa Verde detention center] has been appalling.”⁹

People experiencing homelessness. Unhoused people living in congregate shelters are at higher risk for COVID-19 as a result of a higher incidence of underlying medical conditions, the lack of access to safe and sanitary facilities,¹⁰ and difficulties in maintaining a safe social distance from others.¹¹ Shelters throughout California have experienced major outbreaks of COVID-19,¹² creating an extraordinary health risk for the over 40,000 Californians living in these settings on any given night. One University of Pennsylvania study found that, because of their unique vulnerabilities, unhoused individuals infected with COVID-19 are twice as likely to be hospitalized, two to four times as likely to require critical care, and two to three times more likely to die from the virus than the general population.¹³ Dr. Margot Kushel, Director of the UCSF Center for Vulnerable Populations and an expert on the health effects of homelessness, notes that homeless individuals age far more rapidly than the general population.¹⁴ As such, their health more resembles that of someone 20–25 years older, putting them at greater risk for the virus. Congregate homeless shelters, by their very nature, make it impossible to comply with precautionary measures recommended by the Centers for Disease Control (CDC) due to difficulty self-isolating and limited access to medical care and adequate hygiene facilities, increasing exposure to the virus.¹⁵ These factors increase the risk of the virus spreading incredibly quickly through shelters. Moreover, the significant racial disparities in outcomes related to COVID-19 are amplified among the unhoused populations in California, as Black people and people of color are far more likely to be unhoused than white people. And in a pandemic, many who are already housing insecure could lose their housing, increasing the number of Californians facing exposure to COVID-19 in congregate shelters.

For many congregate settings, the most efficient method of vaccination is to offer vaccinations to everyone, without applying restrictions based on age or other criteria. It is likely either impossible or very difficult for individuals in congregate settings to access vaccinations outside of those settings. Therefore, vaccinations will have to be brought in, and it is more efficient to offer vaccinations to everyone at once. Otherwise, providers must visit shelters, jails, and other congregate sites to vaccinate those over 65 and potentially come back, multiple times, to provide further vaccinations to all residents.

We appreciate CDPH’s continued attention to these important issues. We ask that CDPH preserve the priority for people in congregate living environments and promptly release a plan for delivering the vaccine to these populations.

¹ *Framework for Equitable Allocation of COVID-19 Vaccine*, National Academy of Medicine, p. 2 (October 2020), available at https://www.nap.edu/resource/25917/Framework%20for%20Equitable%20Allocation%20of%20COVID-19%20Vaccine_Highlights.pdf. Under the *Framework*, Phase 1 of the vaccine distribution protocol includes “older adults living in congregate or overcrowded settings,” and Phase 2 includes people in homeless shelters, group homes, prisons, jails, detention centers, and multi-generational households.

² American Medical Association policy calls for more COVID-19 prevention for congregate settings, November 17, 2020, <https://www.ama-assn.org/press-center/press-releases/ama-policy-calls-more-covid-19-prevention-congregate-settings>.

³ CDPH has emphasized, in slides presented to the Community Vaccine Advisory Committee on November 30, 2020, that “careful consideration” would be given to workers and residents in congregate settings, including correctional facilities, homeless shelters, and other residential facilities. Community Vaccine Advisory Committee, Meeting No. 2, Slide 46, <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Community-Vaccine-Advisory-Committee-presentation-11-30-2020v6.pdf>.

⁴ As of the date of this letter, that website no longer identifies people in congregate settings for priority vaccine delivery. <https://covid19.ca.gov/vaccines/#California's-vaccination-plan>

⁵ California's age-based vaccine system angers people with disabilities, San Francisco Chronicle, January 28, 2021, <https://www.sfchronicle.com/bayarea/article/California-s-age-based-vaccine-system-angers-15906674.php>

⁶ People incarcerated in jails are 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).

⁷ See, e.g., COVID-19 cases leap in outbreak at ICE detention center in Adelanto, LA TIMES, <https://www.latimes.com/california/story/2020-09-17/coronavirus-outbreak-adelanto-immigrant-detention-center>

⁸ *Roman v. Wolf*, Case No. 20-CV-00768, 2020 WL 1952656, at *8 (C.D. Cal. Apr. 23, 2020).

⁹ *Zepeda Rivas v. Jennings*, No. 20-CV-02731, 2020 WL 7066346, at *1 (N.D. Cal. Dec. 3, 2020)

¹⁰ Eve Garrow and Julia Devanthery, “This Place is Slowly Killing Me: Abuse and Neglect in Orange County Shelters, ACLU of Southern California (March, 2019), https://www.aclusocal.org/sites/default/files/aclu_socal_oc_shelters_report.pdf.

¹¹ *Homelessness and COVID-19 FAQs*, Centers for Disease Control and Prevention, available at <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-shelters/faqs.html>.

¹² See, e.g., Nick Gerda, “Over 400 Homeless People Infected and One Dead from Coronavirus Outbreaks Across 17 Shelters in Orange County,” Voice of OC (February 1, 2021), <https://voiceofoc.org/2021/02/over-400-homeless-people-infected-and-one-dead-from-coronavirus-outbreaks-across-17-shelters-in-orange-county/>.

¹³ Dennis Culhane et al., “Estimated Emergency and Observational/Quarantine Capacity Need for the US Homeless Population Related to COVID-19 Exposure by County; Projected Hospitalizations, Intensive Care Units and Mortality,” University of Pennsylvania (March 27, 2020), https://endhomelessness.org/wp-content/uploads/2020/03/COVID-paper_clean-636pm.pdf

¹⁴ See Heather Knight “Fast-aging homeless population may lead to public health crisis.” San Francisco Chronicle (March 5, 2016), <https://www.sfchronicle.com/bayarea/article/Fast-aging-homeless-population-may-lead-to-public-6871865.php>.

¹⁵ See Emily Shapiro, “Coronavirus and the homeless: why they’re especially at risk, ways to stop spread like ‘wildfire,’” ABC News (March 11, 2020), <https://abcnews.go.com/Health/coronavirus-homeless-risk-ways-stop-spread-wildfire/story?id=69505076>.

Jackie Gonzalez, Policy Director, Immigrant Defense Advocates (IDA)

We are writing to follow-up on a prior letter we sent on this issue to which we have not yet received a response. [RE: Vaccinate All 58 and Immigrant Detention sent on December 16, 2021.] We remain gravely concerned about the fate of immigrants held in detention facilities across California. As we expressed in our prior letter, there has been no definitive clarity with respect to a plan, roll-out or timeline for the COVID-19 vaccine in these facilities.

On January 18, 2021, Henry Lucero, Executive Associate Director of Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations, told reporters that ICE is working with state and local public health departments on vaccine rollout in detention facilities. The article proceeds to cite an ICE spokesperson stating, “[S]tates...will determine when ICE detainees are vaccinated.”

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

Based on this announcement by ICE, our organizations have the following questions:

- Does the California Department of Public Health (CDPH) share ICE’s position that it is ultimately responsible for determining when immigrant detention facilities in California receive the COVID-19 vaccine?
- Has CDPH or local public health departments engaged in conversations or planning with ICE with respect to vaccine distribution?
- What plans are in place to bridge the serious challenge of lack of trust and information for those held in these facilities with respect to medical access and vaccine distribution?
- What is the proposed timeline to provide clarity with respect to a distribution plan, or answers to any of the questions above?

In addition to these specific questions, we would like to reiterate the three requests that remain unanswered in our prior letter.

1. California must include immigrant detention facilities located in the state of California in any plan related to securing our communities.
2. The Drafting Guidelines Workgroup, and the Community Advisory Vaccine Committee should meet with stakeholders on the issue of immigrant detention, including detained and impacted individuals, community organizations, and experts on immigration detention.

3. California must do everything in its power to protect the health and safety of individuals in these facilities, including prioritizing their access to the COVID-19 vaccine, while providing them an informed choice with respect to any decisions related to vaccination.

Organizations in Support:

NextGen California

Disability Rights California

NorCal Resist

Central American Resource Center - CARECEN- of California

Doctors for Camp Closure – Sacramento

Kern Welcoming and Extending Solidarity to Immigrants

Services, Immigrant Rights & Education Network (SIREN)

Dolores Street Community Services

Centro Legal de la Raza

Immigrant Legal Resource Center

Public Counsel

Coastside Immigrant Advocacy Group

San Francisco Immigrant Legal & Education Network

Public Law Center

California Immigrant Policy Center (CIPC)

Los Angeles Human Rights Initiative

Long Beach Immigrant Rights Coalition

California Immigrant Youth Justice Alliance (CIYJA)

African Advocacy Network

Secure Justice

Pangea Legal Services

Law Office of Helen Lawrence

Community Legal Services in East Palo Alto

Desert Support for Asylum Seekers

North Bay Rapid Response Network: Napa, Solano and Sonoma Counties

Lakin & Wille LLP

Keck Human Rights Clinic

Immigrant Legal Defense

Bay Area Asylum Support Coalition (BAASC)

Asylum-seekers Sponsorship Project

National Center for Lesbian Rights

National Lawyers Guild - SF Bay Area, Immigration Committee

Council on American-Islamic Relations, California

Democratic Socialists of America - San Francisco

Same Letter

Elizabeth Wang, MPH, Medical Student and Jackie Shibata, MD, MS;

My name is Elizabeth Wang on behalf of the LA Human Rights Initiative (LAHRI). I am a medical student at UCLA and the incoming clinic chief of LAHRI, which provides pro bono forensic evaluations to asylum seekers and other immigrants.

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

Erin Stuart, Madelynn Taylor, Shane Erwin, Rocio Martinez, Sarah Bancroft, Michelle Hernandez, Minerva Arebalo, Jennifer Phunmongkol, Julia Tamaoki, Michael Mathews, Elena Eimert, Siobhan Doherty, Uriel Wolfe-Blank, Anonymous (2), Katherine Dlesk, Molly Green, Kathryn Rice, Emily Ferron, LeeAnn Dowd, Jeff Ritterman, Rachel Kahn, Bridget Cervelli, Vivian Nixon, Janet Perlman, Sophie Dixon, Viet Nguyen; Quinn Keck, Lianne Jones

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.

Maxwell Hellmann

My name is Maxwell, and I am an MD/PhD student at UCLA studying medicine and anthropology.

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 a crucial issue that must be included in any state-wide vaccine equity plan!

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

Joshua Manson, Staff Writer, The UCLA Law COVID-19 Behind Bars Data Project

Since the start of the pandemic, the UCLA Law COVID-19 Behind Bars Data Project has been collecting data on COVID-19 infections and deaths in carceral facilities, including immigration detention centers, from reporting government agencies.

The data reveal the deadly stakes of failing to protect detained people from infection. According to ICE’s own reporting, which almost certainly underestimates the true toll in its facilities, 9,429 people in its custody have tested positive for COVID-19 and nine have died.¹ According to our data, in California ICE facilities alone, at least 49% of detainees -- or 570 people -- have tested positive. An untold number of non-incarcerated Californians in surrounding communities have been infected or impacted by outbreaks incubated in detention facilities.

In December 2020, we provided written and oral testimony to the Center for Disease Control and Prevention’s Advisory Committee on Immunization Practices urging that incarcerated people, including those held in immigration detention, receive priority access to COVID-19 vaccines due to the [outsized risks of infection](#)² they face. We also convened an open letter, endorsed by nearly 500 experts in bioethics, the treatment of infectious diseases, public health, epidemiology, and criminology, urging the committee to prioritize those same populations for receipt of a COVID-19 vaccine. That letter is available online here: <https://bit.ly/3rFOEm6>

We are deeply concerned about the apparent lack of planning to include people in immigration detention in California’s vaccination distribution plans. For the same reasons as are individuals in criminal detention, those held in civil immigration detention are at significantly heightened

¹ ICE Guidance on COVID-19, <https://www.ice.gov/coronavirus>

² Brendan Saloner, Kalind Parish, Julie A. Ward, Grace DiLaura, and Sharon Dolovich. COVID-19 Cases and Deaths in Federal and State Prisons. *JAMA*, 2020; 324(6):602–603, <https://jamanetwork.com/journals/jama/fullarticle/2768249>.

risk of infection from COVID-19. Housed in often overcrowded and unhygienic facilities with poor medical care, people in ICE custody cannot take basic measures to protect themselves from the virus, including practicing social distancing and using personal protective equipment and hand sanitizer.

Further, while the federal Bureau of Prisons is vaccinating those in its custody across the country and relying on its agency-specific allocation to do so, ICE has not indicated that it will use its allotted vaccine supply for the people in its custody. As such, states where ICE detainees are held have a specific obligation to affirmatively vaccinate those in ICE custody.

The imperative to vaccinate is especially strong in the case of these California residents who are being held against their will in an environment posing an especially high risk of viral transmission.

We urge the Community Vaccine Advisory Committee (CVAC) to include all people residing in immigrant detention facilities in the state of California in any plans to distribute COVID-19 vaccines and, in recognition of the congregate settings in which ICE detainees are held, to prioritize members of this group in vaccine distribution. We further urge the Committee and the Drafting Guidelines Workgroup to meet with key stakeholders on this issue, including detained individuals, their families and loved ones, representatives of community organizations, and experts on immigration detention.

Thank you for the opportunity to comment on this matter. We look forward to reviewing the Committee's plans to vaccinate individuals held in immigration detention across the state.

Erika Weissinger

I am a professor at UC Berkeley, and I teach remotely. Some of my colleagues who also teach remotely have gotten vaccinated since they technically are in education. Meanwhile, public school teachers who are being asked to resume in-person teaching after spring break are unable to get slots for their vaccinations. I feel frustrated by this. I feel public school teachers should be the priority, not college profs who are teaching remotely. We need more distinction about which educators should be eligible to get vaccinated right now.

Alivia Shorter, MA. MPH

I am contacting you because I am an administrator at an accredited online high school. My school has been online for over a decade, and we have been incredibly privileged to have had very minimal impacts from the pandemic, compared to brick and mortar schools.

Recognizing this privilege, I have become very concerned by well-intentioned educators from permanent online schools, signing up to get vaccines in Phase 1B. We have no occupational risk, and should not be a priority until our colleagues that teach in-person are vaccinated first. Is there differentiation between in-person and online educators, in Phase 1B? If not, I think it would be

very helpful to have that clarity, to ensure that permanent online educators are not preventing in-person teachers from having access to this important resource. Opening our CA schools is of utmost importance, and online educators should not be prioritized in this current phase.

Stacy Whittemore

I am a middle school teacher in Santa Cruz who has been teaching remotely all year long. Some of my students are in pods at the local Boys and Girls Club. I just found out that the staff of the Boys and Girls Club, who have been working with kids since summer, are not considered essential workers. They are not eligible for vaccines. This is so upsetting! In my district, all elementary teachers have been vaccinated so far, and custodial staff/food services/certificated have been as well. As a middle school teacher, I was informed that I will be vaccinated very soon.

I do not understand why folks who have been in buildings with kids all year are not eligible. I asked my principal - she said it is up to Faris Sabbah at our COE. I have a feeling that he would say it is out of his hands as well. Please get the Boys and Girls Club staff deemed essential so that they can be protected from the virus (they've had kids with COVID19 in the building with them a couple of times this year already).

Wendy Yao

I am happy to see vaccine supply increasing and continuing to roll out to education and childcare workers, but was dismayed when I saw the exclusion of nannies and other domestic childcare providers. I doubt this group of workers has lobbyists or unions advocating for them, but they too are among the most exposed and least protected of our essential workers.

So many domestic childcare providers do not receive job benefits such as health insurance, yet many are asked to work without physical distancing, indoors, often without masking themselves and/or their clients. Although their workplace contacts may be fewer in number, we know that one main driver of spread is within households indoors—so for every home childcare worker there are at least two households at risk. Some live in crowded multigenerational homes and take public transit to get to and from work, making it difficult to limit their epidemiological footprints.

Many caregivers in this category belong to working class communities of color, who have been hit hardest in this pandemic. Already lacking in resources, these communities risk further bearing the brunt of the pandemic when their highly exposed members slip through the cracks of protective health measures. Allowing domestic childcare providers to continue working precariously unprotected not only sends a message that their essential labor is neither seen nor valued, but endangers the California population at large by allowing this pathogenic vulnerability to linger unchecked. I strongly believe in slowing down viral mutations, lest the virus evades our current vaccines and we have to start over again—this is a matter of universal public interest.

Likewise, I am glad to see that immunocompromised individuals will soon be eligible, since that is another group who needs to be urgently protected in order to slow the mutations down.

Armando & Tina Romero

Can you please add Foster Parents to the list of “Eligible” individuals to receive the COVID-19 vaccine?

Here in Madera County I’ve noticed that the eligible list now shows that 50+ Child Care Providers are eligible. When inquiring about Foster Parents I was told that we are not on the list to have it done currently.

Foster Parents and their families take a huge risk when they have Foster Children in their home. When Foster Children have visits with their birth families and then return to their Foster Family Homes they bring with them whatever they were possibly exposed to.

Nancy Gell

It seems so important to me! I am a family child care provider and I see clearly how important nannies are to families. They are in close and loving contact with the children and their families... surely as important as teachers and childcare providers. In fact they often ARE teachers and care providers to the children.

Please, let's get nannies vaccinated now.

Therese W. McMillan, Executive Director

On behalf of the Metropolitan Transportation Commission (MTC), I am writing to follow up on our letter of January 6th in which we requested that transit workers be prioritized in vaccine distribution given the critical role that they play in providing access to essential service jobs, healthcare, as well as schools as they begin to reopen. We appreciate the enormous challenge the state faces balancing the prioritization of those who are most vulnerable to severe health risks due to COVID-19, with accelerating overall distribution combined with shortages in the vaccine itself. However, we are concerned that the next priority phase has been limited to those 65 and up and workers in healthcare, emergency services, food and agriculture and education, effectively eliminating priority for public transit workers who were once included in Phase 1B – Tier 2.

As you know, the Bay Area’s transit systems are facing an unprecedented crisis with the pandemic sharply reducing both ridership and revenues. Even so, last November, 9.9 million transit trips were taken in the region by riders who continue to depend on Bay Area transit services. These riders are healthcare workers, grocery clerks, caregivers, emergency services personnel and others doing the critical work that has kept the state and region functional during the pandemic. Moreover, transit agencies themselves are now working to help connect Bay

Area residents to mass vaccination sites. We ask that you expand this priority tier to include public transit workers since a reliable transit system depends on the health of its workforce.

Thank you for everything you are doing to address this crisis and for considering our request to add public transit workers to the 65+ priority phase.

Julie Hedrick, National President, John Nikides, LAX Base President, and Tim Schwartz, SFO Base President, Association of Professional Flight Attendants

I write to you today out of a concern for the safety of Flight Attendants. Your great state is home to many American Airlines Flight Attendants, and additionally, flight crews from all over the country take off, land, and layover at your airports every day.

We all understand how the aviation industry could operate as a vector for COVID-19, so our industry has taken many precautions to ensure our passengers' safety. As Flight Attendants, we understand the responsibility that we share in slowing the spread of the virus.

With fire, medical, and security responsibilities on the airplane, we consider ourselves, first and foremost, safety professionals. Our members sounded the alarm on the coronavirus a year ago on our flights from Asia. And since then, we have served on the pandemic's frontlines, coming in contact with hundreds of people on an average workday. Flight Attendants have contracted COVID-19, and we have had a few tragic losses among our ranks. We worry that every time we step on an airplane, we are putting ourselves, our families, and the flying public at risk.

Flight Attendants cannot isolate at home, but we do our best to maintain distance between ourselves, our coworkers, and our passengers. We encounter non-compliant passengers who refuse to wear masks, and we handle passenger discards such as used cups and napkins. We manage medical emergencies without the advantage of proper PPE, all in a work environment that does not afford us the ability to consistently practice safe social distancing.

I write to ask for your commitment to including Flight Attendants in the Tier 1B vaccine priority of distribution, as recommended by experts at the Centers for Disease Control and Prevention (CDC). We accept the risks involved in our high-contact profession, but we ask for respect and acknowledgment for these risks we are taking to keep our critical infrastructure moving.

Ensuring that Flight Attendants have access to the vaccine would undoubtedly be that recognition.

If the traveling public is not confident that flight crews are healthy, any attempt to rebuild the economy will be hampered. To succeed with this rapid and complex vaccine distribution, we will need coordination at the federal and state levels. Aviation workers, the backbone of our air transportation system, must be healthy for our supply chains to flow and for the vaccine to be delivered across the country.

To this end, vaccines must be secured for crewmembers, who, by the very nature of our jobs, interact with hundreds of people in airports and airplanes in just a single workday. We recognize that vaccine supply is stretched thin right now, but we ask you in the strongest possible terms to immediately ensure we have access to the COVID-19 vaccine. Please put Flight Attendants and frontline aviation workers in Tier 1B of your vaccination plan. Our economy depends on aviation, and the aviation industry depends on people feeling safe onboard our planes right now.

The 24,000 members of the Association of Professional Flight Attendants (APFA) thank you for your support, and we implore you to remember Flight Attendants as you evaluate your vaccine distribution plan. APFA is committed to protecting the safety of our members and our passengers, who trust us to transport them safely. I am available to you and your staff if you have any questions about the challenges Flight Attendants face and how we can make air travel safer in these uncertain times.

Michael S Dill

Please allow the APFA (association of professional flight attendants) to represent transportation on the Vaccine Advisory Board. I am a flight attendant concerned about not being vaccinated as a front line worker.

Anne Bevan, Member APFA

I have been told by my union representatives that they have been denied involvement in the upcoming meeting referenced below. I am a flight attendant and I find it hard to believe that transportation workers are not being included in this advisory committee. Please reconsider your position on this stand and allow our representative's input on the decisions being made as to vaccine access for front line workers.

Coleen Romero

We are essential! And because of being unable to social distance need vaccine .

Linda Prisajni, AA flight attendant, exposed at least three times in the past few months.

Working on airplanes we are exposed to hundreds if people a day, thousands of people in a work trip. There is no question that we are exposed to the virus more frequently and intensely than most other people. To help prevent the spread of covid-19, I think it would be prudent to get flight attendants vaccinated, ASAP. Their addition to the Advisory Group would be a wise step.

Thank you in advance for your action to include APFA-- Association of professional flight attendants-- to the committee.

Cindy Eastman, AA Flight Attendant 36 years

Please allow APFA (Association of Professional Flight Attendants) to be represented in this vaccine outreach committee. As a flight attendant, I stand shoulder to shoulder to up to 170 people in a little metal tube called an airplane. There is no such thing as social distance on an aircraft. I am scared every day I go to work, that I will get COVID or bring it home to my husband who is compromised. Please allow us to be represented and please move us up the ladder so we can get the vaccine now like educators.

Cindy Morrison

I am a 66-year-old American Airlines flight attendant. I am based in San Francisco. I live in Oregon. I cannot get a vaccine. This is ridiculous. I do fly a lot of hours I am very highly exposed. Of course I take every precaution. Can we please get some transportation specialists representing this?

Lori Heller, American Airlines Flight Attendant

Please allow flight attendants to receive a COVID-19 vaccine. We are essential workers and are inside an airplane with many people who could be carrying the virus.

Anne Marcalo, Flight Attendant SFO, AAL

“Of the 77 that are on the board, not 1 of them represent Transportation. Why? The CVAC has not responded. “

Please add APFA to the board.

Leroy Chavez

My name is Leroy Chavez, and I'm a flight attendant with American Airlines who is returning to work in San Francisco, CA in April. It's come to my attention that your committee doesn't include anyone representing transportation. The group has reached a membership of 77 members. Of the 77 that are on the board, not 1 of them represent Transportation. Working in Aviation, it's important to include on your committee as there are still people traveling during this pandemic and we need to keep everyone safe and informed on all aspects of transportation whether it's land, sea or air. I urge you to accept APFA (Association of Professional Flight Attendants) and have a representative within the transportation area to help further in your strength in number and how we all know that things can change quickly during this time. I thank you for your time and allowing me to voice my concerns.

Uma Arunachalam

I am asking you to reclassify airline workers as essential workers and should be considered in the Tier1B group for Covid-19 vaccination purposes. We were directly with the public from around the country and cannot maintain 6 feet distance. Moreover, we are considered a first responder and emergency personnel on the aircraft. Thus, our priority for vaccination is essential if California wants to implement a system that would be effective in the fight against the spread of Covid-19. It only makes sense for our California community to do so.

Jay Tanguay, Flight Attendant, American Airlines

Please allow Association of Professional Flight Attendants (APFA) union representation at the upcoming advisory meeting on February 17th.

It is very important to have transportation representatives included in these discussions particularly as Flight Attendants are front and center in the midst of this pandemic.

As airlines are now offering extremely inexpensive air fares to encourage the public to travel, most flights are completely full therefore placing these employees at further risk.

Jeffery Oaks

I am a Flight Attendant for American Airlines and feel that we as a group should be put at the front of the line when it comes to COVID vaccinations. We are trained in CPR and I'm out job description we are to perform such duties as well as other close to patient medical situations on the aircraft. We are working in a confined space and are extremely vulnerable to the virus. Please consider our jobs under the essential workers. Please allow us to be vaccinated to protect the traveling public as well as ourselves.

Ricardo Delgado, American Airlines Crew Member

I respectfully request that you allow a member of the APFA representing Flight Attendants of American Airlines be allowed to join this group in future meetings.

Thank you for all that you do.

Susan L. Crawford, Flight Attendant Purser, American Airlines SFO, Member, APFA

Your group membership is well populated with several health, ethnic, business and professional groups as well as minority and special interest groups, many of which represent front line and essential workers. You do not have a single member representing the transportation industry, neither trucking, rail nor airline workers, all of whom are essential workers. I recommend that you remedy this immediately, starting with the Association of Professional Flight Attendants

(APFA) who have already contacted you and have been refused membership. Non inclusion of transportation workers is very short-sighted on your part.

Lori Schilling-Davis, American Airlines Flight Attendant

I am an American Airlines Flight Attendant represented by the APFA and am writing to implore you to add my union to your Community Vaccine Advisory Committee. As a flight attendant, I am a front line transportation essential worker and need to be vaccinated asap. Of the 77 members on the board not 1 represents transportation workers. This needs to be immediately rectified.

Sandra Gee-Baldonado

My name is Sandra Gee-Baldonado and I am a flight attendant with American Airlines based at SFO. I request that a representative from the Association of Professional Flight Attendants be allowed into your committee. It is imperative that a member representing airline workers express their viewpoint on this very important topic.

Eli Waltner

Hello, As a pilot who cannot work from home, has direct contact with the public, and am not able to maintain social distancing due to the job, I am curious when transportation workers will be able to be vaccinated? I have personally been exposed twice while at work, and have had the inconvenience and stress of quarantine, not only for myself, but my family. As details from the public meetings show, we as a group are very exposed, and in reality, support all of the current tiers, providing transportation for not only the workers, but the supplies for both vaccine distribution and food distribution. I hope consideration for this group of workers, who have from the beginning of the pandemic, continues to work, despite many of us being infected and exposed daily. Thank you for your consideration.

Michael Pimentel, Executive Director, California Transit Association

On behalf of the California Transit Association, I write to you today to request that your administration amend current guidance from the California Department of Public Health to clarify that frontline transit workers are eligible for priority access to the COVID-19 vaccine alongside other transportation professionals in the education and childcare sector. The Association represents 85 transit and rail agencies statewide. Currently, the guidance includes for priority access to the vaccine *“[a]ny other workers involved in child and/or student care, including school bus drivers and monitors, crosswalk guards, etc.”* Without this amendment, frontline transit workers would continue to be ineligible for priority access to the vaccine under the state’s current vaccine distribution plan. As we communicated to you in our letter dated January 25, since the start of the pandemic, California’s public transit agencies have transported essential workers to their jobs in health care,

education, food service and hospitality. Survey data has found that these essential workers cannot work from home and are overwhelmingly people of color and/or low-income, tracking closely with the findings of the ridership surveys our members have throughout the pandemic, which also show that many of today's riders lack access to a personal automobile. Additionally, public transit agencies have continued to provide critical services, like paratransit service, to seniors and people with disabilities across California, often serving as a lifeline to grocery stores, doctor's appointments, pharmacies, and recreation. In recent weeks, California's public transit agencies have also stepped up to provide mobility options to mass vaccination sites, ensuring that communities that have been hardest hit by the pandemic have physical access to these locations and directly advancing your focus on an equitable distribution of the vaccine.

We maintain that, due to their contributions to California during the pandemic and their risk of exposure to the virus, all frontline transit workers deserve priority access to the COVID-19 vaccine, like workers in the healthcare, food and agriculture, education and childcare, and emergency services sector. As we continue to pursue this larger goal with you, we ask that your administration take steps today to ensure that, at the very least, the frontline transit workers that are called on to support the reopening of schools and the transportation of students are protected from avoidable illness by receiving priority access to the vaccine. We believe fully that there is pathway to achieve this goal – guidance from the California Department of Public Health already identifies “*school bus drivers*” in the list of professions related to the education and childcare sector that will receive priority access to the vaccine. We urge you to amend the guidance to include frontline transit workers in the list. In raising this request to you, I will again communicate that our workers, at public transit agencies statewide, provide millions of trips to students each year.

A snapshot of the number of trips provided and/or breadth of school service is below:

- Alameda-Contra Costa Transit District – 1.8 million boardings/year (K-12 students)
- Long Beach Transit – 400,000 boardings/year (K-12 students)
- Omnitrans – 1.02 million boardings/year (K-12 Students)
- Orange County Transportation Authority – 3.7 million boardings/year (K-12 students)
- San Mateo County Transit District – 2.4 million boardings/year (K-12 students)
- San Diego Metropolitan Transit System – 7.7 million boardings/year (K-12 students)
- San Francisco Municipal Transportation Agency – Every middle school and high school in the San Francisco Unified School District is served by at least one Muni route
- Santa Clara Valley Transportation Authority – 2.32 million boardings/year (K-12 students)
- Santa Cruz Metropolitan Transit District – 484,000 boardings/year (K-12 students)
- Santa Monica's Big Blue Bus – 350,000 boardings/year (K-12 students)

Information, covering additional transit agencies as well as student ridership for college, university and community college students, can be provided to you at your request.

Terry Asten Bennett

It has come to our attention that there was an oversight on the part of the CDC that Hardware Store Employees (code 444130) have been excluded from Tier 1B, in fact they weren't included

in any tier. As essential employees they have come to work every day of the pandemic and been in close contact with the public. They have all done their best to stay healthy and safe but they are at a disproportionate risk due to the volume and nature of the customers they help on a daily basis. We are not asking for special treatment, we are asking to be treated the same as the grocery store workers who face the same daily threat.

Aaron Hichman, California Retail Hardware Association

Hardware Stores are an essential business and have been open and supplying COVID products since the pandemic started. We request that Hardware Stores (NAICS #444130) be added to phase 1b to protect these essential workers.

Please note: Nurseries, Garden Supply and Farm Stores are currently on phase 1b. We also noticed Hardware Stores (NAICS #444130) were not on the CDC Recommended Industries Map; Not 1a, 1b, 1c, or the non-essential business list and have emailed the CDC to correct the oversight.

[Categories of Essential Workers | COVID-19 Vaccination | CDC](#)

Borach Schmel, San Francisco

I was shocked to hear hardware store employees (NAICS code 444130) are not included in the Tier 1B vaccine level.

They've first frontline essential workers from the start; almost a year now. How can they be forgotten when it's time to be protected and vaccinated.

You must fix this.

Bruce Smith, San Francisco

I am writing to you to request that you include hardware store workers in NAICS code 444130 as essential employees in the same vaccine tier as our counterparts in the grocery industry. Thankfully, both grocery store employees and hardware store employees were deemed essential workers on March 17, 2020 when the COVID-19 lockdown went into effect in San Francisco. Employees in both groups have been going to work daily over the past year to provide our neighborhoods the supplies they have needed during this trying time as well as giving our neighborhoods a sense of stability and calm during this crisis. While grocery stores were working diligently to provide food, hardware stores were working hard to source and supply sanitation equipment, masks, gloves and other essential items.

Both groups of employees have been on the front lines, interacting with the public, indoors, for the past year. To do this, our stores have taken extra precautions to keep our employees and

customers safe during this time and we feel it is only fair that our group of employees be included, along with the grocery workers, in tier 1B of the vaccine rollout. We are not looking for special accommodations. We are merely requesting that our employees receive their proper place in the vaccine line that is commensurate with the risks that they have taken daily to keep our community safe and running smoothly over the past year.

I believe it may have been an oversight by the CDC when they did not include our NAICS code (444130) in the essential worker category for tier 1B vaccine distribution. Therefore, I am requesting that you add hardware store employees in NAICS code 444130 to the tier 1B essential employee category. I would really appreciate you considering this request at your next meeting as I have no answer for my employees when they ask me why we were considered essential employees during the periods of highest risk during the pandemic but are not considered as essential when there is a potential to protect them moving forward.

Louis Cullen

I am writing to request that NAICS code 444130 get added to the essential worker tier like grocery workers. I'm an employee of Cliff's Variety and we have been open through the pandemic, dealing first-hand with customers on a daily basis. While I am grateful we didn't have to close, it hasn't always been smooth sailing.

Bryan Langley

I find it rather concerning that NAICS Code 444130(Hardware Stores) was somehow overlooked when these stores have been open the entirety of the pandemic and were given, from the beginning, essential business status equal to that of grocery stores. Workers of hardware stores have worked just as closely with the public, dealt with similar hardships and risks, and managed similar procedural obstacles. Most hardware stores provide essential cleaning and consumable products, housewares products for at home cooking, and most of all essential supplies for repairs. Hardware stores have also been a source of products for DIY projects and gardening at home that have helped people better manage Stay At Home orders by having things to do.

As a Hardware store employee, I am requesting NAICS Code 44130 be added to the same tier as grocery stores. We deserve the same protections for the same level of risks.

Pat & Thom Zalinsky

We are writing to encourage the CVAC to include hardware store employees in tier 1b of vaccine distribution. If garden centers and grocery stores are included, then it appears there has been an oversight to include hardware stores.

As an "essential business" hardware stores provide communities a variety of products and services, and many are open 7 days a week. Hardware store employees should be protected and

elevated on the list of those able to receive a vaccine. Please update the guidelines for prioritization and include hardware stores employees.

Doug Gibson, Store Manager, Walnut Creek Ace Hardware

My name is Doug Gibson, I have been the Store Manager for Walnut Creek Ace Hardware for 18 years. This past year has been the biggest challenge emotionally and physically. When the shelter in place started I thought to myself what is that going to do to my store. I had no idea that we would be hit so hard by the community. We killed ourselves everyday getting people what they needed.

Hardware stores were essential back then and still are now. We should not be put on the backburner for the vaccine.

Jenn Harris

I am writing to request that you add NAICS code 444130 to the essential worker tier for vaccinations.

I am the buyer for a landmark independent hardware store in San Francisco. We have been open for business for the duration of the pandemic and I was one of the first 100 people in the city to be diagnosed with Covid-19. It was a terrible illness that took me months of recovery.

Even while quarantined at home, I worked remotely to source N95 masks, hand-sanitizer, gloves, air purifiers, remote working electronics and other items for which there was an enormous sudden need. Other buyers (two of whom also fell ill at the same time in March before the lockdown) did their best to keep items like cleaning products, children's craft kits and fabric yardage for homemade masks on the shelves.

The nature of our business makes us even more vulnerable to infection than grocery store workers, as we often must work in close contact with an individual customer for 30 minutes or more to solve a home repair problem. Our vulnerability was exacerbated by the fact that we also had customers coming to us from all over the San Francisco Bay Area because we do stock other items like fabric yardage, children's craft supplies and puzzles and we were the only shop open during the shelter-in-place order that had these items in large volume.

Our store is located in The Castro district of the city, and thus many of our staff members as well as our regular customer base are immunocompromised thanks to the ongoing AIDS pandemic. Most of our staff members are over forty, because hardware store customer service generally requires more life experience and skilled labor. Over the last year, a quarter of our staff has fallen ill with Covid-19, in multiple waves starting in March of 2020 and most recently January of 2021. We are fortunate in that we have not lost any lives, but some of us are still struggling with long term effects and loss of income.

The abuse and casual disregard from the public, the stress of covering shifts for sick co-workers, the fear of carrying the virus home to family members, and the increase in theft, vandalism and assault have made coming to work extremely punishing. The hope of getting vaccinated along with other essential workers was one bright spot in our bleak outlook for spring. Please give us a break and correct this oversight.

Michael Yang, Brownies Hardware, Concerned Hardware Stores of San Francisco

As a group that meets the criteria for high risk exposure, hardware store workers, who have been working with the public throughout this pandemic should be included with grocery and agricultural retailers in tier 1b of California's vaccine distribution recommendations. We are of the belief that this was an oversight and it should be corrected.

Please see the attached letter arguing this need. We have sent this to San Francisco Mayor London Breed and have yet to receive a response. We are only seeking to be treated the same as others in similar work situations.

Martha Asten

As someone who has been working in the hardware industry full time during the entirety of the COVID-19 pandemic, I am requesting that you add our NAICS code 444130 to the essential worker tier like grocery workers. It is unconscionable that we have been left out, yet we are just as much at risk as grocery workers, and just as essential.

I trust you will see your way clearly to adding our classification.

Kristen Pembroke, Oakland

I'm writing to encourage the CVAC to include hardware store employees in tier 1b of vaccine distribution. If garden centers and grocery stores are included, then it appears there have been an oversight to include hardware stores.

As an "essential business" hardware stores provide communities a variety of products and services, and many are open 7 days a week. Hardware store employees should be protected and elevated on the list of those able to receive a vaccine. Please update the guidelines for prioritization and include hardware stores.

Michele Zaremba

I'm writing to encourage the CVAC to include hardware store employees in tier 1b of vaccine distribution. If garden centers and grocery stores are included, then it appears there has been an oversight to include hardware stores.

Jason Zaremba

Please include Hardware store essential workers in group 1B for the Covid vaccine. These local hero's have provided essential help to their neighbors and communities during the pandemic. They have stepped up as humble servants to their communities providing advice, products and expertise while many have sheltered in place as per the Governors orders. Practicing social distancing and communicating solutions/advice while wearing protective masks to their neighbors and friends has had its challenges but they have persevered through these Pandemic Times.

Please give these local hero's the vaccine in group 1B so they can continue to serve their local communities.

Michele Zaremba, Boulder Creek

As an "essential business" hardware stores provide communities a variety of products and services, and many are open 7 days a week. Hardware store employees should be protected and elevated on the list of those able to receive a vaccine. Please update the guidelines for prioritization and include hardware stores.

Sydney Zaremba

Hardware stores provide essential goods and services to their community. Their employees should be included in the next round of employees eligible for the covid vaccine.

Susan Kamprath

These workers work in an essential business and are constantly exposed to the public. They need to be protected and vaccinated and be in level 1b.

Ken Dunaj, Point Reyes Ace

I own and operate an ace hardware store in Marin. We have been essential to our community through this pandemic. We sacrificed our own safety to remain open and serve our community. Hardware stores are not just for getting what you need to build something. We are the lifeblood of our community, a gathering place, we sell almost everything from our store, toilet paper, paper towels, cleaning supplies, sanitizer, masks, lightbulbs, etc..... we are as essential as grocery with as many customers. Please add hardware stores to the classification with grocery.

Mike & Susan Scruggs, Tierrasanta Ace Hardware

My wife and I own a small family owned hardware store in San Diego. As an essential business, we have been open every day since the Covid pandemic began. I assumed that since we were classified as an essential business, we would be included in the 1B group of essential workers that is next in line for access to the vaccine. I heard recently that this is not the case; that hardware store employees are not included in the 1B group.

Is that true? If so, I request that this oversight should be corrected. Our team of 15 people has worked extremely hard, and at significant personal risk, to keep our community running during this crisis. Please make whatever change is required to include hardware store employees in the 1B classification.

Jamie Gentner, Chief Operating Officer, Center Hardware & Supply Co., Inc.

We are getting constant questions from our teams about when they are eligible. It is clear that our NAICS code (444130) was missed when the CDC determined essential workers for vaccine eligibility. The City and County of San Francisco has told us they lack the control to manipulate eligibility guidelines so that our employees may be included.

I AM BEGGING YOU TO RECTIFY THIS. Please allow our teams to get vaccinated. They are exposed to thousands of people a week.

It should make us all physically uncomfortable to look our teams in the face when they were critical enough to work the entire time so that the much of the public could stay home safely, take great pride in that work despite the fear of an unknown contagion, and then hear that their daily exposure isn't significant enough to be prioritized now that there is light at the end of this dark tunnel.

We aren't asking for special treatment, we are asking to be considered at the same level as a grocery worker.

Al Auer

As I am a retired Ace Hardware Store owner I was shocked to see that hardware store workers are not considered essential workers. These are the people which thru their expertise keep households running. They keep sinks ,toilets and sewers running by advising homeowners . They solve electrical and heating problems in households and water leaks which are absolutely essential for running a household. Hardware Stores have been open thru out the pandemic and have provided much needed PPE in our city. This needs to be addressed A.S.A.P., these workers are providing essential service to homeowners, contractors ,public utility workers, the list goes on and on.

Rob Doubleday, Santa Cruz Hardware Ace

Hardware stores seem to have fallen between the cracks. We are open, helping customers with their essential needs everyday. Our customers require a lot of interaction to fulfill their needs.

Please include hardware stores in group 1b, like our counterparts in grocery stores.

Michelle Leopold

Hello, I understand you will be discussing tier 1B on Wednesday – and that the CDC somehow “forgot” about Hardware Stores, which have been deemed Essential and open throughout the global pandemic.

Please make sure that this oversight is rectified, and that hardware stores are included in tier 1b, along with garden centers and grocery stores. Most of our essential workers at our six Ace Hardware stores have had much more contact with our customers than garden centers or grocery stores, answering questions and helping customers with their projects throughout the day – every day! Our 150 workers are Essential and should be designated Tier 1b accordingly!

Thank you for changing this mistake.

Anonymous, Hardware Store Owner

I'm not sure if this is something you can help with, but hardware store employees have been left off the vaccine tier list. We received confirmation yesterday that it was an oversight but there is not a clear or expedient path to getting this oversight fixed. NAICS code 444130 was left out of tier 1B.

Debbie Ladd

My husband, along with his co-workers at Ace Hardware in Santa Cruz, California, have been working tirelessly since the pandemic caused lockdowns for many businesses. They have maintained staffing, followed all safety guidelines from federal, county and Santa Cruz city. They have maintained store hours for customers who needed products that helped repair and maintain their homes and businesses. Other customers came in search of tools and materials needed to build their pandemic gardens. Still others came to pick up paint for projects, including homeschool art projects. These essential workers braved the potential threat of catching a deadly virus to report to work 7 days a week. They, along with all other essential workers, were praised for taking the risk that so many of us could not.

Here we are now, vaccine rollouts in all counties of California. Essential workers are in the next tier to receive their vaccines. What's missing? Essential workers employed at hardware stores. These same people were included in the stores to remain open as deemed essential by the state of

California. Now they are not. My husband risked his health every single day to go to work. The least the state of Californian could do is acknowledge these workers along with the ones about to receive their vaccines. Shouldn't ALL essential workers, as deemed so by the state of California, also be deemed essential on the list of people to be vaccinated? It's seems like an oversight, at best. At worst, it is political move that ignores the very people who made those gardens, school projects, completion of building projects, essential home repairs possible.

Please reconsider the list of essential workers and make things right for these people. If you can vaccinate people who sit in meetings to make these decisions, then you should vaccinate the people who serve hundreds of customers every single day. The next time you need something from a hardware store because your toilet broke, your washer needs fixing, you need a new tool, or any kind of repair/project/equipment/etc. you should thank the workers there and make sure you have their backs like they've had yours.

Please add hardware store employees to the essential worker vaccination list!

Olga Perez (Wife of an Essential Worker with 3 Children)

Please consider vaccinating essential workers who were mandated by the State of California Governor's office to continue working and remain open for business since onset of pandemic, regardless of age. COVID19 certainly does not discriminate by age and neither should the decision making policies. Age should not be a determining factor, rather than those who have greater risk of exposure in contracting COVID19 and then in turn spreading it to respective communities for whom they serve and beyond.

We have all benefited from the labor and services provided by essential workers, kept State of CA's economy afloat, and continue to risk their lives, alongside healthcare workers. For unbeknownst reasons, conversations about vaccinating those in the front lines and backbone to our livelihood and economy have been kept out of the conversation. Predominately minority and low income without proper representation is a story too commonly repeated in my family and friends (and honestly, what I have seen in our society), yet expected to be in the front lines. I sincerely wish to hope this is not the case here and in the year 2021 and hope for equitable opportunities for our essential workers. Also, please keep in mind that a majority of these essential workers are employed by small business owners, find themselves without any representation through this legislative decision making or through unions.

Essential workers should not be overlooked and discriminated, since they did not have luxury of being furloughed and continue to expose themselves, their immediate families, and citizens. I personally know too many essential workers who have contracted COVID19 and yet to know a 65+ year old, most likely retired and safe at home.

I urge thoughtful conversations about not abandoning essential workers who have been in the front lines, even during the times of scarce availability of masks and who have continued to risk their lives for our benefit.

Additional Letter from Mrs. Perez.

I am a wife and mother of three children. My husband and father of my children is an essential worker who we absolutely love and respect for who he is and for being an essential worker who provides for our family and others, risking his life every time he leaves for work, since the onset of this pandemic.

His employer's business was classified by our State of California as being essential, thus place of business was mandated to remain open and employees to continue to work exposing themselves to COVID19 and the many uncertainties and risks. The word "essential" should be self explanatory in its definition as being absolutely necessary, not only to our family's daily lives, but to everyone else's families, our communities and our State's economy and standing.

When I first became aware of 65 year olds being eligible for the COVID19 vaccination, I immediately thought about the essential workers who have risked their lives on a daily basis along with healthcare workers since the onset of the pandemic. I vividly recall the scarce supply of masks and all of the uncertainties and fears. Then came the stress and tension caused by just leaving the safety of our homes. Well, imagine what our healthcare and essential workers go through, mandated to work with all the responsibility in their hands for the benefit of our well being and care?

It truly boggles my mind on how age is a determining factor for being eligible for vaccines before taking into consideration these essential workers. I do not understand why age takes precedence, rather on data on how COVID19 is spread. COVID19 certainly does not discriminate in age. It discriminates in other ways and as human beings, we should not discriminate based on age. As I understand correctly, according to scientific experts and reports that I've read and heard on news, COVID19 is transmitted through human contact, with age not being a factor. Besides being a logical explanation of prioritizing our healthcare workers across all fields, our essential workers should be next in line. It is a very reasonable expectation and explanation on reasons, besides being equitable, regardless of age.

It is also insulting and bothersome on a personal level that these essential workers were classified as "essential" to our daily lives and State's economy; however, pushed to the side and not having heard a single discussion on vaccinations for them. We all continue to benefit from the services of these essential businesses and employees in the front lines, such as auto body shops, grocery stores, etc., yet they are forgotten in the talks about vaccinations. These workers have not had the luxury to stay at home safely while there were many uncertainties being figured out, waiting on scientific data and recommendations. They also did not have the luxury to be furloughed with continued health benefits and pay. I recall not being able to find an open bank, Starbucks or Peet's, yet these essential workers kept the economy going and were mandated to continue working at their essential classified establishments. I remember very stressful times and uncertainties if it was safe for my husband to be around my children and I. Please keep in mind that perhaps these essential workers and their family members may also have underlying risk conditions and have a weak immune system. My children and I am are those persons.

In my eyes, the recurring COVID19 testing we obtain is not a safety measure, rather a knowledge based and preventative one, in which if we learn of either negative or positive results,

so that we may act quickly. If positive, we can at least take immediate actions, but most likely too late if we share same house with an essential worker. The only safety measure for me, is prevention and vaccination. How do we prevent the spread of COVID19, besides the safety measures recommended by the CDC? As a parent and wife of an essential worker, it is logical to provide vaccinations to all front line essential workers (besides healthcare workers) that we all come in contact with, in our daily lives who work hard and risk their lives to provide those essential meals, services, goods etc.

Although last night's presentation by Assemblyman Kevin Mullin pertained to small businesses, I decided it was a great opportunity to bring up the subject of vaccinations, as I'm certain many of these small businesses employ essential workers. If you may please find the time to listen to Ms. Kris Stadelman's words at around 43:37 min, (my concerns were read around 31:07 min). I was so moved by her words! As she stated, it is time to recognize and remedy.

<https://youtu.be/FAwCGOrBda8>

I know many 65 year olds who are stay-at-home citizens, while the majority of essential workers that I know have contracted COVID19.

I would like to know if there is any statistical data on essential workers contracting COVID19, regardless of age. I would also please request for prioritizing COVID19 vaccinations for essential workers. I called Congresswoman Jackie Speier's office and was told that public pressure led to 65 year olds to be vaccinated. I don't believe essential workers and their families were contacted. My husband and his coworkers and families were certainly not contacted for their input and to share their stories of how COVID19 has affected their lives and livelihood.

I sincerely hope you all share the same beliefs in giving the same priority as healthcare workers to include essential workers and respectfully ask for assistance through your leadership and roles to advocate for essential workers. I hope we all share the appreciation and gratitude for their continued work and risks. They deserve it and much more!!! The vaccine is not for me and my email is by no means meant to discriminate against 65 year olds and over. My voice is for what I believe is right, fair and equitable, regardless of age. COVID19 certainly doesn't discriminate in age and neither policies dictating vaccinations. It's what makes sense for the best interest of public to prioritize all front line workers, healthcare and essential workers who have been our backbone and in the front lines since the very beginning!

The question for eligibility should not be age, rather than on who are in the front lines battling COVID19 and keeping us alive and healthy through their work and services provided? I could be a 64 year essential worker or a 65 year old stay-at-home retiree? Who is more at risk and more likely to contract and transmit COVID19?

If you may also please thank Ms. Kris Stadelman from NOVAWorks for her advocacy for essential workers and if you may please share her contact information, as I wasn't able to locate it. I was very moved by her words and stood up in applause! I also wish to thank Assemblyman Kevin Mullin for his presentation and his work in our County, as well as all of your work and dedication.

Thank you! I look forward to a reply and would be more than happy to share more concerns about essential workers working through this pandemic. Wishing you and your families the best of health and safety!

Rusty Russell, HISIG Founding Broker/Board Member

Attached you will find a list of “Essential Businesses” that we manage as part of a California Workers Compensation Self Insured Program.

Our group consist of HOME IMPROVEMENT INDUSTRY BUSINESSES. 100 % essential through the entire Covid19 year. The Self Insured Program now has 215 business under Workers Compensation Management with 10,000 employees under Workers Compensation coverage throughout all of California.

We think as a strong participating group contributing to the Safe work place environment throughout Covid 19, essential Home Improvement Businesses should be on the Covid19 Vaccine priority list.

HISIG

Magi Campana

I am writing to request that estheticians and cosmetologists get further up on the vaccine priority list. I am an esthetician in close proximity indoors with my clients, performing services that involve close contact. The vaccines should be made available to us to help end this pandemic.

Joan Stebbins

I would like to ask you to seriously consider offering Covid vaccines for hair stylists and other personal services.

We were shut down because you thought it was too dangerous to be that close... now we can't even be listed as occupations affected?

A busboy can get the vaccine but I can't? I'm close up and TOUCHING people all day, everyday??!!!

Please add personal services to the vaccine list!

Sharon Ronen

Please prioritize us so we can be back to work safely, after being closed for most of the past year.

Ronnie Stutts, President, National Rural Letter Carriers' Association

I am president of the National Rural Letter Carriers' Association, which represents over 130,000 rural letter carriers employed by the United States Postal Service ("USPS") who deliver the mail in rural and suburban communities in California and throughout the nation. I write to express my concern that rural letter carriers and their fellow USPS employees, who have bravely provided essential services throughout the pandemic, have not yet been given access to the COVID-19 vaccine. They have been denied access to the vaccine even though the Centers for Disease Control and Prevention (CDC) designates rural letter carriers and other postal employees as essential, front line workers who should be prioritized as part of Phase 1b of the COVID-19 vaccination program planning and implementation.

When the CDC Advisory Committee on Immunization Practices (ACIP) issued its initial guidelines for prioritizing vaccine recipients, employees who work in the healthcare industry and residents in nursing homes and other long-term care facilities were understandably first in line. Then, on December 22, 2020, the ACIP issued an updated recommendation that explicitly designated USPS employees as essential front-line workers who should be included in the Phase 1b vaccine group.

However, to date, California has failed to make the COVID-19 vaccine available to rural letter carriers and other postal employees. Most states report that they are complying with the ADIC recommendations and are currently in Phase 1b of distribution. Many have *expanded* the 1b priority groups to include additional populations not specified in the ACIP recommendations without demonstrating any effort to begin vaccinating Postal employees. Rural letter carriers and other postal employees are simply being skipped over or moved down the priority list.

Moreover, our discussions with postal leadership have revealed that the Postal Service itself has been left in the dark, unable to advise its employees on when they can expect to receive vaccinations. While other federal agencies such as the Department of Veterans Affairs, the Departments of Defense and State, the Indian Health Service, and the Bureau of Prisons have had the opportunity to purchase or were provided allotments of the vaccine, the Postal Service has not been provided with any vaccine allotment to protect its employees. We are urging the Biden administration to help, but in the meantime, the states should use a portion of their allotments to vaccinate postal workers in accordance with the CDC guidance.

I respectfully request that you take swift and decisive action to make the vaccine available to all rural letter carriers and other postal employees in your state. Postal employees have worked tirelessly on the frontlines throughout the entire pandemic, delivering essential items such as stimulus checks, ballots, and medications at a time when parcel volume has skyrocketed due to Americans' increasing reliance on the mail. It is a shame that these same employees who have put their health and their lives on the line every day, are not being provided with access to vaccines. We cannot allow this to happen to the rural letter carriers I represent and the hundreds of thousands of other dedicated Postal Service employees.

I know administering the vaccination rollout has its challenges, but it is incredibly important that those on the frontlines are provided access to the vaccine as recommended by CDC guidelines. Thank you for your attention to this important matter. I would be happy to discuss this with you at your convenience.

Patrick Rogers

My sister in Simi Valley with two small children (5 and 2) works in a bank, is deemed an essential worker and is still unable to get a vaccination. When is it their turn?

Kendall L

Thank you for the work you are doing to distribute vaccines to all of California. As a worker in critical manufacturing I am disheartened to see that our group has been removed from any prioritization after the Phase 1B tier 1 is completed. When the COVID-19 pandemic first started I was told to work from home. However it was soon discovered that I was needed onsite to help keep our essential manufacturing running. I have continued to perform my duties not without fear of contracting COVID-19 and spreading COVID-19 to my family and other essential workers.

I implore you to reconsider giving prioritization to essential workers who have continued to work in person during the pandemic. Many essential workers in logistics and manufacturing frankly do not have the type of representation that agricultural and teachers have to help us obtain our vaccines. Just as we were told to continue working regardless of the pandemic it feels like we are being told to wait for vaccines as we see others who have been working from home get the vaccine ahead of us.

Opinions expressed are solely my own and do not express the views or opinions of my employer.

Sarah Ho

I was always under the impression that throughout Covid, construction has been deemed an essential service to continue working. When it comes to the vaccine, we are not being deemed the same as other essential workers. We are working on site, inside and outdoors to create these beautiful spaces for schools, government and the public sector.

Why is construction not showing up on the vaccine schedule as an occupational hazard when we are not able to always work remotely and take all the risks?

Travis W. Vance, FISHER & PHILLIPS LLP

We are writing on behalf of AutoNation, Inc. and its subsidiaries (collectively, “AutoNation” or “Company”) to request priority access to COVID-19 vaccines for its essential workers. AutoNation, Inc., through its subsidiaries, is the largest automotive retailer in the United States, with over 300 new vehicle franchises located in the United States. AutoNation offers a diversified range of automotive products and services, including new vehicles, used vehicles, parts and accessories, automotive repair and maintenance, as well as wholesale parts and collision businesses, and finance and insurance products, such as vehicle service contracts and arranging of finance for vehicle purchases.

AutoNation, Inc. subsidiaries collectively employ approximately 3,787 essential critical infrastructure workers in California.¹ The Company is taking steps to prepare its essential workers for the vaccination process. AutoNation stands ready to assist the California Department of Public Health in distribution of these important vaccines to the Company’s essential workers. Moreover, AutoNation is already planning to coordinate vaccination initiatives in partnership with retail pharmacies and other third parties to assist employees in receiving the vaccine at their earliest opportunity.

AutoNation employees are considered “Essential” and part of the U.S. Transportation and Logistics sector, which the Department of Homeland Security (“DHS”) and the Centers for Disease Control (“CDC”) expressly identify as “Essential Critical Infrastructure.” The DHS and CDC define critical infrastructure as any “systems and assets, whether physical or virtual, so vital to the United States that the incapacity or destruction of such systems and assets would have a debilitating impact on security, national economic security, national public health or safety, or any combination of those matters.” The DHS and CDC recognize the U.S. Transportation and Logistics sector includes “workers supporting or enabling transportation and logistics functions,” and “workers critical to the...sales, rental, leasing, repair, and maintenance of vehicles and other equipment....”

Critically, the functions of AutoNation’s workforce are essential to the local operations of California as well as the national economy. As California continues to confront the challenges of COVID-19, AutoNation’s workforce is vital to ensuring that both local and national consumers have access to safe and well-functioning motor vehicles. Motor vehicles are critical to ensuring that the public can obtain food, water, and the other necessities of life, in addition to allowing the residents of California to continue to resume working at office locations as well as other worksites. These crucial functions apply not only to light-duty commuter vehicles but also to the medium and heavy-duty trucks that are a necessary component of the nation’s and California’s transportation infrastructure. Motor vehicles also help our community members continue interacting with each other in a manner consistent with recommendations from federal, state, and local public health officials. AutoNation remains committed to providing the communities it serves, as well as the nation, with reliable vehicles and superior service and repair of these vehicles at a time when safe transportation is critically important to addressing COVID-19 and the resulting pandemic. AutoNation’s workforce has an indispensable role in both the national and local economy and it is vital that AutoNation be provided priority access to COVID-19 vaccines.

AutoNation employees face a high risk of exposure to COVID-19 and most employees must work on-site to support AutoNation’s critical operations. A significant component of AutoNation’s

services is tied to on-site interaction with customers and/or other individuals. For example, AutoNation employees include: trained technicians that repair and maintain customers' vehicles and interact regularly with other employees on-site; trained service advisors and parts associates who interact frequently with customers and other employees on-site regarding customers' vehicle service or parts needs, respectively; and trained sales associates and finance managers who regularly assist customers with vehicle purchases on-site and interact frequently with other employees on-site. While the Company has adopted stringent protocols for masking and social distancing, AutoNation employees are often working in groups or have unavoidable interactions with each other and the general public.

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

- (1) Maximize benefits and minimize harms. The CDC recognizes that essential workers are at high risk of exposure and that prevention of COVID-19 will reduce its transmission. Further, vaccinating essential workers preserves services essential to the COVID-19 response and overall functioning of society. The DHS and CDC have already deemed the U.S. Transportation and Logistics Sector such an integral and vital component to the United States that its incapacity or destruction would have a debilitating impact on the overall functioning of society.
- (2) Promote justice. The CDC recognizes that persons have a greater risk of exposure if they:
 - (a) are living in multi-generational households;
 - (b) unable to work from home;
 - (c) have a high level of interaction with public or others in the workplace;
 - (d) may be unable to control social distancing; and
 - (e) frequently interact with others in the workplace.Many of AutoNation's frontline employees cannot perform the essential functions of their jobs remotely or virtually and have a greater risk of exposure despite the Company's stringent protocols for masking and social distancing.
- (3) Mitigate health inequities. The CDC recognizes that racial and ethnic minority groups are under-represented and experience disproportionate COVID-19 related hospitalization and death rates. Racial and ethnic minority groups are also disproportionately represented in many essential industries. AutoNation employs a significant number of minorities in California, including approximately 1,581 Hispanic-Americans, approximately 520 Asian-Americans, and approximately 137 African-Americans.

AutoNation stands ready to assist in this important vaccination process. We urge you to include all AutoNation employees as essential workers in the phased allocation plan of the COVID-19 vaccines. *The Company also respectfully requests written confirmation that all AutoNation employees in California are essential workers for the phased allocation plan of COVID-19 vaccines, which confirmation is currently required by certain third parties to vaccinate these employees as essential workers through an AutoNation coordinated initiative.*

We also seek the following information if available to respond to our third party providers: whether a certain vaccine product (Pfizer or Moderna) will be allocated to essential workers in California and whether you have approved Walgreens and/or CVS as a vaccine provider.

We appreciate your consideration and look forward to working with you in the distribution of the COVID-19 vaccine amongst this essential population. If you would like to discuss further, please do not hesitate to contact me.

¹ For convenience, the term “AutoNation employees,” “AutoNation essential workers” or similar terms will be used to refer collectively to employees of AutoNation, Inc. subsidiaries.

Barbara Laven

Veterinary clinics and hospitals must stay open, so veterinarians and their staff are constantly exposed to human clients. As well, during the pandemic veterinary clinics and hospitals, at least in Los Angeles, have become busier than ever, so exposure to the COVID-19 virus is higher than ever for vets and their employees. For this reason, I urge whoever is in charge of doing so to place them among those high on the list to be vaccinated.

Heather Hanunian

I am over 65 with Medicare as my primary insurance and trying to sign up for first Covid vaccine dose.

But, the sign up demands health insurance information to do so yet does not show Medicare as primary insurer option.

Since nearly everyone over 65 who is retired has Medicare as their primary insurance, why is this not an option?

It looks like a serious oversight, at least in terms of communication.

And, why if no health insurance is required to receive the vaccine is this a requirement?

What are those over 65 meant to do?

I have called the 833-422-4255 number at least 4 times for help and yet cannot get through.

Kate Buchanan, Novato

I am a One Medical customer here in Marin. NOT because I am an elite or affluent member of this community -- as the recent article claims -- but because health care in Marin became completely unavailable, sitting on hold with my usual doctor (who we had for several years) without being helped for over an hour, once even two hours and no one still answered. At that

time, one of my daughter's had a health scare and I could not get a doctor to even answer the phone...it was insane.

I went about trying to find an alternative, stumbled upon One Medical, quickly signed up and immediately was able to get my daughter in to see a doctor in just a couple of days. From there she was referred to UC children's medical facility and she got the help she needed.

This all happened because Marin Health was allowed to take over almost every single medical facility in our area...they are impossible to work with, and the doctors will tell you the same thing. Many have left their practice to go to San Francisco as a result of this take over.

That has continued to make our healthcare lives miserable in Marin County.

As you know, Marin has a very high population of over 50 years adults.

I have a mom who is 87, who signed up with every single entity in Marin available to her to be able to get a vaccination, but she was not able to get one, until yesterday, and she had to go up to Santa Rosa to get it!!!!

I am writing to you (thank you if you have gotten this far) because One Medical is our lifeline for so many things and we are counting on them to be able to get us the vaccine as soon as we are eligible, I am 62, so it will be a while.

In Marin it is almost impossible to get a vaccine appointment as it is, if you take away one of the very few locations we have, it will only make things worse.

Please PLEASE do not punish the people of Marin because of the management of One Medical. They are useful to us, and they made a mistake...so have them fire their CEO or someone else, or anyone who is in that company who took a vaccine out of turn...that is okay...but to take away all of the vaccines from a county that is already hurting badly from the lack of available appointments, is well, just cruel.

Please stop making things worse for us. This whole thing is scary and doing this to One Medical is only making things worse.

NOTE: I have had so many reports from people saying they were able to get vaccines from other facilities simply by showing up...without being qualified...so many that they wonder why I haven't done that.

So, if you are going to punish One Medical, then you have to go back and punish so many other vaccine venues for doing the same thing! You cannot punish One Medical just because they are being seen as for the Elite or Affluent...in MARIN that is NOT the case at all, for many of us, it is the only way we could get any medical attention without showing up at the ER at one of the hospitals which, until One Medical, is exactly what we had to do.

Please do the right thing and stop labeling One Medical as elitist. Please just know that maybe someone is upset about the fact that One Medical exists at all and is blowing the whistle. They deserve the punishment, but the people of Marin do not.

Jay Daliparthi

Recently I got an email to register for vaccination as slots are available. When I tried to register then it says I'm not eligible because of my age. I'm 61 years old with some underlying conditions. How do I know when I should expect to get vaccinated? Why the process became so complicated. Recently, we heard there were excess or unused vaccines left, our neighbour asked us to sign up. However, by the time we logged there were no more vaccines. Why can't you create a priority list? My neighbor's husband, probably younger than 35 years, could get the vaccine. You should have a better methodology.

Alexander Christian

I'm an Alameda County resident at high risk living with my wife who is a physician who sees covid patients. I'm not prioritized but want to be in position to receive a vaccine ASAP especially if any are unused at end of any particular day. What are you doing to ensure all vaccines are distributed and none are going to waste? Is there a sign up for end of day vaccines for example?

Vinu Arumugham

Linda Asato, Executive Director, California Child Care Resource & Referral Network; Melissa Stafford Jones, Executive Director, First 5 Association of California; Tiffany Whiten, Senior Government Relations Advocate, CCPU-SEIU; Beverly Yu, State Government Affairs Director, CCPU-UDW; Denyne Micheletti Colburn, Chief Executive Officer, California Alternative Payment Program Association; and Camille Maben, Executive Director, First 5 California

We appreciate the State of California's recognition of child care workers in the full range of child care settings, including family friend and neighbor care, as essential workers in Phase 1B Tier 1 of Covid vaccine distribution. We also appreciate the Governor's announcement last week to set aside 10% of vaccine doses for education and child care.

As the state is operationalizing the 10% set aside, *we strongly urge that the state's plan utilize the existing local collaborative child care infrastructure in each county.* Utilizing the existing local infrastructure, which varies by county and often includes a combination of the R&R, First 5, APs, LPC, and CCPU – a partnership between SEIU and UDW will be most effective in getting

the vaccine to child care workers in communities. The state's plan and any guidance to County Offices of Education, local health departments and other partners coordinating vaccine distribution should direct that distribution build on the existing collaborative local infrastructure and involve the key child care system leaders in each county. Based on our experience in other COVID-19 response efforts, including supplies distribution, we believe this approach will be most effective and best reach childcare workers in underserved communities.

We'd be happy to discuss further or address any questions you may have so we can be of assistance in the state's efforts to vaccinate child care workers.