**MEETING OF THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP)**
**Centers for Disease Control and Prevention (CDC)**
**Virtual Emergency Meeting**
**December 12, 2020**

# Excerpt: Public Comments

## Contents

**David Curry, MS**
**Foundation President, Center for Vaccine Ethics and Policy, GE2P2 Global Foundation**
**Affiliate Faculty, Division of Medical Ethics, New York University School of Medicine**

Thank you. This is David Curry, President of the GE2P2 Global Foundation and head of its Center for Vaccine Ethics and Policy (CVEP). I am also Affiliate Faculty at the Division of Medical Ethics at New York University's (NYU's) School of Medicine. By way of disclosure, our foundation receives support from a range of individuals and organizations, including Pfizer and the Gates Foundation to support a free weekly digest reviewing peer-reviewed literature and global strategic developments in immunization and public health. Our comment focuses on a key element supporting responsibly and ethically sound deployment of the Pfizer/BioNTech COVID-19 vaccine and others likely to follow very soon. This key element involves the information to be presented to recipients and caregivers as they are offered or seek vaccination. We argue that this information must be clear, must be appropriately written and presented for limited literacy and reading levels, be broadly translated for the diverse populations that will need to be vaccinated and otherwise present alternative vaccine options as they come available, and be otherwise supportive of recipients in making well-informed decisions to accept the vaccine. We recognize that the Food and Drug Administration (FDA) Emergency Use Authorization (EUA) does not require formal informed consent and that the information to be provided at a minimum is via the fact sheet for recipients and caregivers. In examining the EUA fact sheet now posted, we note that it is presented in text only with no graphical information to assist recipient comprehension, even though the fact sheet for providers does include graphical information; is presented at a reading levels does not appear to align with lower reading or literacy levels; and is limited to a document in English with no translations posted or any indication that translations will be posted. We are enthusiastic that Dr. Cohn, at the ACIP meeting December 1st, reported that additional supporting information was in development to enable informed consent for individuals offered vaccines in long-term care facilities (LTCF). The CDC toolkit now posted, apart from that focused to healthcare workers (HCW), appears to be generic and for all recipients. Apart from the limited depth of that content, these resources seem to be available only in English. We are concerned that, especially with the mention of assent today, the posted content will not be robust enough to effectively respond to the information needs of long-term care individuals and caregivers, or to the serious levels of vaccine hesitancy operative across many vulnerable and hard-to-reach populations. We urge, and energetically urge, and are confident that CDC will extend its best efforts to enhance these materials and we urge ACIP to continue to closely assess the supplementary information as it emerges to ensure that it adequately supports the intent of these recommendations. Thank you.

**Barbara Loeppke**
**Loeppke Professional Service**

Yes, my name is Barbara Loeppke and I speak on behalf of many concerned Americans like myself. The ACIP committee is the last gatekeeper protecting the American public. We all know that the President has pushed for fast-tracking these vaccines. We all know that the vaccine manufacturers are for-profit companies that stand to make hundreds of billions of dollars. We hope you remember that you have no duty to them. You have a duty to the American public, to each person. A duty to do no harm first. The public, who will rely on your recommendations for this fast-tracked vaccine will have heard the words and phrases I have heard while watching these meetings the last few months where it is like "should" and "probable" and "potentially." Phrases like, "We don't know yet. We'll know as the study progresses. We'll know that in the future. We hope to have that answer soon. We estimate and we believe." There are comments like, "We have no data on reverse transcriptase of the RNA into DNA. While it's possible, we

don't think so." Or to what if the vaccine doesn't prevent transmission, "That's correct. We have no data on that." We know that the Pfizer Chairman, Albert Bourla, has even admitted that the company was not certain if vaccines prevented the coronavirus from being transmitted saying, "This is something that needs to be examined." It is obvious that this vaccine has not been thoroughly tested yet. I have great concern, as do many, as I listened to the committee members find ways to try to explain away the concerns of the vaccine in areas such as pregnancy and anaphylactic reactions rather than turning to the manufacturers to make it safer. If you vote "Yes" will you inform the public that there are many questions that still have not been answered about this vaccine and that there are still questions about the long-term effects, or will you try to dismiss those in order to increase the vaccine uptake? In discussions about vaccine hesitancy by the committee, I never hear the committee admit that the CDC has a spotty history with minorities. The public has not forgotten the CDC's Tuskegee experiment, the MMR (measles, mumps, rubella) experiment on babies, or the years of sterilization procedures done on the incompetent. Don't let this fast-tracked drug become another cautionary tale for the CDC. I hope you take this all seriously. Thank you for your time.

**Kermit Kubitz**
**Individual**

Thank you. Based on all the available evidence, including 90% reduction in cases between vaccinated and placebo recipients, antigen titers, and data on adverse events (AEs), the BNT162b2 vaccine appears safe, efficacious, and having a highly positive benefit-risk ratio for patients from 16 to over 75. It is appropriate to allocate the first doses to healthcare workers. According to Dr. Dooling's *Morbidity and Mortality Weekly Report* (MMWR) report of December 3rd, there have been 245,000 cases of COVID-19 and 858 COVID-related deaths among United States (US) health care personnel (HCP). The guidance for identifying injection effects and separating those from COVID-19 infections should also be available for long-term care facilities and staff where a high priority for the age group over 65, in which 70% of death has occurred, is necessary. I have a relative in assisted-living where there have been five coronavirus cases in staff and three among residents. Allocation of the vaccine should also be prioritized for American Indian and Alaska Native (AI/AN) communities, which experience disproportionately high infection and mortality, including among persons aged 20 to 49. Their COVID mortality is around 8 to 10 times higher than among white persons according to Dr. Jessica Arrazola's report of December 11th. The Moderna vaccine, which has a similar structure, mechanism of action, and coding messenger RNA for the coronavirus spike protein, and similar efficacy should also be approved quickly. There also need to be tools for telling the public and doctors about their place in priority allocation phases to avoid tying up doctors' offices and phone lines with people seeking information about vaccine availability and their priority. In addition, the public health infrastructure should have multiple vaccines approved so that urban areas with ultra-cold storage can receive those vaccines and rural areas, which do not have access to the state's regional logistical requirements, can obtain other vaccines. As we know, under an EUA, these are not approved until other vaccines are also available for EUA. Thank you to the ACIP, thank you to the FDA, and as someone said, "Let's get the logistical supply infrastructure out there." Thank you.

**Peter Matz**
**Director, Food & Health Policy**
**Food Marketing Institute**

Good afternoon and what an exciting day it is. I think we can all see the light at the end of the tunnel after FDA's authorization last night. My name is Peter Matz and I am here representing Food Marketing Institute (FMI) the food industry association, where I'm the Director of Food & Health Policy. First and foremost, thank you to the advisory committee for your leadership and tireless efforts to provide guidance, not just to the CDC, but to all of the states and jurisdictions modeling their plans after your recommendations. The importance of the COVID vaccines cannot be overstated and FMI greatly appreciates all of your hard work. By way of background, as the food industry association, FMI works with and on behalf of the entire industry from retailers who sell to consumers and producers who supply the food all the way to supermarket pharmacies to advance safer and more efficient consumer supply chains for both food and pharmaceuticals. In total, FMI member companies operate around 33,000 grocery stores and 12,000 pharmacies, ultimately touching the lives of more than 100 million US households per week and representing an industry with nearly 6 million employees. FMI appreciates this opportunity to share feedback. First, we strongly support ACIP's recommendation to prioritize health care personnel in the initial phase of COVID vaccine allocation and we thank the committee for clarifying that this includes pharmacy workers. Supermarket pharmacies stand ready to be part of this historic vaccination effort and supermarkets are also prepared to offer sites for vaccine administration and support for outreach efforts on the importance of getting vaccinated while they continue providing nutrition, supplements, and pharmacy services in the interim. Having said that, FMI respectfully requests that food industry essential workers be prioritized for COVID vaccinations after that initial phase of vaccine allocations. Designated by the federal government as part of the nation's critical infrastructure, the food industry has continued, bolstered, and at times shifted operations to ensure American families across the country have access to our products. Prioritizing COVID vaccinations for these workers would allow a key intervention to protect the food supply and keep supply chains operating. Therefore, we asked for a safe process to follow the examples set by the National Academy's final framework for COVID vaccine allocation, which recommends prioritizing food industry essential workers behind healthcare workers and certain high-risk populations, and also to CDC's updated COVID vaccination "Program Playbook" which suggests that states and jurisdictions consider including food industry workers in Phase 1b. Finally, we would also ask ACIP to consider prioritizing food industry workers with supporting a supply of personal hygiene, household, and commercial cleaning products. The latter is especially significant as consumers, retailers, and the food sector among others are being directed to use cleaning supplies, sanitizers, disinfectants, and other hygienic supplies to prevent the spread of COVID. So please do keep in mind the importance of those workers supplying critical personal and commercial cleaning supplies, as well as other essential consumer goods. FMI appreciates the opportunity to provide input on this critically important issue. Thank you.

**Julie Russell**
**Coronado Unified School District**

Hello. Thank you committee for your hard work in providing the best for our country. As an elected representative of the Coronado Unified School District, I am speaking today to request that the critical decision-makers on your committee prioritize teachers, frontline school staff, and at-risk students in receiving the vaccination. Our teachers have provided distance learning instructions since the imposed school closures. In surveying our stakeholders, students, and parents, we have learned that instruction provided solely through distance learning platforms cannot fulfill the academic and social/emotional needs of all of our students. Despite our best efforts over the last 9 months, some students are not thriving. We acknowledge that there are still risks from the spread of COVID-19 and that until there is a widespread vaccine available for all, strong mitigating efforts must be maintained. Masks, social distancing, and sanitation efforts will be with us for at least the remainder of the school year. However, access to the vaccine for our staff would ensure that students can be with us in person. We ask that you recognize the importance of the safety of our staff and how many young lives each of them touch. We need our educators to be confident in returning safely to the classroom to resume the valuable and essential work of educating our students. This is especially important in the public sector where a strong union influences hesitation to return teachers back to the classroom. To provide an equitable opportunity for all American children, I will even go out on a limb and say this is a critical thing for our wider economy. It is important to get our kids back into the classrooms and the first step on this would be a prioritization of vaccinating staff. Thank you very much for this critical consideration and those are my comments.

**John Allan, MS**
**Vice President, Regulatory Affairs & International Standards**
**International Dairy Foods Association**

Thank you. Good afternoon. I'm John Allen, Vice President for Regulatory Affairs & International Standards with the International Dairy Foods Association (IDFA), which represents the nation's dairy food manufacturing and marketing industry. However, I am here today representing a broader alliance of food, agriculture, and consumer goods industries associations to ask for your help and to express our thanks to CDC staff and members of the ACIP for your dedication to getting our country through these unprecedented times as quickly and as safely as possible. We fully agree that Phase 1b prioritization of the workforce is a needed defense measure to ensure that our essential workers are protected, remain healthy, and can continue ensuring the production and distribution of safe food and other necessary consumer goods to sustain the US population through the pandemic, but we need your help to make this happen. Please continue to recognize and prioritize access to COVID vaccines for frontline and other essential employees across our critical infrastructure sectors. Without your support for privatization, our supply chains could eventually fall apart creating widespread disruptions to our economy. As the country is on the cusp of initiating the COVID vaccination campaigns, yesterday we submitted written comments into the docket for this meeting laying out suggested guidelines for sub-prioritizing among essential workers within our sectors for vaccination. When necessary, particularly during Phases 1b and 1c when supplies are expected to be limited, we will be sharing these guidelines with state Governors and public health departments at all levels across the country. As vaccine allocation and needs at the local levels will vary inevitably from state to state and locality to locality, these guidelines will likely need to be tailored by local public health officials in coordination with companies within these sectors. To this end, we are encouraging our member companies across the country to reach out to their local health departments to begin discussing plans for vaccination of their employees immediately, including identification of

those employees who should receive the first rounds of vaccinations. There is, indeed, very strong support among the public for government partnering with private sector to distribute vaccines to essential workers. I urge you to help us harness that support. To conclude, we offer help and support in working with CDC along with other state and local officials in any way we can before and after vaccines are launched, including help in communicating the benefits of vaccination to our essential employees. So, please don't hesitate to contact us if you see any such opportunities for collaboration. Thank you and thanks again for your time today.

**Allison Hagood**
**Immunize Colorado**
**Co-Author of "Your Baby's Best Shot: Why Vaccines are Safe and Save Lives"**
**Community College Psychology Professor**

Good afternoon. My name is Allison Hagood. I am a co-author of the book "Your Baby's Best Shot: Why Vaccines are Safe and Save Lives" and a community college Psychology Professor. I am here providing public comment as a private citizen and vaccine advocate. I would like to thank the committee for all of your hard work regarding the development of vaccines for COVID-19, for your transparency throughout the process, and for your willingness to invite public comment. I would like to provide public comment on several issues regarding the COVID-19 vaccines: 1) Communities of color, particularly the African American community, have valid distrust of the medical establishment. Thoughtful work with national and local leaders of communities of color is vital to address these communities concerns in a way that honors their historical experiences. It is important to let these communities take the lead in figuring out what information would be most helpful to address their issues and to develop a system of allocation and distribution that is equitable across demographic groups to avoid exacerbating existing inequities; 2) People who are incarcerated and people experiencing homelessness should be prioritized, given that their situations make it difficult to adequately isolate or quarantine or to obtain masks or facilities for bathing. Incarceration or homelessness should not be a death sentence; 3) An educational infrastructure for the general public is needed to address concerns regarding the rapid nature of the development of these vaccines. The general public is not aware that the research and development process usually involves a great deal of unused time waiting for various approvals and funding sources, and that all of that wait time was eliminated during the process of prioritizing these vaccines. Providing this information to the general public may alleviate many of the concerns expressed regarding how quickly we have been able to get to this point. My co-author and I, in an article published in the journal *Human Vaccines & Immunotherapeutics*, proposed a multi-source model of education to address the concerns of people who are hesitant about vaccines. In such a model, everyone with whom a person comes in contact from public health departments, to Physicians, to nurses in vaccine clinics, to scheduling assistants is a source of accurate information regarding vaccines. In the body of research regarding vaccine education, and in my experience in combating vaccine misinformation, merely providing factual information is unlikely to alleviate concerns regarding vaccine safety and efficacy. Instead, medical and public health professionals would do better by soliciting information on people's specific concerns and target information to those concerns. Since conspiracy theories are already being created regarding these vaccines, the rapid development of an educational program to provide accurate, transparent information is critical. Thank you again for your time.

**Ann Lewandowski**
**Rural Wisconsin Health Cooperative and**
**Wisconsin Immunization Neighborhood**

Good afternoon. My name is Ann Lewandowski and I am representing the Rural Wisconsin Health Cooperative (RWHD) and the Wisconsin Immunization Neighborhood (WIN). We would like to thank the committee and work group members for their hard work during this global pandemic when you have many demands on your time. We are deeply appreciative of the committee's thoughts on rural healthcare personnel. We have been very worried about the feasibility of Pfizer's vaccine with the ultra-cold chain and the large minimum order for rural members in Wisconsin. We would like to thank the committee for their thoughts in considering these logistical challenges during the discussion today. We asked the CDC not to ignore the challenges of the ultra-cold chain and large minimum order as the thermal shippers only serve one location. Subdivisions at the state level mean that the vaccine is distributed in a refrigerated state, which limits stability to 5 days. Our hospitals are busy with the surge, struggling with staffing challenges driven by exposures in the community and at work. Furthermore, our informational surveys highlight a workforce that is strongly vaccine-hesitant of these vaccines due to the lack of formal information and guidance until very recently. These challenges should not be underestimated. It has been reported that the Pharmacy Partnership for Long-term Care (LTC) partnership will receive thermal shippers of 125 doses. We hope the CDC considers how to ensure equitable access to this reduced minimum order size across locations that need it, including rural areas. We urge the CDC to release the clinical education materials as soon as possible. As previously mentioned, our hospitals and clinics are seeing a surge in COVID-19 cases and need time to allow the staff education required for the storage, handling, and administration of this vaccine. Our providers are anticipating swift delivery of this vaccine with a rapid move to administration. We urge the *MMWR* to include the thoughtful communications and recommendations for healthcare personnel who have allergic reactions, immunocompromising and autoimmune disorders, are pregnant and breastfeeding, and/or other special populations you discussed during your conversation today. We appreciate the committee's thoughtful discussion and personally, I support the comment that autoimmune disorders specifically need to be addressed. I have an autoimmune disorder and I have heard similar comments about worry for a relapse. As somebody working on a prioritization with my state, I urge the committee to be clear and create consistent recommendations that can be easily applied at the state level, particularly as we move into additional phases, such as Phase 1b, that addresses essential workers. Thank you very much for your time and your efforts.

**Charles Lee, MD, JD, MBA**
**President-Elect**
**American College of Correctional Physicians**

Good morning or good afternoon. I am Charles Lee. I am the President-Elect of the American College of Correctional Physicians (ACCP). These are the docs that take care of the inmates and those incarcerated. I'm also talking on behalf of those incarcerated. There are over 2 million persons incarcerated. 250,000 of them have been infected. That's 5 times the general population. I'm also representing and talking about those who work in correctional facilities, not only the officers, but also the food workers, handlers, those that take care of the maintenance, as well as the medical people. Definitions. There has been some confusion as to definitions of what is what. For example, congregate facilities. Does that in and of itself include jails, prisons, and juvenile facilities? In some of the state's directives, it is not clear. Correctional facilities, clinics, and hospitals. What if a correction facility doesn't have a clinic? Do they still include their inmates and patients to receive the vaccination? Correctional facility healthcare workers. Are

they included in the initial Phase 1a of health care workers? Another factor, generally speaking, is we are concerned about individuals greater than 65 years old. Those incarcerated have an advanced age. Their bodies and generally 10 to 20 years greater than their counterparts on the outside. Therefore, should inmates 55 and greater be considered? Essential workers. There are a lot of essential workers in correctional facilities. Please do not leave them out. Children. Juvenile facilities include them. The state needs some direction. They are all over the place with their guidelines and plans. Some include correctional persons first. Some include them last. Inmates are at risk, a great risk, similar to that of nursing home persons. There is an increased number of minorities, black and brown, in incarcerated facilities. Please take that into consideration. Whereas the black community is 13% of the general population, in jails and prisons it is as great as 40%. Again, I thank you for all the work you've done. We are proud to represent those that are incarcerated and hope that the ACIP takes my thoughts into consideration. Thank you.

**Dorit Reiss, PhD**
**Professor of Law, Hastings College of the Law, University of California**
**Member, Vaccine Working Group on Ethics and Policy**

Thank you for the opportunity to comment. My name is Dorit Reiss. I am a Professor of Law at the University of California Hastings College of the Law and a member of the Vaccine Working Group on Ethics and Policy. I wanted to make 4 points. Let's see if I can get through them. First, I'd like to thank the committee for its intensive transparent work since April following the vaccine development, asking hard questions, and openly providing extensive data on this. ACIP's role in recommending vaccines is unique and critical to ensuring equitable access to safe and effective vaccines. ACIP has been transparently and openly working on this for years and we appreciate your efforts applying your expertise to this context as well. I also want to remind you that you're not alone in combating misinformation about the vaccine. Actors like our friends at the National Vaccine Information Center (NVIC) and Vaccinate Your Family work hard to provide information to counter these, as do a large group of online defenses in blogs and comments. We will continue to respond to misinformation. Second, echoing the comments of the previous commenter, it is imperative to consider prisons as a vaccine priority site. In California, every single facility has a COVID outbreak. A third of the entire prison population has been infected with COVID and 96 people have died. That is in one state only. Prison authorities are not always quick in taking measures to allow social distancing and addressing the situation. COVID spikes in prisons correlate to spikes in the surrounding and neighboring counties. Requiring correctional officers to be vaccinated as a condition of employment is essential and the hard work of ensuring compliance must start now. Third, I appreciate that you recognize the need for clear guidance on the issue of severe allergic reactions and the need to update this moving forward as the evidence arises. I want to enforce the comments in the FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC) meeting on this and the points made here and ask the committee to make it a priority to figure out which ingredient in the vaccine may cause a severe allergic reaction, because we need to know what is causing this fast, both for the safely and to respond to concerns of the public. I also hope you will support an urgent study of the safety of the vaccine in those that are known to be allergic to injectables and non-injectables and appreciate your proposed accommodation to such people to be closely observed after vaccination. Finally, although CDC and FDA previously said that you cannot mandate a vaccine under an EUA, I think that is not a good reflection of the law. The law is ambiguous and I hope that the committee will ask the FDA Commissioner to provide clear guidance in the EUA to direct actors on what they can and cannot do. Can they impose consequences for refusing a vaccine? Can they require people to wear more personal protective equipment (PPE) if they refuse? Can they require people to be reassigned? I think

business will be looking for ways to encourage vaccines and they need guidance. Thank you for your time.

**David Schless**
**President**
**American Seniors Housing Association**

My name is David Schless, President of the American Seniors Housing Association (ASHA). Our members offer the entire spectrum of senior living, including independent living, assisted living, memory care, and continuing care retirement communities. On December 1st, this committee recommended that the COVID-19 vaccine be offered to both healthcare personnel and residents of long-term care facilities in the initial Phase 1a of the vaccination program. It was widely understood and communicated to the senior living industry by officials of the Department of Health and Human Services (HHS) that residents of long-term care facilities included, in addition to skilled nursing facilities (SNF), the full continuum of senior living care, independent living, assisted living, memory care, and continuing care retirement communities. This was understood when the industry was encouraged to register for the CVS/Walgreens pharmacy program. As a result, operators of all settings registered their communities in anticipation of being treated as a prioritized population for access to the vaccine. However, we are now learning that while assisted living communities will be included among the initial vaccination groups, independent living settings will not be considered in the 1a group and it is unclear whether the independent living section of a building with multiple levels is included. We believe this to be incredibly short-sighted and are deeply troubled by this decision, given the resident population living in these communities and that their risk of contracting the virus is just as great as those living in nursing homes and assisted living communities. Residents of independent living are 82 years old on average and have higher rates of cognitive and functional impairments than those living in private residences. Additionally, many senior living communities offer multiple levels of care. To vaccinate the residents in assisted living but not in the independent living section of the same community would create confusion and emotional harm and is simply not efficient in the delivery of the vaccine to the most vulnerable. Our concerns extend to the staff of independent living communities as well. We believe all senior living workers, such as caregivers, dining staff, and others, including those who work in independent living are an integral part of the essential health care workforce and should not be overlooked in the federal plans for vaccine distribution. We ask that as the committee continues to review vaccine prioritization, consideration be given to recommend that all senior living settings, including independent living, be prioritized in the 1a category. Additionally, it is extremely difficult to serve our vulnerable seniors unless the staff in these communities are also vaccinated and free from COVID-19. Thank you.

**Katherine Falk**
**Parent & Vaccine Advocate**

Hi, my name is Katherine Falk and I am a parent and vaccine advocate in Oakland, California. I want to thank the committee for all your hard work. I appreciate and very much share your concern about misinformation. I have been following and countering the spread of anti-vaccine misinformation online for years. There are broad categories of this misinformation, very often spread by people with, to be blunt, a financial interest in selling services or supplements. But, some of this is also passed along by people who are genuinely fearful, who have had a bad experience with the medical system, who don't feel like they can trust mainstream sources. The last 4 years have been terribly corrosive to public trust. Most of all, it has become very clear that racism continues to be a destructive force in our country. I encourage the committee to address

the problem of misinformation as much as possible, particularly as it impacts populations that have experienced historical trauma and continue to. Many of these conversations are going to have to take place within communities as opposed to outsiders lecturing. But if the leaders in these communities can be empowered with resources, that would be very helpful. I also hope that the guidance on how to allocate facts can include a conscious, deliberate effort to avoid reinforcing systemic racism and existing inequities. Thank you very much.

**Claire Hannan, MPH**
**Executive Director**
**Association of Immunization Managers**

I'm Claire Hammond, Executive Director of the Association of Immunization Managers (AIM). Our nonprofit represents the state, territorial, and large urban area public health immunization programs. These amazing government employees have been working with CDC, Operation Warp Speed (OWS), state health officials, Governors, hospitals, and other stakeholders to plan for the distribution of COVID-19 vaccine. Months of vaccine distribution and logistics planning are now coming to fruition. Guidance on subsequent priority groups is needed immediately. Jurisdictions are working now to plan for vaccine allocations coming in the next month. They need to work closely with providers and communicate clearly with consumers about what to expect. Many have advisory committees and ethics groups designed to assure equity and distribution. They cannot effectively plan and communicate expectations without guidance from the ACIP. There is tremendous pressure on Governors. I want to speak specifically to the dilemma facing jurisdictions with essential workers, those over 65, and those with underlying conditions. There is not consensus across states on how to vaccinate these groups. Some Governors have signaled the importance of vaccinating the most at-risk, the highest at-risk first for hospitalization and death (i.e., the older Americans), and those with multiple risk conditions. Yet, essential workers may be in harm's way and can spread the virus in communities. The current definition of "essential workers" is extremely broad. For example, the Cybersecurity and Infrastructure Security Agency (CISA) list for essential workers encompasses almost 60% of the population in North Dakota. These factors could lead to very different approaches across states. I urge the ACIP to provide specific guidance on prioritization as soon as possible. Guidance and educational materials are needed on exactly who should receive the vaccine, especially related to pregnant and lactating women, 16 to 17 year olds, and those with allergies. Screening questions that can be used by providers would be very helpful, so I'm very glad to hear about the CDC "What You Need to Know: Information for Vaccine Recipients." I'd like to close by reminding the committee and everyone listening of the dire need for additional funding for state, territorial, and local public health agencies. Public health agencies have received just $340 million while more than $10 billion has been invested in vaccine research and production. Public health agencies desperately need funding to continue to enroll tens of thousands of providers, to hire community vaccinators and nurses, to purchase equipment and supplies, and to roll out large-scale communication plans with websites, educational materials, and hotlines. Nothing is more important to the success of this campaign than the trust of healthcare workers, nursing home residents, and eventually all Americans in every community in the safety and effectiveness of this vaccine. Resources are needed. Thank you for the opportunity to provide public comment on this truly historic day.

**Gina Harrison**
**Concerned Parent**

My name is Gina Garrett Harrison. My son is permanently handicapped and medically exempt because of your negligent recommendations. I'm having some issues with the conflicts of interest (COIs) that your panel is saying they do not pose, which I would like to ask you how is it more of a conflict of interest of having an entire panel of pro-vaccine people recommending vaccines to the entire United States? Where are all the opposing voting members who are also scientists and virologists? And since vaccination is for the public, shouldn't your panel be equally diverse with each side being well-represented? We're not only dealing with the pandemic, but we're also dealing with an epidemic of the public's mistrust in your recommendations. In order for something to be considered science, I believe the public needs to have confidence in you. During your 2020 ACIP meeting in February, you had stated that you didn't even know what the term "healthy" meant because it had never been defined. This is a huge problem. In order for something to be rubber-stamped, the public needs to be told exactly how all of these studies are set up. What type of placebo is being used and which form of placebo is being used? We are hoping that you know this information. Do you? Is the placebo another vaccine? Is it the vaccine's adjuvant? Is it the lipids that are questionable at best? The public also needs to know the exclusion criteria from the study and how these test subjects were screened to the fullest. They were physically, mentally, and lab-confirmed to be the healthiest participant receiving this vaccine. It's interesting because one of the things that completely disqualified you as a participant was having a history of vaccine reactions, such as anaphylaxis or any reaction to any of the components in the study intervention. Something tells me that when somebody checked that box, they finally listened and I bet they were shooed off really quick. The public also needs to know that this vaccine has not been proven to prevent transmission. You're recommending all these healthcare employees to take this vaccine that may not even protect them against the infection. They'll take it thinking that they're safe only to have their symptoms reduced just like whooping cough and they become super spreaders without even knowing it. The public also needs to know that the 1976 national swine flu epidemic that spawned a very strong vaccination push also generated numerous lawsuits due to the number of deaths that were caused. This is a repeat. It's history repeating itself. We are so tired of you walking through your job with blinders. We are the ones that are paying for your underhanded lies that you have built this vaccine schedule on. It's past time that you are held accountable because unavoidably, unsafe . . . [allotted time expired].

**Tom Rosenberg, MBA**
**President & Chief Executive Officer**
**American Camp Association**

Thank you, Dr. Romero. I am Tom Rosenberg, President and Chief Executive Officer (CEO) of the American Camp Association (ACA). I appreciate the opportunity to address the CDC/ACIP committee on behalf of the ACA and 47 other national Out of School Time (OST) youth educational organizations. We have submitted written comments to the committee to ensure that all categories of essential childcare workers in all OST settings are prioritized for early allocation of COVID-19 vaccines within the education sector. This position is in accord with the criteria set forth in the guidance provided by the Department of Homeland Security (DHS). Workers supporting the education of our children and adult learners in a myriad of settings qualify as essential critical infrastructure workers as defined by the US Department of Homeland Security. The ongoing availability of healthy staff and continuous operation of these valuable Out of School Time programs is critical to the economic recovery of our country. Workers operating in OST settings, such as organized camps, after school programs, childcare,

community-based centers, and recreation programs provide essential services to early learners and students and to their working parents and caregivers. Hundreds of camps are engaged with their local school districts and municipalities in a variety of ways now as Alternative Learning Centers (ALC). Most of these out-of-school programs provide in-person, early, and K through 12 learning support and enrichment, while others facilitate safe and supervised care for children who are participating in distance learning in partnership with families, local municipalities, and school departments. Our workforce has enabled healthcare and frontline workers to attend to their essential duties with the confidence in knowing that their children, infants to teenagers, are being supervised, well taken care of, and benefiting from in-person education. These workers have carried out these duties despite the loss of substantial revenue due to COVID-19 impacts on the economy. As we move ahead into Spring and Summer, many more community centers, after school programs, recreational areas, and organized camps are planning to open and hire staff to provide continuing service and care to our children, young adults, working parents, and caregivers. We, therefore, urge you to include these workers in the CDC/ACIP vaccine allocation and distribution recommendations for the education sector to be eligible for Phase 1b access to COVID-19 vaccinations when available. I sincerely appreciate this opportunity to present to the committee and look forward to working with the CDC as a valuable partner, as well as others, in the implementation and rollout of vaccines to these workers. Thank you all for your hard work and have a good day.