Name: June Rees

**Date Submitted:** 08/09/2021 11:20 PM

Council File No: 21-0878

Comments for Public Posting: It is a violation of our rights to enforce that we vaccine in order to

be a part of life. It is just not right.

Name: June Rees

**Date Submitted:** 08/09/2021 11:24 PM

Council File No: 21-0878

Comments for Public Posting: It is a violation of our God given rights to demand that we be

vaccinated to be a part of life. It is not right.

Name: Ashley

**Date Submitted:** 08/09/2021 10:06 PM

Council File No: 21-0878

Comments for Public Posting: I am voicing my opinion as "no" to any form of vaccine passports.

This will prove to be genocide if this is allowed. The covid

injections have already killed 500,000 people [based on a 1-5% of

actual VAERS cases being reported]. The vaccines are

experimental and unapproved by the FDA. They don't even stop transmission of any virus so are useless anyway. Kind regards,

Ash

Name:

**Date Submitted:** 08/09/2021 09:21 PM

**Council File No:** 21-0878

**Comments for Public Posting:** I am against Covid passports. I am shocked and surprised that the same people who constantly proclaim that we live in a world full of institutional racism would want to implement a system that would create a caste system. Freedom of movement and association are basic human rights, we have the right to travel freely and do business with whom we chose without being monitored by the government and big tech companies. Furthermore, vaccine passports are pointless because as the CDC has told us and as we've seen in countries like Israel, Malta and Iceland, these experimental injections do not stop people from spreading or contracting Covid. The point of these passports then is not disease mitigation, but something more sinister, a step towards technocratic fascism. By adopting this system and decreeing that it's "just for private businesses," you are essentially mandating this system but officially washing your hands of the blame as you know you cannot legally mandate experimental medical treatment. We see through this ruse. Currently the majority of people in this country have chosen not to take this treatment. Those who wish to impose it upon us are in the minority. You have shut down our country and our lives for a year and a half. We do not need your interference as we attempt to pick up the pieces and repair the damage done by reckless and unscientific government action. The people of Los Angeles are opposed to vaccine passports. The American people are opposed to vaccine passports. The people of the world are opposed to vaccine passports. Look at what is happening in France and the UK right now. The world has spoken. Enough is enough. End Covid tyranny. WE DO NOT CONSENT. WE WILL NOT COMLY.

Name: Cindy Tilbury

**Date Submitted:** 08/09/2021 07:55 PM

Council File No: 21-0878

Comments for Public Posting: No vaccine or other health-related mandates! Vaccine mandates

are against HIPAA laws, Nuremburg Code and our US

Constitution. This should not even be a question. No mandates!!!!

If anyone wants to get vaccinated, let them.

Name: Joseph delp

**Date Submitted:** 08/09/2021 04:32 PM

Council File No: 21-0878

Comments for Public Posting: I find that this proposal is completely unjust and neglectful of

peoples personal autonomy and violates peoples ability to make

personal decisions based on there own private beliefs IE.

religious, medical, philosophical or any other system by which one makes their decisions. This hands over those freedoms to whatever mass movement may be occurring, ethical or not. It sets a dangerous president that will effect all generations from here

on.

Name: McKenna

**Date Submitted:** 08/09/2021 04:33 PM

**Council File No:** 21-0878

**Comments for Public Posting:** This is so wrong on every aspect of humanity. People should be able to choose what goes in their bodies, period!

Name: Tiffiny Fyans

**Date Submitted:** 08/09/2021 06:18 PM

**Council File No:** 21-0878

**Comments for Public Posting:** Greetings LA City Council, I hope this finds you all well. I understand that you will be considering a motion to create a proof of vaccination ordinance for anyone to go about their business and conduct affairs in certain indoor facilities in LA. Please do not proceed with creating such an ordinance at this time. It would severely limit some of my family member's ability to negotiate our lives when in LA. If LA proceeds in this manner, it is likely to be cited as an example to other towns and cities, spreading discrimination further. Creating a two tier society where those who are unable to get vaccinated or to complete their vaccine program due to allergies, etc., are also unable to access necessary services, including gyms, salons, cultural centers, retail and, perish the thought - grocery stores or health care, is a terrible idea that would certainly lead to a degradation in society. Please think this all the way through and don't push ahead in order to feel like you are doing something that needs to be done in a hurry. Please be thoughtful to those who would be left behind and the cost to all of society before considering moving forward on a green pass type system in LA. In Italy right now, people are burning their green passes in solidarity with those for whom the choice of getting vaccinated is less easily made. Some people need more time. We are in a trial period with the vaccinations, and there is much yet to be learned. I attached a file below with a study about informed consent for the trials that are going on, which site concerns of antibody-dependent enhancement. This type of legislation will push the vaccine-hesitant further into a corner, and cause even more of a split in our citizenry. These passes will likely morph over time to contain more requirements in the future for people to participate in society, and more information about their holders. Even if the intention isn't to have them serve in that capacity. It seems a step toward the development of a social rating system, which does not belong in our country or state. Thank you so much for using your wisdom as you determine the best directions for LA. Thanks also for your time. I wish you peace, clarity, and prosperity. Tiffiny Fyans

Informed consent disclosure to vaccine trial subjects of risk of **COVID-19 vaccines worsening clinical disease** <u>Timothy Cardozo<sup>™ 1</sup></u> and <u>Ronald Veazey</u> <sup>2</sup>

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**ACKNOWLEDGEMENTS** 

Data Availability Statement

**Abstract** Go to: 🗹 Aims of the study

Patient comprehension is a critical part of meeting medical ethics standards of informed consent in study designs. The aim of the study was to determine if sufficient literature exists to require clinicians to disclose

the specific risk that COVID-19 vaccines could worsen disease upon exposure to challenge or circulating virus. Methods used to conduct the study

Published literature was reviewed to identify preclinical and clinical evidence that COVID-19 vaccines

# could worsen disease upon exposure to challenge or circulating virus. Clinical trial protocols for COVID-19 vaccines were reviewed to determine if risks were properly disclosed.

Results of the study COVID-19 vaccines designed to elicit neutralising antibodies may sensitise vaccine recipients to more severe disease than if they were not vaccinated. Vaccines for SARS, MERS and RSV have never been

approved, and the data generated in the development and testing of these vaccines suggest a serious mechanistic concern: that vaccines designed empirically using the traditional approach (consisting of the unmodified or minimally modified coronavirus viral spike to elicit neutralising antibodies), be they composed of protein, viral vector, DNA or RNA and irrespective of delivery method, may worsen COVID-19 disease via antibody-dependent enhancement (ADE). This risk is sufficiently obscured in clinical trial protocols and consent forms for ongoing COVID-19 vaccine trials that adequate patient comprehension of this risk is unlikely to occur, obviating truly informed consent by subjects in these trials. Conclusions drawn from the study and clinical implications

The specific and significant COVID-19 risk of ADE should have been and should be prominently and

independently disclosed to research subjects currently in vaccine trials, as well as those being recruited for

### the trials and future patients after vaccine approval, in order to meet the medical ethics standard of patient comprehension for informed consent.

1. THE RISK OF ADE IN COVID-19 VACCINES IS NON-THEORETICAL Go to: 🗹 AND COMPELLING Vaccine-elicited enhancement of disease was previously observed in human subjects with vaccines for respiratory syncytial virus (RSV), dengue virus and measles.\_1\_Vaccine-elicited enhancement of disease

### was also observed with the SARS and MERS viruses and with feline coronavirus, which are closely related to SARS-CoV-2, the causative pathogen of COVID-19 disease. The immune mechanisms of this

enhancement have invariably involved antibodies, from direct antibody-dependent enhancement, to immune complex formation by antibodies, albeit accompanied by various coordinated cellular responses, such as Th2 T-cell skewing. 2, 3, 4, 5, 6, 7 Notably, both neutralising and non-neutralising antibodies have been implicated. A recent study revealed IgG-mediated acute lung injury in vivo in macaques infected with SARS that correlated with a vaccine-elicited, neutralising antibody response. & Inflammation and tissue damage in the lung in this animal model recapitulated the inflammation and tissue damage in the lungs of SARS-infected patients who succumbed to the disease. The time course was also similar, with the worst damage occurring in delayed fashion in synchrony with ramping up of the immune response. Remarkably, neutralising antibodies controlled the virus in the animal, but then would precipitate a severe, tissue-damaging, inflammatory response in the lung. This is a similar profile to immune complex-mediated disease seen with RSV vaccines in the past, wherein vaccinees succumbed to fatal enhanced RSV disease because of the formation of antibody-virus immune complexes that precipitated harmful, inflammatory immune responses. It is also similar to the clinical course of COVID-19 patients, in whom severe COVID-19 disease is associated with the development of anti-SARS-CoV-2 serum antibodies, 9 with titres correlating directly with the severity of disease.\_10\_Conversely, subjects who recover quickly may have low or no anti-SARS-CoV-2 serum antibodies.\_11 The elicitation of antibodies, specifically neutralising antibodies, is the goal of nearly every current SARS-CoV-2 vaccine candidate. The prior evidence that vaccine-elicited, antibody-dependent enhancement (ADE) of disease is likely to occur to some degree with COVID-19 vaccines is vertically consistent from

theoretical risk is evident in the medical literature that vaccine candidates composed of the SARS-CoV-2 viral spike and eliciting anti-SARS-CoV-2 antibodies, be they neutralising or not, place vaccinees at higher risk for more severe COVID-19 disease when they encounter circulating viruses. Indeed, studies in mice of prior SARS vaccines revealed this exact phenotype, with four human vaccine candidates eliciting neutralising antibodies and protecting against SARS challenge, but viral re-challenge of thus vaccinated animals resulting in immunopathologic lung disease. 5 Independently, SARS/MERS vaccine candidates, commonly exhibited ADE associated with high inflammatory morbidity in preclinical models, obstructing their advancement to the clinic. 4\_, 12\_SARS ADE of both disease in non-human primates and viral infection of cells in vitro was clearly mapped to specific antibody-targeted SARS viral spike epitopes. 6 This phenomenon was consistent across a variety of vaccine platforms, including DNA, vector primes and virus-like particles (VLP), irrespective of inoculation method (oral, intramuscular, subcutaneous, etc). An unknown variable is how long this tissue damage lasts, possibly resulting in permanent morbidity (eg, diabetes from pancreatic damage\_7\_). Current data on COVID-19 vaccines is limited, but does not so far reveal evidence of ADE of disease. Non-human primate studies of Moderna's mRNA-1273 vaccine showed excellent protection, with no detectable immunopathology.\_13\_Phase 1 trials of several vaccines have not reported any immunopathology in subjects administered the candidate vaccines. However, these subjects were unlikely to have yet

controlled SARS studies in primates to clinical observations in SARS and COVID-19. Thus, a finite, non-

circulating form. Several observations suggest that this alternative form may be antigenically distinct from the Wuhan derived strain, not so much in composition, but in conformation of the viral spike and exposure of neutralisation epitopes. 15, 16, 17, 18 Similarly, Phase 1 and 2 clinical trials of vaccine candidates have only been designed around immunogenicity as an efficacy end point and have not been designed to capture exposure of subjects to circulating virus after vaccination, which is when ADE/immunopathology is designed to occur. Thus, the absence of ADE evidence in COVID-19 vaccine data so far does not absolve investigators from disclosing the risk of enhanced disease to vaccine trial participants, and it remains a realistic, non-theoretical risk to the subjects. CHALLENGES TO INFORMED CONSENT FOR COVID-19 VACCINE Go to: 💟 **STUDIES** Informed consent procedures for vaccine trials commonly include disclosure of very minor risks such as injection site reactions, rare risks from past, unrelated vaccines/viruses, such as Guillain-Barre syndrome for swine flu (interest in which is likely behind the interest in Astra Zeneca's recent vaccine transverse

encountered circulating virus.\_14\_Nevertheless, all preclinical studies to date have been performed with the

Wuhan or closely related strains of the virus, while a mutant D614G virus is now the most prevalent

### myelitis event) and generic statements about the risk of idiosyncratic systemic adverse events and death. Specific risks to research participants derived from biological mechanism are rarely included, often because of ambiguity about their applicability. 19

Signed consent forms from the COVID-19 vaccine trials are not publicly available because of privacy concerns. They also vary from clinical site to clinical site, and sample consent forms on which they are based are not required to be disclosed until after the trial is over, if at all. However, these consent forms are usually very similar in content to the "Risks to participants" section of the trial protocols, which have been released publicly by Pfizer, Moderna and Johnson & Johnson for their COVID-19 vaccine trials (20 & Supplement). As these three vaccines are representative of the diversity of vaccines being tested, it is very

likely that the consent form inferred from these protocols is similar or identical to those from any and all of

the vaccine trials currently underway. All three protocols mention the risk of disease enhancement by the

vaccine, but all three list this risk last or next to last in the list of risks, after risks from the Ad26-Cov2 vector, adenovirus vectors in general, risks of vaccination in general, risks for pregnancy and birth control (which are said to be "unknown"), risks of blood draws and risks from collection of nasal swab samples (for the Johnson and Johnson vaccine), after allergy, fainting, local site injection reaction, general systemic adverse reactions and laboratory abnormalities for the Moderna vaccine and after local site injection reactions and general systemic adverse events for the Pfizer vaccine. In addition, both Moderna and Johnson and Johnson term the risk of vaccine-elicited disease enhancement as "theoretical." Finally, in citing the risk, Pfizer and Moderna note prior evidence of vaccine-elicited disease enhancement with RSV and dengue, as well as feline coronavirus (Pfizer) and measles (Moderna), however, SARS and MERS are not mentioned. Johnson and Johnson discusses SARS and MERS, but make an unusual scientific argument that vaccine-elicited disease enhancement is because of non-neutralising antibodies and Th2-skewed cellular responses and that Ad26 vaccination does not exhibit this profile.Blank consent forms for AstraZeneca and Johnson and Johnson are also available online at https://restoringtrials.org/2020/09/18/covid19trialprotocolandstudydocs/, and while the AstraZeneca form clearly discloses the specific risk of ADE, the disclosure is listed last among risks only in an attached information sheet. In all, the evidence from the Pfizer, Moderna and Johnson & Johnson protocols for their COVID-19 vaccine trials and the sample consent forms, when contrasted with the evidence for antibodydependent enhancement of disease presented by this report and widely available to any skilled practitioner in the field, establishes that patient comprehension of the specific risk that receiving the COVID-19 vaccine could convert a subject from someone who experiences mild disease to someone who experiences severe disease, lasting morbidity or even death is unlikely to be achieved by the informed consent procedures planned for these clinical trials.

from generic statements about risk of death and generic risk of lack of efficacy of the vaccine. CONCLUSION Go to: 🗹 Given the strong evidence that ADE is a non-theoretical and compelling risk for COVID-19 vaccines and the "laundry list" nature of informed consents, disclosure of the specific risk of worsened COVID-19 disease from vaccination calls for a specific, separate, informed consent form and demonstration of patient comprehension in order to meet medical ethics standards. The informed consent process for ongoing COVID-19 vaccine trials does not appear to meet this standard. While the COVID-19 global health

Medical ethics standards required that, given the extent of evidence in the medical literature reviewed

above, the risk of ADE should be clearly and emphatically distinguished in the informed consent from

practitioner in 2019 that there is a significant risk to vaccine research subjects that they may experience

severe disease once vaccinated, while they might only have experienced a mild, self-limited disease if not

vaccinated. The consent should also clearly distinguish the specific risk of worsened COVID-19 disease

risk of ADE. Based on the published literature, it should have been obvious to any skilled medical

risks observed rarely as well as the more obvious risk of lack of efficacy, which is unrelated to the specific

not inconsistent with additional attention paid to heightened informed consent procedures specific to COVID-19 vaccine risks.

emergency justifies accelerated vaccine trials of candidates with known liabilities, such an acceleration is

**DISCLOSURE** Go to: ₩ The authors have declared no conflicts of interest for this article. **AUTHOR CONTRIBUTIONS** Go to: ₩ TC and RV conceived this commentary. TC wrote the manuscript. RV edited and approved the manuscript.

Supported by NIH award R21AI157604 (to TC). **DATA AVAILABILITY STATEMENT** Go to: ₩

All data referenced in this report have been published in peer-reviewed literature or are available on the

Go to: 🗹

World Wide Web/Internet at the URL's indicated in the References section. Therefore, all data referenced in this report are publicly available in widely available data repositories. **REFERENCES** Go to: 🗹

of viral infections. Vaccine. 2009;27:505-512. [PMC free article] [PubMed] [Google Scholar] 2. Boyoglu-Barnum S, Chirkova T, Anderson LJ. Biology of infection and disease pathogenesis to guide RSV vaccine development. Front Immunol. 2019;10:1675. [PMC free article] [PubMed] [Google Scholar]

3. Chen WH, Hotez PJ, Bottazzi ME. Potential for developing a SARS-CoV receptor-binding domain

(RBD) recombinant protein as a heterologous human vaccine against coronavirus infectious disease

1. Huisman W, Martina BE, Rimmelzwaan GF, Gruters RA, Osterhaus AD. Vaccine-induced enhancement

(COVID)-19. Human Vacc Immunother. 2020;16:1239-1242. [PMC free article] [PubMed] Google Scholar 4. Jiang S, He Y, Liu S. SARS vaccine development. *Emerg Infect Dis.* 2005;11:1016-1020.

[PMC free article] [PubMed] [Google Scholar] 5. Tseng CT, Sbrana E, Iwata-Yoshikawa N, et al. Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus. *PLoS One*. 2012;7:e35421.

[PMC free article] [PubMed] [Google Scholar] 6. Wang Q, Zhang L, Kuwahara K, et al. Immunodominant SARS coronavirus epitopes in humans elicited both enhancing and neutralizing effects on infection in non-human primates. ACS Infect Dis. 2016;2:361-

376. [PMC free article] [PubMed] [Google Scholar]

7. Yang JK, Lin SS, Ji XJ, Guo LM. Binding of SARS coronavirus to its receptor damages islets and causes acute diabetes. Acta Diabetol. 2010;47:193-199. [PMC free article] [PubMed] [Google Scholar] 8. Liu L, Wei Q, Lin Q, et al. Anti-spike IgG causes severe acute lung injury by skewing macrophage

Google Scholar 9. Liu ZL, Liu Y, Wan LG, et al. Antibody profiles in mild and severe cases of COVID-19. Clin Chem. 2020;66:1102–1104. [PMC free article] [PubMed] [Google Scholar]

responses during acute SARS-CoV infection. JCI insight. 2019;4:e123158. [PMC free article] [PubMed]

10. Piccoli L, Park YJ, Tortorici MA, et al. Mapping neutralizing and immunodominant sites on the SARS-CoV-2 spike receptor-binding domain by structure-guided high-resolution serology. Cell. 2020;S0092-8674:31234-4 [PMC free article] [PubMed] [Google Scholar]

11. Robbiani DF, Gaebler C, Muecksch F, et al. Convergent antibody responses to SARS-CoV-2 infection in convalescent individuals. bioRxiv. 2020. [PMC free article] [PubMed] [Google Scholar] 12. Yong CY, Ong HK, Yeap SK, Ho KL, Tan WS. Recent advances in the vaccine development against middle east respiratory syndrome-coronavirus. Front Microbiol. 2019;10:1781. [PMC\_free\_article]

13. Corbett KS, Flynn B, Foulds KE, et al. Evaluation of the mRNA-1273 Vaccine against SARS-CoV-2 in Nonhuman Primates. N Engl J Med. 2020;383:1544–1555. [PMC\_free\_article] [PubMed] [Google\_Scholar] 14. Mulligan MJ, Lyke KE, Kitchin N, et al. Phase 1/2 study of COVID-19 RNA vaccine BNT162b1 in

adults. Nature. 2020;586:589–593. [PubMed] [Google Scholar] 15. Becerra-Flores M, Cardozo T. SARS-CoV-2 viral spike G614 mutation exhibits higher case fatality rate. Int J Clin Pract. 2020;74:e13525. [PMC\_free\_article] [PubMed] [Google\_Scholar]

16. Korber B, Fischer WM, Gnanakaran S, et al. Tracking changes in SARS-CoV-2 spike: evidence that D614G increases infectivity of the COVID-19 virus. Cell. 2020;182:812-827.e819. [PMC free article] [PubMed] [Google Scholar]

17. Mansbach RA, Chakraborty S, Nguyen K, Montefiori D, Korber B, Gnanakaran S. The SARS-CoV-2 spike variant D614G favors an open conformational state. bioRxiv. 2020. [PMC free article] [PubMed] Google Scholar

18. Zhang L, Jackson C, Mou H, et al. The D614G mutation in the SARS-CoV-2 spike protein reduces S1

19. Wendler D. What should be disclosed to research participants? Am J Bioeth. 2013;13:3-8. [PMC free article] [PubMed] [Google Scholar] 20. McNamara D. Three Major COVID Vaccine Developers Release Detailed Trial Protocols.

shedding and increases infectivity. bioRxiv. 2020. [Google Scholar]

https://wwwmedscapecom/viewarticle/937845; 2020.

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Name: Scott

**Date Submitted:** 08/09/2021 02:07 PM

Council File No: 21-0878

Comments for Public Posting: I am happy to see the city council enacting a city vaccine

mandate. It's long overdue. However, I'm frustrated that a single dose is a proposed metric. Please require full vaccination. As we all know a single shot is not full protection, especially with Delta, and some people are failing to follow up and get their second doses. A vaccine mandate that doesn't mandate full vaccination is

unscientific and ineffective.

Name:

**Date Submitted:** 08/09/2021 03:47 PM

Council File No: 21-0878

Comments for Public Posting: To all concerned... I am commenting to express my deep concern

and disapproval of the possible requirement to show proof of vaccination to enter public spaces in Los Angeles. If this passes it will be devastating for businesses, but more alarming is how violating this would be for individual human rights. This is not a decision based on Science or any medical logic. Los Angeles is one of my favorite cities in the world, and the affects of this will be heartbreaking if it passes. Please listen to what the people are saying. Vaccinated or not hardly anyone thinks this is right. We are not New York City. Taking measures like this will cause so much more harm then good. We have come a long way from segregation and discrimination. Los Angeles is so progressive and inclusive which is one of the many things that make it amazing. This goes against ALL of that. Please listen to the people on this one. We don't want this.

Name: John Grant

**Date Submitted:** 08/09/2021 03:56 PM

**Council File No:** 21-0878

**Comments for Public Posting:** Attached please find UFCW Local 770's comments regarding the above referenced matter.

770

August 9, 2021 <u>Sent via email</u>

**UFCW LOCAL 770** 

P.O. BOX 770 Hollywood, CA 90078 (213) 487-7070 or/o (800) UFCW 770 8:00 a.m. – 5:00 p.m. Monday – Friday

### LOS ANGELES MAIN OFFICE

630 Shatto Place Los Angeles, CA 90005

#### **BRANCH OFFICES**

Arroyo Grande Bakersfield Camarillo Harbor City Huntington Park Santa Barbara Santa Clarita Los Angeles City Council Council President Nury Martinez 200 North Spring Street Los Angeles, CA 90012

## RE: VAX UP LA/ Covid 19 Vaccination Requirement Eligible Indoor Spaces Including Retail (Council File 21-0878)

Dear Council President Martinez and Fellow Councilmembers:

On behalf of the over 31,000 members of the United Food and Commercial Workers Local 770, we wish to express our support for your leadership regarding the above referenced matter. As you know, all our members have been deemed essential workers in Covid 19, experiencing some of the highest rates of infection in grocery and drug retail. Over 6,000 members, or 25%, have been infected; 15 have passed away. They have been subject to anti-maskers and anti-vaxxers, lack of on-site testing and social distancing, poor contact tracing, weak staffing, and increased violence and theft. Just a couple weeks ago, one of our members was shot and killed while a customer tried to steal beer. This in unconscionable and unsustainable as we seek to recover from the devastation of the pandemic.

Therefore, we strongly recommend that this ordinance include a well-trained, full-time health and safety officer for each retail establishment. It is impossible for retail workers to maintain the store inside and enforce the vaccine requirement outside. Too often companies push the burden of enforcement onto their employees who are already understaffed. In the City of West Hollywood, for example, an employee is assigned to each grocery store to enforce Covid 19 protocols including the mask mandate. A similar policy requirement can be included in this ordinance. The health and safety officer could enforce the vaccine and mask mandate and any other Covid 19 orders. This officer could also be another source of protection for workers and customers and monitor suspicious activity entering the retail establishment. In essence, the health and safety officer could save the lives of thousands of Angelenos as we navigate the unprecedented nature of this pandemic.

We strongly encourage the Los Angeles City Council to do everything to make this policy successful through strong enforcement. Retail companies must be part of this solution and staff their stores accordingly. The health and safety officer policy has been successful in West Hollywood and is used without issue in other establishments such as hospitals and public venues. Los Angeles should continue to lead and set precedent for other cities and counties to follow.

Thank you.

Sincerely,

UFCW Local 770

John M. Grant. President

L M M S

JMG:jc

<sup>&</sup>lt;sup>1</sup> https://beverlyhillscourier.com/2020/12/25/weho-enacts-covid-19-grocery-store-ordinance/

Name: Kelsey Hudson

**Date Submitted:** 08/09/2021 04:24 PM

Council File No: 21-0878

Comments for Public Posting: To whom this may concern: I myself believe people should have

autonomy over their own bodies. With that being said; the idea that vaccines to enter public facilities to be mandatory is upsetting to me. There are people with auto immune and other conditions that even the CDC advises against those people being vaccinated in many cases. I know you're making a decision on this in the near future. As an LA citizen I imagine some people, including myself would be really disappointed by LA county making a decision about my body that I don't want to make or the punishment is not being able to go and experience the city I live

in and love. Thank you for your time.

Name: Christine

**Date Submitted:** 08/09/2021 12:38 PM

**Council File No:** 21-0878

**Comments for Public Posting:** I am in opposition of forced medical procedures of any kind. I believe in medical freedom. You are pushing a gene therapy under the name of vaccine, that does not stop the spread and in fact is facilitating the spread of the covid virus. You are not taking into account those of us which have been told by our medical doctors that this shot could kill us. I had covid and survived. I have antibodies 9 months later. I don't need the shot. Why would you force me to get it? Why would you force anyone to get a shot with death as a side effect and other serious side effects?? The vaccine makers hold no liability! Who will be responsible for all the medical injuries and death? Will you put your necks on the line and take full responsibility? Do you believe in the shot enough to risk your well being if something happens to me? There's is also the fact that there is aborted feel cell tissue in the shot. I as a Christian do not believe or condone abortions and I certainly do not want something made from an aborted baby injected in me. This mandate is wrong! I have so many friends and family who work in the medical profession or first responder professions and police officers that are scared to death right now. Not about covid but about loosing their jobs and means to support their family because the government wants to force them to inject something in their bodies that they don't want injected! We are going down a very slippery slope as a nation in loosing our liberties. If you value our constitution and believe in it's principles then you can NOT mandate and force anyone, adult or child, to take something that could harm them in any way. ALL medical procedures come with risk and thats why it should be an individuals choice to make what gets injected in their body, NOT THE GOVERNMENTS, THEIR EMPLOYER, OR THEIR SCHOOL! Please help stop this madness and uphold the American Constitution!

Name:

**Date Submitted:** 08/09/2021 11:01 AM

**Council File No:** 21-0878

**Comments for Public Posting:** This ordinance is discriminatory and a form of segregation to forbid unvaccinated people from entering a restaurant, fitness center, retail store, spa, etc. People should have medical freedom to research and make their own healthcare decisions. It should be a discussion between oneself and one's doctor (doctor-patient confidentiality). Furthermore, mandating a vaccine passport violates HIPAA. We as citizens have a right to privacy, especially with our health information. This ordinance will be detrimental to our economy as well. If 30% of the population is unvaccinated then that means businesses (who are still struggling from the government shutdowns and trying to stay afloat) will likely lose 30% of their customers. People will lose jobs, businesses will close, and unvaccinated people will be forced to order online which makes big global businesses become stronger and smaller local businesses weaker. Many people have already been exposed to Covid and have built natural immunity with antibodies in their blood, therefore making them apart of the herd immunity. It is unethical to force them to inject their bodies. If the vaccine and masks really work, then people shouldn't be afraid to be around unvaccinated people. They can keep their 6 ft distance in a retail store, restaurant, fitness center, spa, etc. Please stand up and do the right thing to protect Angelinos' medical freedom and protect small local businesses. Vote no on this Vaccine Passport Ordinance.

Name: **Angry Senior** 

**Date Submitted:** 08/09/2021 12:05 PM

**Council File No:** 21-0878

**Comments for Public Posting:** Most posts have provided facts and are more eloquent. Here's more. Sweden has had 39% of its population vaccinated, no masks, no lockdowns, but yet they reached herd immunity. Iceland (our family is of Icelandic origin) has had close to 100% of their adult population vaccinated. They now have "record setting" infections. Israel has most of its population vaccinated, but the vaccinated are now in the majority of serious illness from Covid. (Source: Revolver online news.) The CDC recommends masks. Really? When Dr. Fauci said at the beginning that they weren't effective. This government's flip-flops are legendary. Both Biden and Harris came out against any and all vaccines when Trump was in office. Now, the Democrat party is for them? Are they still, with more than one MILLION illegals coming into our country? These people don't "have" to get vaccinated, nor show papers, nor are they restricted to any one area. They are being flown all over the country, at taxpayer expense. Why? The CDC claims the "children are at risk of Covid - more than the flu." Their own web site shows ZERO deaths of children under age 12 from Covid. 335 children aged 12-17 (while tragic) died with Covid, not FROM Covid. Flu deaths in children is over 800. Clearly, that claim is a lie. Why? As for lockdowns, it's clear that they do not work. Punishing businesses other than the massive, big Internet stores, is shameful. This is a clear redistribution of wealth. Why? When you strip money from taxes or inflation (invisible tax), any disposable income isn't spent. Not working? No FICA taxes being paid. Giving welfare to everyone depletes coffers, whether City, County, State or Federal, and revenue isn't coming in, as it should be under normal conditions. Why? AIDS? Serious, yes, no lockdowns. H1N1? No lockdowns. Ebola? Deadly serious, no lockdowns. Why? With doctors offices shuttered, limited medical care available for "routine" procedures, people have suffered. Personally, my eye surgery was postponed one week due to Covid at the surgery center, but with a tragic outcome. I am now legally blind in one eye. Going forward, I may consider legal representation. How do you explain, "show your papers please" to persons of Jewish ancestry whose family members were victims of the Holocaust? Do you plan on assigning tattoos or colored stars to the unvaccinated? Replace any press release with the word unvaccinated with "Kikes" or

"Gays" (terms from then) and you find how offensive this is. Lastly, what you are considering doing, I believe, is unconstitutional. Remember that OATH of office YOU took? To uphold the Constitution. If the Democratic party was serious about its (former) core issues, you would back away from this. What you are considering is totalitarian, period. Do you believe YOU wouldn't be recalled? Impeached? Sued? There are real costs to YOU if you do this. This is discrimination.