Paul Hennessy Text **1**
ORIGINAL TEXT **3**
[Paul Hennessy] 13:43:57 **3**
[Deborah Gold] 13:46:29 **4**
[Yaneer Bar-Yam] 13:49:44 **6**
[Liv Grace] 13:50:55 **7**
[Kaitlin Sundling] 13:53:52 **9**
[Gwendolyn Hill (she/her)] 13:57:02 **10**
[Nathanael Nerode] 14:00:10 **12**
[Peg Seminario] 14:02:39 **14**
[Shea O'Neil] 14:06:03 **16**
[Jocelyn] 14:09:20 **18**
[Oliver Wilson] 14:12:32 **20**
[Rachel Weintraub] 14:15:10 **21**
[Pantea Javidan] 14:18:37 **23**
[Seifer Almasy] 14:22:15 **25**

Paul Hennessy Text

Yeah, I'm just a member of the public no affiliation

I want to talk about clean indoor air. This is the most effective tool for fighting a wide variety of airborne illnesses and it will help with patients and medical staff alike. The CDC and HICPAC does not acknowledge the importance and function of core control measures for infectious aerosols. Wearing respirators and having clean indoor air and air filtration reduces transmission of not just Covid, but also RSV, Flu, and common cold and more notice, I said, respirators, N95 respirators offer better protection than surgical masks. All masks are not created equal. Respirators must remain in healthcare on top of improved indoor air quality. Any future airborne illnesses or pandemics will also be helpless against ventilation, respirators and air filtration. Ventilation protects the vaccinated and unvaccinated alike. We cannot risk death, disablement or even disruption, when a simple answer is right in front of us, failing to do so is the equivalent of not wearing gloves or washing your hands. It is incredibly dangerous to ignore this. There are currently no recommendations on ventilation which is absurd.

The proposed use of airborne infection, isolation, rooms, or other approaches to isolation is far too limited. Ventilation works against all variants of COVID, which is extremely transmissible,

and airborne. Ventilation and air filtration also helps workers be more alert which improves air quality and the quality of work we must go above and beyond with these safety precautions. The benefits of clean indoor air are tremendous. If I, a member of the public, can easily figure out how viral transmission works, and how respirators and ventilation help, surely you can too. You are ignoring decades of research on top of that. Your work group on the isolation precautions only recommends the bare minimum of protection and allows health care workers to create isolation control plans. This is unacceptable because in the past it allowed employers to avoid protecting employees because they didn't want to spend more money. Healthcare is more important than profit.

I urge the CDC and HICPAC to increase transparency in public engagement because of situations like this. We deserve Input on protecting ourselves from airborne, infectious diseases. The current process is flawed and closed off. Thank you.

ORIGINAL TEXT

[Brianna Holiday] 13:43:51
Paul Hennessy, you are now like able to talk for public comment.

[Paul Hennessy] 13:43:57

Okay, cool. I can. You hear me?

[Sydnee Byrd] 13:43:58
Yes.

[Paul Hennessy] 13:44:01
Yeah, I'm just a member of the public note. Affiliation

[Paul Hennessy] 13:44:27
Of not just Covid, but also Rsv. Flu and common cold and more notice, I said, respirators N.

[Paul Hennessy] 13:44:34
95 respirators offer better protection in the surgical masks all masks are not created equal.

[Paul Hennessy] 13:44:38

Respirators must remain in health care on top of improved indoor air quality. Any future airborne illnesses or pandemics will also be helpless against venilation, respirators and air filtration, ventilation protects the vaccinated and unvaccinated alike we cannot risk death disabling or even disruption, when a simple answer.

[Paul Hennessy] 13:44:57
Is right in front of us, failing to do so is the equivalent of not wearing gloves or washing your hands.

[Paul Hennessy] 13:45:03
It is incredibly dangerous to ignore this. There are currently no recommendations on ventilation which is absurd.

[Paul Hennessy] 13:45:09
The proposed use of airborne infection, isolation, rooms, or other approaches to isolation is far too limited ventilation works against all variants of covid, which is extremely transmissible, and airborne ventilation and air filtration also helps workers be more alert which improves air quality and the quality of work we must go above and beyond with these safety

[Paul Hennessy] 13:45:30
precautions the benefits of clean and or air are tremendous. If IA member of the public, can easily figure out how viral transmission works, and how respirators and ventilation help.

[Paul Hennessy] 13:45:40
Surely you can do. You are ignoring decades of research on top of that. Your work group on the isolation precautions only recommends the bare minimum of protection and allows health care workers to create isolation. Control plan this is unacceptable because in the past it allowed employers to avoid protecting employees because they didn't want to spend more money health care is more important than profit.

[Paul Hennessy] 13:46:01
I urge the Cdc. And Hiccp to increase transparency in public engagement because of situations like this, we deserve Input on protecting ourselves from airborne, infectious diseases.

[Paul Hennessy] 13:46:12
The current process is flogged and closed off. Thank you.

[Sydnee Byrd] 13:46:17
Thank you, Paul Singer, for your comments. You can move on to the next.

[Brianna Holiday] 13:46:25

Deborah Gold. It is now your turn for public comment.

[Deborah Gold] 13:46:29

Hi. My name is Deborah Gold, and thank you for the opportunity to provide some brief comments on behalf of Cal Ocean, California's Osha State plan.

[Deborah Gold] 13:46:40
I also refere you to the May thirty-first letter from our deputy chief, Eric Berg, and the July letter, signed by 900 public health experts we are seriously concerned about the lack of transparency and openness in this process despite repeated requests we have not seen a draft of the proposed guidelines.

[Deborah Gold] 13:46:55
We have not seen the minutes of working groups, or even of the previous meeting, and if we're working, group meetings have not been advertised or open to the public if we learn nothing from the tremendous illness and loss of life during the past 3 years, of the covid crisis it is how important it is that public health recommendations be clear and strong enough to protect both individual workers, and patients, and the healthcare system as a

[Deborah Gold] 13:47:18
whole at various points in the pandemic. We have seen massive personnel and equipment shortages that put lives at risk, as with Kalosha, the Cdc process must include all stakeholders, including affected workers, their unions and experts from various disciplines and must be publicly transparent California Osha has a aerospace transmissible disease standard which requires the

[Deborah Gold] 13:47:42
novel novel, respiratory pathogens be considered airborne for the purpose of employee protection, including the use of respirators.

[Deborah Gold] 13:47:50
But repeatedly employers have ignored these requirements and claims that they were confused by Cdc.

[Deborah Gold] 13:47:56
Guidelines this has resulted in a very resource, intensive enforcement effort by Calosha to ensure that at least minimum protections to health care for the health care workforce insufficiently protected workers and the facilities in which they work have suffered unnecessarily and many still do it is important that public health messaging be consistent and that the cdc established credibility if we are

[Deborah Gold] 13:48:16

to control communicable disease, public health message consistency must be based on protecting workers in the public and not be the result of demands for unquestioning loyalty to weak and unprotected guidelines.

[Deborah Gold] 13:48:32
We are a state Osha program. We rely on Nya. Certified respirators protect ourselves and the workers of California.

[Deborah Gold] 13:48:40
The Cdc. Must not undermine respiratory protection regulation by making the false and misleading claim that there is no difference in protection between respirators which are designed and independently certified to protect against in relation of small particle aerosols and surgical masks which do not we do not rely on randomized control trials to require certified

[Deborah Gold] 13:48:56
respirators for workers exposed to lead asbestos and other harmful aerosols, and it would be unethical to do so personal protective equipment is only part of reducing transmission.

[Deborah Gold] 13:49:05
Health, care, facilities and other concrete environments. We saw COVID-19 blaze through health facilities and prisons because they lacked effective means of isolation and comprehensive infection control programs the little we have seen of the draft guidelines.

[Deborah Gold] 13:49:20
Does not include a thorough discussion of isolation, and does not include early identification, and isolation of infected people.

[Deborah Gold] 13:49:26
Thank you.

[Sydnee Byrd] 13:49:29
Thank you, Debra, for your comment.

[Brianna Holiday] 13:49:39
You nearby. It is now your term for public comment.

[Yaneer Bar-Yam] 13:49:44

Thank you. Can you hear me? My name is I'm professor and president of the New England Complex Systems Institute, and a co-founder of the World Health Network.

[Sydnee Byrd] 13:49:45
We can.

[Yaneer Bar-Yam] 13:49:56
We are concerned about proper infection, prevention in health care, since there are many more people here than time for comments allows, we will be hosting a recorded zoom on Thursday, August 20.

[Yaneer Bar-Yam] 13:50:10
Second, 20, fourth, at one PM. Eastern time. For anyone who wants to comment.

[Yaneer Bar-Yam] 13:50:17
Members are welcome, and we will make the recordings available to hickback and the public. This will ensure that more voices are heard on this critical topic.

[Yaneer Bar-Yam] 13:50:26
You can sign up@whn.global slash hiccpback comments. Thank you for your attention.

[Sydnee Byrd] 13:50:38
Thank you, Andy, for your comment. Okay, we can move on to the next one.

[Brianna Holiday] 13:50:51
Live. Grace is now your turn for public comment.

[Liv Grace] 13:50:55

My name is Live Grace. I'm 36, and physically disabled as well as chronically ill.

[Liv Grace] 13:51:01
I have a number of autoimmune diseases, including lupus, and I already live with many of the conditions associated with long covid, such as pots, lung disease, and kidney disease.

[Liv Grace] 13:51:11
Additionally, I'm immunoefficient on top of the immunosuppression for my lupus medication I'm also a cancer survivor.

[Liv Grace] 13:51:18
People often comment that I live with so much illness, and they say how hard that must be. But what is many times more difficult is being unable to safely access medical care.

[Liv Grace] 13:51:28
Last December I caught Rsv. From my Infusion Center, because my nurse, who knew she had been exposed to Rsv.

[Liv Grace] 13:51:34

Refused to wear an N. 95 that turned into pneumonia 2 weeks after recovering and returning to my infusions, I caught Covid there just a few days before my birthday in February, after 2 months of recovery, time, from pneumonia, I then caught covid a second time while getting necessary post-covid blood work in april barely after

[Liv Grace] 13:51:53
covering from February's infection one way and 95. Masking is not enough for me.

[Liv Grace] 13:51:59
I have not gotten medical care since April, because of the reality that I will get sick again as long as medical providers refuse to practice respiratory hygiene.

[Liv Grace] 13:52:08
I attempted many times to implement Ada accommodations that would allow me to wait in my car rather than the waiting rooms, and require medical staff to wear an N.

[Liv Grace] 13:52:18
95, while treating me over and over again. Medical establishments refused my appeals were rejected, I was told that it was impossible to accommodate my needs as a high-risk.

[Liv Grace] 13:52:28
Severely immunocompromised person. I'm still recovering from back to back.

[Liv Grace] 13:52:33
Covid. I now suffer from increased kidney issues and new heart issues. I had to start taking a blood center and a statin to reduce my risk for a catastrophic cardiovascular event without medical care my health will deteriorate to the point of needing hospitalization where I will have even more exposure to unmask staff this is a catch 22 either access

[Liv Grace] 13:52:53
care and catch Kovat and other dangerous to me. Infections to the point of further endangering my life, or do not get care at all, and endanger my life.

[Liv Grace] 13:53:02
The evidence review on N. 95, respirator and surgical mask effectiveness was flawed and must be redone with input from scientific researchers and experts in respiratory protection.

[Liv Grace] 13:53:15
Aerosol science and occupational health, this is Eugenics. I'm Jewish, and I see the writing on the wall.

[Liv Grace] 13:53:22
The history of not only the holocaust, but many genocides, including the ongoing genocide of indigenous people, target disabled people.

[Liv Grace] 13:53:30
First, I am literally begging for something to be done. Thank you.

[Sydnee Byrd] 13:53:36
Thank you for your comment, Grace. We can move on to the next comment.

[Brianna Holiday] 13:53:48
Caitlin's settling. It is now your turn for public comment.

[Kaitlin Sundling] 13:53:52

Hello! My name is Caitlin Sunling. I'm physician, scientist, and pathologist in Wisconsin.

[Kaitlin Sundling] 13:53:58
I have no conflicts of interest to disclose. I'm a member of the people. Cdc.

[Kaitlin Sundling] 13:54:02
I'm speaking today in support of universal masking and health careare ideally, with broad use of well-fitting N.

[Kaitlin Sundling] 13:54:09
95, or better respirators. As a new addition to standard precautions. Now is the time to use what we've learned from HIV, and blood burned pathogens matching our understanding of the science of aerosol transmission to our precautions in health care allows Us.

[Kaitlin Sundling] 13:54:27
To work, to build public trust and destigmatize aerosol, transmitted infectious diseases, especially where, as asymptomatic transmission is common, as with covid denying the well-proven science of n 95 respirators would be a significant step backwards there is no physical basis to support the idea that different aerosol pathogens travel different distances.

[Kaitlin Sundling] 13:54:48
appropriate isolation for known or suspected aerosol. Pathogen, infections of any kind, including covid, must include N.

[Kaitlin Sundling] 13:54:57
95 respirators at minimum and appropriate ventilation controls. I want to share a couple of experiences where universal airborne precautions would have prevented exposure from my own work as a pathologist and as medical director of a health professional training program while I was in my fellowship training at a well known Boston hospital I found out I had been exposed to

[Kaitlin Sundling] 13:55:28

tuberculosis. When I had performed a small biopsy of a necklength note on a patient who, as far as we knew, lacked any more.

[Kaitlin Sundling] 13:55:35
Recently, one of my students was also exposed to tuberculosis on a lung biopsy procedure where cancer had been the suspected diagnosis.

[Kaitlin Sundling] 13:55:36
If we only protect ourselves against known or certain exposures, we put both patients and workers at risk. We need to expand, not reduce, and the use of n-ty-five or better respiratory protection, including elastomeric respirators with source control and pappers and healthcare settings lastly, and most importantly, we have a duty to protect our patients i've had multiple people in my community ask if I as a

[Kaitlin Sundling] 13:56:04
pathologist and laboratory-based clinician can be their primary care provider. It is incredibly sad to me that so few of my fellow health care providers are wearing masks to protect themselves and their patients, and some are not even willing to mask upon request where our providers are masking our patients including those who are immunocompromised still face unmasked, waiting rooms and other

[Kaitlin Sundling] 13:56:22
spaces with shared air. Should patients have to ask their surgeon to wear sterile gloves, putting the burden of protection on patients is not an appropriate infection control approach.

[Kaitlin Sundling] 13:56:36
In conclusion, I call on you members of the Cdc's Hicpac Committee, to recommend universal masking in health care ideally with the broad use of well fitting N.

[Kaitlin Sundling] 13:56:49
95, or better respirators as a new addition to standard precautions. Thank you.

[Sydnee Byrd] 13:56:53
Thank you for your comments.

[Brianna Holiday] 13:56:58
Gwendolen heal. It is now your turn for public comment.

[Gwendolyn Hill (she/her)] 13:57:02

Hello! My name is Gwendolyn Hill, and I'm a full-time student at the University of California.

[Gwendolyn Hill (she/her)] 13:57:07

Los Angeles, as well as a basic intern. At Cedar Sinai Medical Center I've now had 3 confirmed cases of covid, despite my best efforts to avoid infection and my most recent infections have resulted in long-term symptoms such as gastrointestinal issues, trouble breathing heart propellations and chest pain all of which require me to go to the hospital before covid I had

[Gwendolyn Hill (she/her)] 13:57:28
been extremely active, with no standing health problems. Now, I fear even more, for my for my health, as Los Angeles County has dropped the mask, mandate in health care as of August eleventh myself and my friends and family have been actively avoiding going to the hospital to receive the care we need because we cannot risk another covid infection or any other respiratory infection, and when I put in request for

[Gwendolyn Hill (she/her)] 13:57:51
providers to wear and 95 they get denied. Unfortunately, as a student of the at Ucla, I cannot put my life on hold.

[Gwendolyn Hill (she/her)] 13:57:58
I are forced to go into classrooms when no one is masking for us to choose between my career and my call, at the very least, I expect healthcare facilities to be taking the utmost precautions to prevent healthcare acquired infections United States environmental protection agency recognizes that covid is spread through air salized particles, therefore, standard precautions due to transmission

[Gwendolyn Hill (she/her)] 13:58:20
by air should involve universal high-quality, well-fitting, and 95 masks.

[Gwendolyn Hill (she/her)] 13:58:25
Frequent Testing Proper Ventilation. Air, cleaning and purifying technology, isolation and other people as usualed during the meeting, the fewer individual risk assessments that each person has to do the better.

[Gwendolyn Hill (she/her)] 13:58:39
People need to be able to trust that the guidelines in place and share their safety. The standard precautions you provided today in the meeting mentioned a rift assessment with use of appropriate ppe based on activity.

[Gwendolyn Hill (she/her)] 13:58:50
However, although you can claim that one might not always need to wear gloves if they're duties, are just sitting at a computer, everybody shares the activity of breathing healthcare facilities are where some of the most vulnerable people of our population.

[Gwendolyn Hill (she/her)] 13:59:03
Have to fe frequent are stead. It is the responsibility of Hiccp and the Cdc.

[Gwendolyn Hill (she/her)] 13:59:08
To ensure on a Federal level that healthcare facilities are taking the aforementioned steps to reduce covid transmission and help ensure that people are not leaving sicker than they can as the committee understands once rules are put into place.

[Gwendolyn Hill (she/her)] 13:59:23
They become habitual practice for people. Our bodies are fueling the covid variants that continue to emerge when Covid is copying itself inside millions of people unchecked, it continues to harm in the people, and it's in place extreme strain on our healthcare system.

[Gwendolyn Hill (she/her)] 13:59:38
I urge hiccup in the Cdc. To take in these public comments and perspectives with open minds, and to open further meetings for public comment and for public.

[Gwendolyn Hill (she/her)] 13:59:49
Input. The people are telling you exactly what needs to be done to protect us. And I urge you to listen.

[Gwendolyn Hill (she/her)] 13:59:54
Thank you.

[Sydnee Byrd] 13:59:55
Thank you, Gwendolyn, for your comment. You move on to the next comment.

[Brianna Holiday] 14:00:05
Nathaniel Node. It is now your turn for public comment.

[Nathanael Nerode] 14:00:10

Hello! Can you hear me?

[Sydnee Byrd] 14:00:12
We can.

[Nathanael Nerode] 14:00:14
I'm Nissaniel N the road I spoke previously my partner at a previous meeting. My partner was infected by doctor's offices twice, where they were wearing surgical masks.

[Nathanael Nerode] 14:00:24
She has not been infected anywhere else. I have not been infected because I used respirator masks at home, respirator masks work, as everyone else has said.

[Nathanael Nerode] 14:00:33

So I'd like to talk about something else. I'm a professional investor with over 30 years of experience, using respirator masks will be profitable for any hospital or doctor who's using them.

[Nathanael Nerode] 14:00:44
A fully reusable p. 100 respirator, which lasts for years, costs about $40 retail versus.

[Nathanael Nerode] 14:00:51
If a nurse requires an airborne infection at work, and is out sick for one day that costs thousands of dollars if the nurse is so sick they can't work anymore.

[Nathanael Nerode] 14:01:00
That could cost hundreds of thousands of dollars. When a patient is infected, and you've already heard about several that creates liability costs for the hospital in the hundreds of thousands of dollars. But worse.

[Nathanael Nerode] 14:01:13
It creates a reputational issue. As you've already heard, people are avoiding going to the hospital.

[Nathanael Nerode] 14:01:19
People are avoiding routine, health care, and people are avoiding elective procedures. My family certainly is.

[Nathanael Nerode] 14:01:29
We are avoiding them because the hospitals are not safe this is a huge loss in revenue for the hospitals, so you have one choice.

[Nathanael Nerode] 14:01:31
You can buy a $40 respirator for each of your staff and train them to use it sheep, or you can face hundreds of millions of dollars in liability in disabled staff in costs to replace your disabled staff in reputational damage in people avoiding your hospitals because they don't want to get infected one so my professional financial advice as a professional investor with 30 years of

[Nathanael Nerode] 14:01:59
financial analysis. Experience is that every Health care office ought to be using respirator masks. It is clear economically that this would be profitable.

[Nathanael Nerode] 14:02:11
For some reason they aren't doing it. It should be standard precautions. It should be ordered from the Cdc.

[Nathanael Nerode] 14:02:17
And there is no reason to give them any discretion, because they will all profit from doing it. Thank you.

[Sydnee Byrd] 14:02:25
Thank you for your comment. Like Daniel, you can move on to the next comment. Thank you.

[Brianna Holiday] 14:02:34
Hey, Semenario, it is now your turn for public comment.

[Peg Seminario] 14:02:39

Oh, thank you very much. My name is Peg Seminario. I'm an industrial hygienist, and served for 30 years as a safety and health director.

[Peg Seminario] 14:02:47
At the Afl CIO until my retirement in 2019, where I specialize in occupational safety and health policy and regulatory matters, including work on health care worker protections for infectious diseases I was one of the authors of a letter to cdc.

[Peg Seminario] 14:03:04
Director Mandy Cullen, from 900 public health and medical experts. In July, expressing great concern about Cdc.

[Peg Seminario] 14:03:11
Hiccpac's update of the guidelines on isolation precautions both about the closed N transparent process and the failure to address and protect against aerosol transmission of infectious diseases. Late Friday.

[Peg Seminario] 14:03:24
We received a response from Cdc. To our letter, informed us that Hiccp would not be voting on the recommendations today which we appreciate, but we are deeply dismayed that the Cdc.

[Peg Seminario] 14:03:35
Response did not address any of our substance. Concerns about the weakness of the guidelines, nor provide any indication that Cdc.

[Peg Seminario] 14:03:42
Or Hpac intend to open up the guideline development process to evolve key experts and stakeholders we urge you to change course.

[Peg Seminario] 14:03:51
The majority of Hpac and workers are infectious disease professionals from hospitals or large healthcare organizations.

[Peg Seminario] 14:03:58

They do not include representatives of health care workers or patients who have different interests and different views, as we have just heard from many of the commenters hiccpac members are not experts in aerosol transmission ventilation.

[Peg Seminario] 14:04:15
Respiratory protection or industrial hygiene, the kind of experts with deep knowledge and experience, on how infectious diseases are transmitted and effectively controlled.

[Peg Seminario] 14:04:23
For more than 3 years. We have all been immersed in efforts to protect the public patients and health care workers from COVID-19 infection and death.

[Peg Seminario] 14:04:32
We have failed miserably in those efforts. Over a hundred 1 million have been affected, affected. Over a million people have died in health.

[Peg Seminario] 14:04:40
Care settings where we don't have a lot of information. We know that hundreds of thousands of health care workers and patients have been infected and thousands have died.

[Peg Seminario] 14:04:51
And today those infections and deaths continue to occur the latest Cdc data from nursing zones reports it since mid-june.

[Peg Seminario] 14:04:58
The number in rate of nursing Home staff, infected with Covid, has tripled and more than doubled among nursing home residents covid deaths among nursing home residents have increased by 60% in July deaths among nursing home residents accounted for nearly 20% of all covid deaths in the United States 20% of covid deaths are

[Peg Seminario] 14:05:22
health, care, infection, related, so clearly. Cdc. Hospitals, infection, control professionals are still failing to protect health care workers and pages.

[Peg Seminario] 14:05:31
We need to do more. Cdc must develop strong infection, control guidelines that fully protect against aerosol transmission and open up the development process to include necessary experts and members of the public.

[Peg Seminario] 14:05:45
Thank you.

[Sydnee Byrd] 14:05:46
Thank you for your comment. Pike. Move on to them next, okay.

[Brianna Holiday] 14:05:59
Today. Oh, no, it is not your term for public comment.

[Shea O'Neil] 14:06:03

Hi! Thank you. Yes, I'm Shea O'neil World Health Network Volunteer. A patient, disabled rights advocate, soul care taker of one son, high-risk person with disability and it's quite obvious that your last discussions from meetings did not inspire confidence amongst the public and your ability to without bias past guidance and standards.

[Shea O'Neil] 14:06:23
That will deal with the dreadful rise in infections and healthcare facilities. One, again not mentioned today.

[Shea O'Neil] 14:06:30
Interestingly, it is really clear in wildfire smoke messaging, that you wear N95 respirator mask.

[Shea O'Neil] 14:06:36
That surgical cloth and dust mask aren't going to cut it. You'd never in Peak wildfire times amidst smoke.

[Shea O'Neil] 14:06:41
Tell firefighters, vulnerable people, or even healthy people, hey? You know what I think. We need more real world studies where surgicals for now, or actually wildfires typically aren't all year long.

[Shea O'Neil] 14:06:55
So we will change the guidance to surgical instead these things do not make sense, do not protect people, not for fires, not for covid-nineteen, both aerosols.

[Shea O'Neil] 14:07:02
The fact that in your past meeting you use widely criticized math studies failed to mention any with continued use of N.

[Shea O'Neil] 14:07:08
95 s. In healthcare settings, studies which show that they do lower infections. 2 the fact that you highlighted mass discomfort and ignored long Covid, and how damaging and widespread its effects are I don't know if this is ignorance immorality if it's conflict of interest or money or psychological coping at play but i'll tell you science and

[Shea O'Neil] 14:07:26

logic are not at the table, and they need to be brought back. It is not complex, it is very simple and clear that N.

[Shea O'Neil] 14:07:33
95 s. Offer adequate protection from aerosols that two-way protection is much better than one way, that hospitals are full of vulnerable populations, that doctors should not infect patients, and that health care is a human right we need n 95 respirator mask and healthcare facilities, to protect both staff and patients 20 there.

[Shea O'Neil] 14:07:50
Are many reasons why this is just a few of them studies show that more than half of transmission is from asymptomatic carriers and covid-nineteen is airborne and highly contagious.

[Shea O'Neil] 14:07:59
Hospital, acquired. Covid-nineteen had a 10% mortality rate for the past year.

[Shea O'Neil] 14:08:03
Nearly a third of covid-nineteen cases and hospitals in England were hospital acquired infections, a 2,023 Jama study on omicon variants show that hospital acquired COVID-19 was associated with approximately one and a half higher risk of all cause mortality.

[Shea O'Neil] 14:08:19
In hospitals, 2 compared with influenza at 2023. Study showed COVID-19.

[Shea O'Neil] 14:08:26
Infections make people's existing illnesses worse research on viral genomic sequences.

[Shea O'Neil] 14:08:30
During Covid-nineteen outbreak in hospitals, demonstrated health care workers were responsible for much of the spread in the hospital ward long Covid continues to cause severe long-term consequences for millions with one study finding that those that develop long covid have a 38% chance of developing a disability that prevents them from returning to work another indicating that

[Shea O'Neil] 14:08:48
27% of health care workers develop long Covid well reported, acute phase deaths are down.

[Shea O'Neil] 14:08:53
Covid-nineteen continues to kill and many patients in healthcare settings are high risk.

[Shea O'Neil] 14:08:57
For severe Covid-nineteen I'm one of the people who are high risk, and my life depends on getting better protection and health care.

[Shea O'Neil] 14:09:06
Thank you.

[Sydnee Byrd] 14:09:08
Thank you, Shea. Move on to the next comment.

[Brianna Holiday] 14:09:14
Jocelyn is now your turn for public comment.

[Jocelyn] 14:09:20

My father is a good man. I'm sorry. My name is Jocelyn Peterson Jocelyn Donegan Peterson.

[Jocelyn] 14:09:25
My father is a good man, who always worked hard and gives generously to others. In 2,018 he almost died of the flu which left permanent damage to his heart and lungs all of his doctors.

[Jocelyn] 14:09:36
Still, still say he can't get Covid. The risk to his life is too great we and countless others across the nation and globe only go indoors, masks in respirators for necessary medical care.

[Jocelyn] 14:09:46
It's the only time we go inside, although my dad can't do many things, he should be safely enjoying in retirement with his grandchildren.

[Jocelyn] 14:09:52
We are grateful for crucial tools, like effective masks, upgraded ventilation along with the health care workers still taking the most protective measures to help us avoid Covid.

[Jocelyn] 14:10:05
What continues to horrify and baffle us is that the only covid risks we are forced to take are, when seeking out medical care let me say that again, the only Covid risks we are forced to take with his life and our lives and long-term health are when we need medical care that statement doesn't even make sense when you say it out loud and yet that is the tragic and unavoidable reality

[Jocelyn] 14:10:24
for us and so many others right now the exhausting and necessary risk analysis, whether that medical appointment or procedure is worth possibly contracting.

[Jocelyn] 14:10:32

Covid, the valid anxiety that now accompanies those appointments and distracts from the medical issue, care is being sought for, and the people who have already contracted Covid while seeking medical care, none of those things ever get less surreal because the tools exist to reduce the risks you can make these environments exponentially safer for all including the brave medical professionals

[Jocelyn] 14:10:56
constantly working there, the serious risks of Covid, short and long term, have already been confirmed, and reconfirmed in peer reviewed studies, and that's not even accounting for what we may continue to learn in the future.

[Jocelyn] 14:11:09
Given the lack of effective preventatives and treatments, we currently have more and more people are going to continue to unnecessarily die or be disabled with long covid, or be added to the higher risk pool to where a subsequent covid infection will kill or disable them this is unsustainable for our species on our global healthcare systems we need the updated guidance to be

[Jocelyn] 14:11:28
clear and explicit about the precautions that are needed to protect health care workers and patients from infectious diseases.

[Jocelyn] 14:11:35
And we need consistent messaging to educate the public about the true dangers of Covid, and being disabled by long Covid.

[Jocelyn] 14:11:45
So they understand and support these protocols. We need you to do everything in your power to protect the lives and physical and mental health of all of us.

[Jocelyn] 14:11:54
Most importantly, the highest risk amongst us and our precious health care workers, my dad, and so many real people, children, fathers, mothers, grandparents, husbands, wives, don't deserve to be abandoned, and their lives are long term health put it serious risk just because they need a doctor or a surgery or are fighting cancer or elderly or immunocom you are in a position.

[Sydnee Byrd] 14:12:23
Thank you, Jocelyn. You can move on to our next comment.

[Jocelyn] 14:12:24
To help all of them to help all of us. Please help us. Thank you.

[Brianna Holiday] 14:12:28

Oliver Wilson is now your turn for public comment.

[Oliver Wilson] 14:12:32

Hi! Can you hear me? Hi! My name is Oliver Wilson, and I'm a member of Massachusetts Coalition for Health Equity.

[Sydnee Byrd] 14:12:34
Yes.

[Oliver Wilson] 14:12:40
I'm also a white trans person as well as a community organizer and a patient. Today I'm here to urge Hiccpack and Cdc to increase transparency and public engagement in the process to update the 2,007 isolation precautions guidance i'd like to share my daily live reality just so just like many others.

[Oliver Wilson] 14:12:59
Have done before me. I can no longer safely access health care. I have a health condition that, according to the Cdc.

[Oliver Wilson] 14:13:04
Puts me at higher risk of severe outcomes from Covid. As a result I cannot safely access health, care, and less health care, providers, patients, and visitors are wearing masks since the end of the Federal and State public health emergency on may thirteenth all of my health care providers have dropped universal masking additionally all of my requests for universal masking as reasonable accommodation under

[Oliver Wilson] 14:13:24
the Ada have been denied. As a result I am locked out of health care and my federal right and human rights to save health care is being violated.

[Oliver Wilson] 14:13:32
200 people from across Massachusetts have signed a public letter saying that they are also locked out of health care.

[Oliver Wilson] 14:13:38
For the same reason, Cdc. Is disgraceful handling of the ongoing pandemic has directly contributed to myself and many other people being locked out of health care.

[Oliver Wilson] 14:13:47
The proposed updates to the 2,007 isolation precautions, guidance, weaken infection, control, and healthcare settings.

[Oliver Wilson] 14:13:54
Even further, I urge hiccups and Cdc. To increase transparency and public engagement in the process.

[Oliver Wilson] 14:13:59
To update the 2,007 isolation, precautions, guidance so far Cdc and Hiccup's process has been closed to public access or engagement.

[Oliver Wilson] 14:14:07
Pickpack meeting presentations and documents used to make recommendations to the Cdc. Are not posted publicly in contrast to other Federal advisory committees, including those of the Cdc.

[Oliver Wilson] 14:14:17
Given the broad public interest, and Cdc's guidance to protect health care, personnel patients and the public from infectious diseases.

[Oliver Wilson] 14:14:25
It is especially concerning that Cdc's process is so closed. I also urge Hickpack to fully recognize aerosol transmission, ie.

[Oliver Wilson] 14:14:34
Inhalation of small infectious particles to ensure health, care, worker, and patient protection, and to mandate universal masking, using high-quality respirators and 95 or, better, in all healthcare settings.

[Oliver Wilson] 14:14:47
Today I join tens of thousands of people across the Us. To say that we demand care not. Covid.

[Oliver Wilson] 14:14:53
Thank you.

[Sydnee Byrd] 14:14:53
Thank you for your comment. We can move on to the next coming time.

[Brianna Holiday] 14:15:05
Rachel Wein trod. It is now your turn for public com.

[Rachel Weintraub] 14:15:10

Great. Thank you. Good afternoon. Thank you for providing this opportunity to comment today.

[Rachel Weintraub] 14:15:17

My name is Rachel Weincht, executive director of the Coalition for sensible safeguards, or Css.

[Rachel Weintraub] 14:15:24
Css. Is an alliance of more than 170 consumers. Labor, scientific research, faith, community environmental, small business, good government, public health and public interest groups representing millions of Americans.

[Rachel Weintraub] 14:15:44
We are joined in the belief that our country system of regulatory safeguards should secure our quality of life, pave the way for a sound economy and benefit us all Federal regulations dealing with food and consumer products, safe air and drinking water safe working conditions equal opportunity and reliable financial structures, protect all of us from harm failure, to provide adequate safeguards, diminishes, our economic

[Rachel Weintraub] 14:16:08
well-being undermines public health and safety, and allows special interests to escape accountability for their actions.

[Rachel Weintraub] 14:16:15
We seek to ensure that our critical public protections are not rolled back, and that Federal agencies have the funding authority fair processes in place and appropriate expertise at the table to defend promulgate and strengthen important protections hickpack is chartered under the Federal advisory committee act and should operate with openness and full transparency is from this perspective that we

[Rachel Weintraub] 14:16:43
urge Hickback, the Cdc. And the relevant work groups to take the following to immediate actions, to correct their review and decision, making processes and recommendations.

[Rachel Weintraub] 14:16:55
First seek input on proposed changes during the development of the draft guidelines from the public and all key stakeholders, including healthcare personnel and their representatives.

[Rachel Weintraub] 14:17:09
Industrial hygienist, occupational health nurses and safety professionals, engineers, including those with expertise and ventilation, design and operation research scientists, including those with expertise in aerosols and respiratory protection and experts in respiratory protection second make the process for updating the guidelines fully open and transparent open work group meetings to the public through

[Rachel Weintraub] 14:17:35
which the work group should show, the evidence. Sources being reviewed by the work group post-work group reports, all presentations to the Work Group Committee and transcripts, recordings of the Hickback meetings on the website.

[Rachel Weintraub] 14:17:48
And it timely fashion. For example, make meetings of the June meetings available to everyone as the recommendations are being developed, and before finalization and voting by hiccp, we urge Hickback to create a public docket on the development of the guidelines that includes all meeting minutes draft guidelines all scientific evidence used in the development of the guidelines and all written comments from the

[Rachel Weintraub] 14:18:15
public inform the public in advance when there will be a vote. We thank you for making this public comment possible on, urge you to take immediate steps to increase the openness and transparency of this process.

[Sydnee Byrd] 14:18:25
Thank you, Rachel. Let's quickly move on to the next public comment.

[Brianna Holiday] 14:18:31
Jab the done. It is now your turn for public comment.

[Pantea Javidan] 14:18:37

Can you hear me? Okay, thank you. Good afternoon. I'm Dr.

[Pantea Javidan] 14:18:42
Javidan Faculty at Stanford University, speaking on behalf of myself as an academic who researches the inequities of pandemic policy and who's deeply concerned for loved ones suffering from long Covid, or who've been diagnosed with chronic conditions such as cancer during the pandemic including oral cancers for which they're unable to mask themselves during

[Pantea Javidan] 14:19:08
examinations and treatments. I come before you today to stress the vital importance of ensuring that the updated guidelines, being considered fully, reflect a solidly scientific understanding of aerosol transmission, especially as confirmed during the COVID-19 pandemic and that they are crafted to fully protect against infectious aerosols please take seriously the hundreds of experts

[Pantea Javidan] 14:19:31
in the most relevant fields, who have written a well-informed warning against the plan to weaken guidance for health care, respiratory protection, and infection, control.

[Pantea Javidan] 14:19:43
Covid has proven deadlier and more dangerous than community acquired. Covid with a 10% mortality rate, according to the most recent and reliable reports.

[Pantea Javidan] 14:19:55
When healthcare settings are infecting patients, while covid continues to be the third leading cause of death, it deters many from seeking medical care, as someone who insists on high standards of methodology. For myself.

[Pantea Javidan] 14:20:12
Peers and students. It is alarming that the Cdc and Hiccp process lacks essential inputs and stakeholders, lacks transparency in public engagement and encourages minimal standards of protection, which is deeply experts are urging hickpack and cdc to open the process for public access and insist on a clear protective approach recognizing the science of aerosol

[Pantea Javidan] 14:20:34
transmission, including inhalation, protection, existing review on N. 95, respirator versus surgical Mask.

[Pantea Javidan] 14:20:44
If this is flawed and requires reevaluation with expert guidance, failure to acknowledge control measures like N.

[Pantea Javidan] 14:20:57
95 respirators, ventilation and air filtration for controlling exposure to infectious aerosols must be corrected rather than regressing backward in erasing pandemic essence.

[Pantea Javidan] 14:21:07
Please maintain and strengthen protocols for prevention and control of aerosolized pathogens in Light of stars. Cov. 2.

[Pantea Javidan] 14:21:12
Please center the most vulnerable and understand the unequal and unfair power dynamics of an oral cancer patient having to repeatedly request healthcare personnel to wear an N 95 every time they enter the room here is the human right.

[Sydnee Byrd] 14:21:30
Thank you for your comment. We can move on to the next commentary.

[Brianna Holiday] 14:21:41
It is not your term for public comment.

[Brianna Holiday] 14:21:51
Cortis.

[Sydnee Byrd] 14:21:57
You can look onto the next commentary.

[Brianna Holiday] 14:22:10
Zephner. Missy, it is now your turn for public com.

[Seifer Almasy] 14:22:15

Thank you. Can you hear me? Hello! My name is Cyipher.

[Sydnee Byrd] 14:22:16
Yes.

[Seifer Almasy] 14:22:19
Almosy. I'm a member of the public, providing a comment. Kovat remains a significant health thread with one in 10 infections, leaving people with long-term health impacts the uncheck prevalence of COVID-19 and other airborne illnesses within our healthcare facilities makes health care visits dangerous for everyone especially higher risk populations such as immune

[Seifer Almasy] 14:22:38
compromise people, older adults and people with disabilities. The situation personally impacts me because I do not want to risk long-term health impacts while attending routine health care appointments.

[Seifer Almasy] 14:22:48
I'm deeply concerned that a long-term health health impact will take away my access to livelihood and my hobbies.

[Seifer Almasy] 14:22:58
Unfortunately, I have experienced skepticism, denial, and hostility, while advocating for my own safety, to health care providers, hours of phone calls, emails and research regarding the infection control policies of my local health care providers conclude with no assurance that providers will wear respirators to protect me at times it has been up to me to educate my health care providers on the

[Seifer Almasy] 14:23:22
importance of infection control via respirators. It should not be up to any patient to plead for their own safety most hospitals in my State were protecting patients from covid with universal masking protections from the start of the pandemic but essentially all the hospitals in the State withdrew these protections abruptly this spring reinstating universal masking would help ensure that

[Seifer Almasy] 14:23:35
we leave no one behind in accessing health care. It would also create safer workplaces for our health care workers.

[Seifer Almasy] 14:23:41
Therefore, Cdc. Hip, hack. She must take action to protect patients, health care workers and visitors to health care facilities so you see, Hiccup must fully recognize Arizona transmission of Sars. Cov.

[Seifer Almasy] 14:23:51
2 and other respiratory pathogens additionally Cvc. Hpac must maintain and strengthen respiratory protection and other protections for health care workers caring for patients with suspected or confirmed respiratory infections, also the cdc must maintain an approach in any updated infection control guidance that is clear and explicit on the precautions that are needed in situations where

[Seifer Almasy] 14:24:14
infectious pathogens are present or may be present in healthcare settings. Don't adopt a crisis.

[Seifer Almasy] 14:24:23
Standards approach finally, Cdc. Pickpac should engage with stakeholders, including direct care, health care workers, their unions, patients and community members, to provide them with the ability to review and provide essential input, into guidance updates.

[Seifer Almasy] 14:24:33
I think it's pretty clear to all of you that my comments are on the same theme as everyone else is spoken to. This meeting. Do better.

[Seifer Almasy] 14:24:40
I yield my time.

[Sydnee Byrd] 14:24:40
Thank you for your public comments. We have our public comment. Period is now come to a close. I would like to thank all those who were able to provide public comment, and would like to remind everyone else that you can submit your written public comment at Hiccups at Cbc.