

MEMORANDUM

To: James P. Leonard, Commissioner
Department of Records

Cc: Jo Rosenberger Altman,
Senior Attorney Legislation and Legal Counsel Unit
Law Department

From: Cheryl A. Bettigole, MD, MPH, Health Commissioner
Department of Public Health



Date: January 5, 2022

Re: Public Hearing Report and Amended Emergency Regulation Governing the Control and Prevention of COVID-19 Mandating Vaccines for Individuals Working and Dining at Indoor Dining Locations

Pursuant to § 8-407(c) of the Philadelphia Home Rule Charter, a public hearing was requested and held regarding the Emergency Regulation Governing the Control and Prevention of COVID-19 Mandating Vaccines for Individuals Working and Dining at Indoor Dining Locations. The public hearing took place on December 23, 2021. Enclosed herewith is the Report on the December 23, 2021 public hearing, including the Emergency Regulation Governing the Control and Prevention of COVID-19 Mandating Vaccines for Individuals Working and Dining at Indoor Dining Locations (As Amended 1/4/2022) (Exhibit D of the report).

The following procedural actions have been taken:

Emergency Regulation approved by the Board of Health	12/14/2021
Emergency Regulation approved by the Law Department	12/15/2021
Emergency Regulation published by the Records Department	12/15/2021
Public hearing pursuant to § 8-407(c) of the Philadelphia Home Rule Charter	12/23/2021
Report and Emergency Regulation (As Amended) approved by the Board of Health	1/4/2022
Report and Emergency Regulation (As Amended) approved by the Law Department	1/4/2022

It is requested that the attached Report on the December 23, 2021 public hearing, including the Emergency Regulation Governing the Control and Prevention of COVID-19 Mandating Vaccines for Individuals Working and Dining at Indoor Dining Locations (As Amended 1/4/2022) (Exhibit D of the Report), be filed for final action by the Department of Records.

CAB/initials

Attachments:
Law Department approval cover sheet

City of Philadelphia
Department of Public Health
Office of the Commissioner

Report on the December 23, 2021 public hearing regarding the Emergency Regulation
Governing the Control and Prevention of COVID-19 Mandating Vaccines for Individuals
Working and Dining at Indoor Dining Locations

CITY OF PHILADELPHIA

DEPARTMENT OF PUBLIC HEALTH

BOARD OF HEALTH

Report on public hearing held December 23rd, 2021
by the Philadelphia Board of Health Regarding Receipt of Public Comment on the Emergency
Regulation Governing the Control and Prevention of COVID-19 Mandating Vaccines for
Individuals Working and Dining at Indoor Dining Locations

Submitted by:  _____

Department of Public Health
Cheryl A. Bettigole, MD, MPH
Health Commissioner

Date: 1/4/2022 _____

Approved by:  _____

Law Department
Jo Rosenberger Altman
Senior Attorney
Legislation & Legal Counsel Unit

Date: 1/4/2022 _____

Report Concerning Public Comments on Emergency Regulation Governing the Control and Prevention of COVID-19 Mandating Vaccines for Individuals Working and Dining at Indoor Dining Locations

I. Procedural Background

The Board of Health (the “Board”) approved the Emergency Regulation Governing the Control and Prevention of COVID-19 Mandating Vaccines for Individuals Working and Dining at Indoor Dining Locations (“Emergency Regulation”) on December 14, 2021 at a public meeting by unanimous vote of the six members present.¹ Written public comment was accepted and considered by the Board prior to the vote. This Emergency Regulation was promulgated pursuant to the Mayor’s Executive Order No. 3-20 of March 11, 2020, entitled “Declaration of Extraordinary Circumstance: Suspending the Formal Regulatory Process for Regulations Concerning a Novel Coronavirus.” The purpose of the Mayor’s Declaration of Extraordinary Circumstance was to allow the City to promulgate emergency regulations that could take effect immediately when necessary to address the public health emergency posed by COVID-19.

The Department of Public Health (“PDPH”) submitted the Emergency Regulation approved by the Board of Health, and as also approved by the Law Department, to the Department of Records for publication on December 15, 2021. The Department of Records acknowledge receipt of the Emergency Regulation and published it as immediately effective on December 15, 2021.²

In connection with the Board of Health’s December 14, 2021 meeting, on December 14, 2021 PDPH received a request for a public hearing concerning the Emergency Regulation and the Board scheduled a hearing for December 23, 2021. PDPH notified the member of the public who requested the hearing of the public hearing. PDPH also published notice of the public hearing in the *Philadelphia Daily News*, the *Legal Intelligencer*, and on the City’s official website. The public hearing took place on December 23, 2021 at 4:00 PM via Zoom. Approximately ten (10) members of the public took part in the hearing.

II. Description of Emergency Regulation³

The Emergency Regulation requires workers and diners to have received a vaccine to protect against SARS-CoV-2 (“COVID-19”) to be present at an Indoor Dining Location, with certain limited exceptions. Starting January 3, 2022, Indoor Dining Workers must have received at least one dose of an Approved COVID-19 vaccine and starting February 3, 2022, must have received a Completed Vaccination Series. With respect to diners, effective January 3, 2022, individuals

¹ Cheryl Bettigole, MD, MPH; Tyra Bryant-Stephens, MD; Marla J. Gold, MD; Jennifer Ibrahim, PhD, MPH; Amid I. Ismail, BDS, DrPH, MBA; A. Scott McNeal, DO.

² A copy of the Emergency Regulation Governing the Control and Prevention of COVID-19 Mandating Vaccines for Individuals Working and Dining at Indoor Dining Locations, as adopted on December 14, 2021 and published by the Department of Records on December 15, 2021 is attached, as Exhibit A.

³ All capitalized terms used in this Section have the meanings defined in the Emergency Regulation, attached as Exhibit A.

twelve (12) years of age or older must have received a Completed Vaccination Series, and diners under twelve (12) years of age but over five (5) years and three (3) months of age must have received at least one dose of an Approved COVID-19 Vaccine, to dine at an Indoor Dining Location. Effective February 3, 2022, all individuals over five (5) years and three (3) months of age must have received a Completed Vaccination Series to dine at an Indoor Dining Location. Prior to January 17, 2022, the Emergency Regulation also gives businesses the option to accept a negative antigen or PCR test for COVID-19 within 24 hours from diners instead of requiring proof of vaccination.

III. Legal Authority

The Board is established under the Philadelphia Home Rule Charter (the “City Charter”) and is the primary authority for disease prevention and control in the City. City Charter §§ 3-901 5-301; Disease Prevention and Control Law of 1955, 1956, April 23, P.L. (1955) 1510, 35 P.S. § 521.1, et seq., (the “DCPA”) at § 3, 35 P.S. § 521.3. Pursuant to the City Charter, the Board is authorized to “[m]ake reasonable regulations, not contrary to any statute or ordinance, for the preservation and promotion of the health of the people of the City.” City Charter § 5-301. The Board has two independent sources of legal authority for promulgating regulations to prevent the spread of SARS-CoV-2 (“COVID-19”).

Under Chapter 6-200 of The Philadelphia Code, the Board is authorized to establish lists of communicable, reportable and quarantinable disease, and to implement various reporting and control measures to prevent the spread of such disease. Philadelphia Code §§ 6-201 through 6-206, and § 6-210. Authorized control measures include:

- the “quarantining of any person who is reasonably suspected of having or being exposed to any” communicable disease “in such manner as the Board may by regulation prescribe in order to protect the public health and prevent the spread of such disease[;]”
- prohibiting the “congregation of persons at . . . any public place where such measure is necessary to prevent the spread of such disease;”
- requiring “the immunization of any person against any communicable disease listed and designated by the Board as one against which immunization is effective[;]”
- and such other emergency epidemic control measures “as are necessary to prevent the spread of [a communicable] disease.”

Philadelphia Code §§ 6-201 through 6-206, and § 6-210.

Pennsylvania law separately authorizes the Board to implement “regulations relating to disease prevention and control, which are not less strict than the provisions of [the DCPA] or the rules and regulations issued thereunder by” the Pennsylvania Board of Health. 35 P.S. § 521.16(c). The Board’s authority under the DCPA is expansive. *See Pennsylvania Rest. & Lodging Ass’n v. City of Pittsburgh*, 653 Pa. 596, 632, 211 A.3d 810, 832 (2019) (holding that

ordinance requiring paid sick leave was authorized under 35 P.S. § 521.16(c) because it was “related to disease control and prevention”).

Section 8-407 of the City Charter provides the procedural requirements for promulgating regulations. Ordinarily, a City regulation must be filed with the Department of Records and a period of thirty days must pass before a regulation can be effective. Charter § 8-407(a). If a hearing is requested on the regulation, the hearing must be scheduled and a report on the hearing must be filed with the Department of Records. The regulation is not effective until ten days after the report is filed. City Charter § 8-407(c). Therefore, under ordinary procedure, a regulation cannot be effective until at least thirty days after it is filed; if a hearing is requested on the regulation, realistically, with the time needed to schedule a hearing and prepare and then approve a report on a hearing, a regulation would not be effective until 45-60 days after it is originally filed.

The City Charter specifically provides, however, that when the City is experiencing an “emergenc[y] affecting the public health or safety” the Mayor may suspend the requirements of the section to allow temporary regulations to be put into force, provided that such regulations may not remain effective unless the procedures of Section 8-407 “are complied with forthwith.” City Charter § 8-407(c). On March 11, 2020, the Mayor issued Executive Order No. 3-20, entitled “Declaration of Extraordinary Circumstance: Suspending the Formal Regulatory Process for Regulations Concerning a Novel Coronavirus” to suspend the requirements of Section 8-407 to allow regulations “pertaining to the threat of the spread of COVID-19” to go into effect immediately upon the delivery of such regulations to the “Department of Records for public notice of such filing” while the remaining procedures required by Section 8-407 are followed.⁴ Promptly providing the requested hearing and the rapid preparation and filing of this report constitute the PDPH’s carrying out of these requirements.

IV. December 23, 2021 Hearing

Six representatives of the Board⁵ and one member of the City’s Law Department⁶ appeared at the December 23, 2021 hearing.⁷ Approximately 10 members of the public attended. The following individuals testified⁸: Daniel Auerbach, Esq. of Gamburg & Benedetto; Lynn Landes, Founder of HealthAlertPhilly; Dustin Luchmee; An Bop; Frank Pater; Christina Sloat of Nano-Neurotechnology Awareness Project; Hayat Ali; Linda Toscano; and Daniel Raso-Llaras.

V. Responses to Testimony and Written Comments

The Board heard testimony from nine (9) individuals at the December 23, 2021 hearing and received eighteen (18) written comments. Some of the individuals who provided oral

⁴ The Declaration of Extraordinary Circumstance is available at: <https://www.phila.gov/media/20210602145104/executive-order-2020-03.pdf>; *see also* <https://www.phila.gov/media/20200612221725/Regulatory-Process-COVID19-Proclamation.pdf>.

⁵ Cheryl Bettigole, MD, MPH; Marla J. Gold, MD; Jennifer Ibrahim, PhD, MPH; Amid I. Ismail, BDS, DrPH, MBA; A. Scott McNeal, DO; John Rich, MD, MPH

⁶ Jo Rosenberger Altman, Senior Attorney, Legislation & Legal Counsel Unit

⁷ A transcript of the 12/23/2021 Board of Health Public Hearing is attached, as Exhibit B.

⁸ Affiliations are as provided.

testimony also submitted written testimony and some individuals provided multiple written comments. Responses to the Oral Testimony in Section A should be also be considered Responses to Written Testimony that appears in Section B if the subject matter is applicable.

A. Oral Testimony⁹

1. Testimony of Daniel Auerbach, Esquire¹⁰

- Adoption of the Emergency Regulation is not lawful under the City Charter and the City Code. The Board of Health has not mandated vaccination under Section 6-210 of the Philadelphia Code, under which it might have such power.
- The Board has mandated restaurants verify the vaccination status of their customers and mandated that customers show papers to prove their vaccination status to enter restaurants. This is not a power that exists under the City Code. Your powers are limited to what City Council gave to you and you have exceeded them without a vote of City Council. Only City Council can adopt this measure and it has not done so.
- The process by which the Board adopted the Emergency Regulation is unlawful.
- I disagree that a public health emergency exists to suspend the requirements of Section 8-407. Annotation 11 to Section 8-407 states that thirty-day (30) notice can be suspended only if there is an emergency that could cause disaster.
- The effective date for all provisions of the Emergency Regulation is January 18, 2022. This measure was announced thirty (30) days before January 18, 2022, demonstrating that there is no disaster because there could have been a 30-day period for comment.
- The Declaration of Emergency by the Mayor has been in effect since March 11, 2020. When is the emergency going to stop? When will there be a return to normalcy in terms of process and procedure?
- The Emergency Regulation allows proof of vaccination without regard to the date of vaccination. Medical studies have shown that the vaccine is not going to prevent transmission ten months after it is administered.
- The Board has not considered natural immunity.
- This Emergency Regulation requires people to “show papers” about daily life. We don’t do that in America.
- The Board has not done a cost-benefit analysis of the public health benefits.
- The exceptions in the Emergency Regulation, such as being able to go into a restaurant to pick up take-out food if you are unvaccinated, are not supported by evidence.
- It is unconstitutional for the Emergency Regulation to apply to private homes with gatherings of more than 25 people.
- The Emergency Regulation is not designed to serve the public health.

⁹ The oral testimony of each commentator has been summarized in bulleted format below. For a full, verbatim transcription of this oral testimony to the Board on 12.23.2021, please see Exhibit B.

¹⁰ Mr. Auerbach also submitted two letters regarding the Emergency Regulation to the Law Department. These letters are attached, as Exhibit C.

- It violates the City Code, the City Charter, the Pennsylvania Constitution, commonsense, and basic decency.
- The Emergency Regulation “tries to build a segregated society where people who don’t obey what this Board does or what public health authorities demand is rendered unclean and not fit to go about their daily life, not fit to go about their business and excluded from everything else.” There is no rationale for that.
- This Emergency Regulation will not have a huge benefit such as saving thousands of lives. There is almost no benefit, if any, of this measure.
- I request the Board get rid of the Emergency Regulation in its entirety.
- If the Board is going to keep the Emergency Regulation, then it should tell the public the rationale for it. Tell the public what evidence was relied on. This will allow others to present evidence to show that the Board is wrong.

Response: Please see above in Section I (“Procedural History”), Section II (“Description of the Emergency Regulation”), and Section III (“Legal Authority”) for a description of Emergency Regulation’s requirements and the basis of Board’s legal authority to promulgate this Emergency Regulation.

Regarding the timing of the Emergency Regulation’s requirements, the Emergency Regulation took effect on January 3, 2022. The 2-week period until January 18, 2022 (during which the admission of customers who show results of a negative test done within 24 hours of entry is permitted) is optional. The period between the adoption by the Board and the effective date was necessary to allow time for businesses to prepare and for those employees who are impacted but who have not yet been vaccinated to get their first doses of vaccine. Had the Board of Health followed the ordinary process for the adoption of regulations, the vaccination mandate would have been delayed until, at the earliest, late January, long past the time when cases have been surging far beyond the rate of any previous period of the pandemic.

Current COVID hospitalizations in Philadelphia area hospitals have more than tripled since the end of November. The Omicron variant remains a serious concern. Average daily cases in Philadelphia have increased from 275 on November 24, 2021 to 2,256 on December 31, 2021.¹¹ This had led to an increase in hospitalizations in Philadelphia, with 222 COVID-19 hospitalizations on November 24, 2021 to 818 on December 31, 2021.¹²

With soaring case rates, there is a very real risk that even though the hospitalization rate (per infected person) appears to be somewhat lower with

¹¹ According to internally maintained statistics of the Philadelphia Department of Public Health, Philadelphia Average COVID-19 daily cases have increased as follows: 275 on 11/24/2021, 463 on 12/9/2021, 906 on 12/24/2021, 2,256 on 12/31/2021.

¹² According to internally maintained statistics of Philadelphia Department of Public Health, Philadelphia COVID-19 hospitalizations have increased as follows: 222 on 11/24/2021, 347 on 12/9/2021, 423 on 12/24/2021, 818 on 12/31/2021.

Omicron than with previous variants, hospitals could still be overwhelmed, given the far greater overall numbers of infections, leading to the inability to treat a wide variety of treatable conditions and substantially higher death rates across the city. Thomas Jefferson University Hospital has moved to a virtual hospital command structure due to the large number of patients hospitalized with COVID-19 infection and the small (<10%) remaining number of open beds.¹³

COVID-19 vaccines are extremely [safe and effective](#)¹⁴ at both preventing cases of COVID-19 and at preventing hospitalizations and deaths. Although people who have had COVID-19 previously may have some natural immunity, [that immunity is not consistent and is considerably lower](#)¹⁵ than the level of protection after vaccination.

Although vaccine efficacy against the newer Omicron variant is lower than that of previous variants, people who are vaccinated are still facing far lower odds of hospitalization and death than those who remain unvaccinated. According to [data from South Africa](#)¹⁶ and the [UK](#),¹⁷ COVID vaccines do protect against hospitalization. Having a booster provides more protection than the primary vaccine series. Philadelphia’s data from December 2021 shows a similar pattern: while more than 77% of adults in the city have been fully vaccinated, 68% of hospitalizations were among people who remain unvaccinated.¹⁸

Vaccine mandates have proved to be [very effective](#)¹⁹ at increasing vaccination rates. As of December 26, 2021, the vaccination rate for Black Philadelphians over age twelve and older was fifty-seven (57) percent.²⁰

¹³ Emailed communication, Shane Flickinger, VP of Operations, Thomas Jefferson University Hospital, December 21, 2021.

¹⁴ “COVID-19 Vaccines are Effective,” Centers for Disease Control and Prevention, available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/index.html>. Last Updated December 23, 2021 (visited December 29, 2021).

¹⁵ Bozio CH, Grannis SJ, Naleway AL, et al. Laboratory-Confirmed COVID-19 Among Adults Hospitalized with COVID-19–Like Illness with Infection-Induced or mRNA Vaccine-Induced SARS-CoV-2 Immunity — Nine States, January–September 2021. *MMWR Morb Mortal Wkly Rep* 2021;70:1539–1544. DOI: <http://dx.doi.org/10.15585/mmwr.mm7044e1>.

¹⁶ Shirley Collie and Jared Champion, “Investigating the Pfizer COVID-19 vaccine’s real-world effectiveness in the Discovery Health administered medical scheme member base,” *Discovery Health*, November 3, 2021, available at <https://www.discovery.co.za/corporate/health-insights-vaccines-real-world-effectiveness> (visited January 3, 2022).

¹⁷ James Gallagher, “Omicron: Three vaccine doses key for protection against variant”, *BBC News*, December 10, 2021, available at <https://www.bbc.com/news/health-59615005> (visited December 29, 2021).

¹⁸ Philadelphia Department of Public Health internal data available at <https://www.phila.gov/programs/coronavirus-disease-2019-covid-19/data/testing/>.

¹⁹ Albarracin, D., Jung, H., Song, W. *et al.* Rather than inducing psychological reactance, requiring vaccination strengthens intentions to vaccinate in US populations. *Sci Rep* 11, 20796 (2021). <https://doi.org/10.1038/s41598-021-00256-z>.

²⁰ Philadelphia Department of Public Health COVID Dashboard available at <https://www.phila.gov/programs/coronavirus-disease-2019-covid-19/data/vaccine/>.

Regarding the exceptions for take-out food, brief entry to pick up takeout or to use a restroom is allowed because of the both the short time period and because those entering for these purposes can remain masked. While mask use has been protective, people are unable to mask while eating and drinking. Hence a requirement for vaccination in these sites allows for greater protection for both customers and workers. And [restaurant owners have largely been supportive](#)²¹ of the vaccine mandate for indoor dining, recognizing that it is a strategy that is better for them economically than closures and capacity limits and that it increases the confidence of diners who feel safer in an establishment that requires vaccinations.

The layering of multiple mitigation strategies is important to the prevention of COVID-19 infection. Vaccines are one important part of mitigation. Vaccines are available without cost to all Philadelphians. The [National Vaccine Injury Compensation Program](#)²² exists to provide compensation in the extremely rare case of a serious injury from vaccination.

2. Testimony of Lynn Landes

- There is currently no emergency, and there never has been an emergency, caused by COVID-19 for 99.9 percent of the population.
- This Emergency Regulation is bullying, tyranny, bribing and blackmailing people to do what the Board wants them to do, which is take the vaccine of which the ingredients people have no clue. This violates informed consent and the Geneva Conference.
- There is no pandemic exemption to the Bill of Rights. This Emergency Regulation violates the Bill of Rights and sets a horrible precedent.
- Mass vaccination and mass medication is an invitation to mass contamination and mass poisoning.
- The Board's mandates on businesses have created "an unnecessary chaotic environment where it is difficult, if not impossible, to function as a civil and sane society."
- The Board's mandate is an abrogation of the patient-doctor relationship.
- Why should CDC guidance be followed regarding COVID-19 and its variants when it has been proven that the NIH funded the gain-of-function Wuhan research, which caused the pandemic to begin with?
- For 99 percent of the population, there is no serious harm from COVID or any of its variants, particularly for the young, yet they are being mandated to take this vaccine and suffering serious injuries and death because of it.

²¹ Avram Hornik, *Philly restaurant owner: New vaccine mandate is good for everyone, Opinion*, The Philadelphia Inquirer, December 13, 2021, available at <https://www.inquirer.com/opinion/commentary/philadelphia-proof-vaccination-restaurants-owners-reaction-20211213.html>.

²² "National Vaccine Injury Program," Health Resources & Services Administration, available at <https://www.hrsa.gov/vaccine-compensation/index.html> (visited December 29, 2021).

- To date, there has been zero risk of death for Omicron and little risk of hospitalization.
- It appears that the pandemic is winding down. Why are mandates being passed now? It's very suspicious that this has to do with elections, not with health.
- There is no informed consent to vaccination when the ingredients of the vaccine are unknown, particularly when the vaccine manufacturers have requested the FDA keep the ingredients secret for 55 years.
- There have been no long-term studies of COVID vaccines, yet they are being mandated.
- There are serious side effects of the COVID vaccines being reported in VAERS (Vaccine Adverse Event Reporting System)
- Hospitals are filling up with the vaccinated, not unvaccinated.
- It has been reported that none of the vaccines have been actually approved for use by the FDA. People are still getting emergency use vaccines.
- The city will face a tsunami of lawsuits "because of illness and death due to the vaccines, but also because of loss of property, finances, all of that."
- Natural immunity is being completely ignored. If you're already naturally immune, getting the vaccine has its own serious side effects.
- CDC has deliberately and grossly inflated cases because their guidance says that COVID-19 should be reported on the death certificate for all decedents where the disease is caused or is assumed to have caused or contributed to death. That's how they got the 800,000 deaths. This guidance is then reversed for deaths due to the vaccine. This is criminal fraud.
- There is financial incentive to put people on ventilators and to give Remdesivir. This is a euthanasia protocol they are involved in and they get incentivized financially for it.

Response: COVID-19 vaccines are extremely [safe and effective](#)²³ at both preventing cases of COVID-19 and at preventing hospitalizations and deaths. Although efficacy against the newer Omicron variant is lower than that of previous variants, people who are vaccinated are still facing far lower odds of hospitalization and death than those who remain unvaccinated. With soaring case rates, there is a very real risk that even though the hospitalization rate appears to be somewhat lower with Omicron than with previous variants, hospitals could be overwhelmed, leading to the inability to treat a wide variety of treatable conditions and substantially higher death rates across the city. See Response to Oral Testimony 1 for data on recent increase in case rates and hospitalization rates.

²³ "COVID-19 Vaccines are Effective," Centers for Disease Control and Prevention, available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/index.html>. Last Updated December 23, 2021 (visited December 29, 2021).

3. **Testimony of Dustin Luchmee**

- I am a resident of South Philadelphia and a co-leader of Project Stand Together Philadelphia.
- I worked in medical research at Penn and Einstein Hospital for six years. If I was not transparent about the risks of the experiments I performed with my participants, I would be violating the Nuremberg Code.
- The City of Philadelphia is mandating vaccines without telling the risk of using the vaccine. The vaccine that is authorized right now is currently experimental as the Comirnaty is not available on the market.
- We are seeing that many people are having heart and neurological complication as well as dying from the receiving the vaccine.
- The mandates are based on stopping the spread. We know that the vaccine does not stop transmission, even though CDC Rochelle Walensky has perpetuated that lie as well as President Biden and Anthony Fauci.
- Anthony Fauci said in an interview with Mark Zuckerberg that the vaccine may actually make you more susceptible to infection of COVID-19.
- We are seeing from South Africa that the Omicron variant is not as bad as the American media is making it out to be. Omicron is actually something that we want the population to catch as the symptoms are very mild and people will likely not be hospitalized and they will gain natural immunity.
- The mandates ignore natural immunity and of people who have already recovered from COVID.
- People who have allergies to the vaccine or other predispositions for why the vaccine may be harmful for them are being ignored.
- By implementing these mandates, the Board is excluding people from society on the basis of their medical choice and their right to make their own medical decisions for their bodies.
- We live in a predominantly black city and only 11 percent of the black community of Philadelphia is fully vaccinated. These mandates are racist by excluding the black community from city activities. The black community has reasonable distrust in the medical community for experimentation and past crimes against humanity committed against them.
- These mandates are a crime against humanity. They are violating the Nuremberg Code, and by doing so you are acting as war criminal and would be tried as such as legal action would be taken.
- I hope that you reconsider and do not implement these mandates. There is no basis in science for using these mandates to help curb the spread. We are actually looking into a much milder version of COVID. We're likely to recover.
- It seems like this pandemic will never end as politicians have other goals for voting and for financial gains to keep it going on.
- If the Board cared about public health in Philadelphia, it would make therapeutics, such as Ivermectin and Vitamin D, accessible to Philadelphians.

Response: As of December 26, 2021, the vaccination rate for Black Philadelphians age twelve years or older was fifty-seven (57) percent.²⁴ As noted above, the vaccines are safe and effective (see Response to Oral Testimony 2). The mandate allows for medical exemptions. Current COVID-19 hospitalizations in Philadelphia area hospitals have more than tripled since the end of November, so the Omicron variant remains a serious concern.

4. Testimony of An Bop

- The black community and black and local small businesses are taking the biggest hit with this coming mandate. A lot of them are not aware that the Board even hold meetings such as these where they can voice their concerns. They have no place to express that they will be directly affected by mandates such as these.
- The purpose of this mandate does not make up for the fact that these businesses may be losing customers, losing money, losing jobs, and losing their way to fend for themselves.
- Last year there was focus on the black community's disenfranchisement and now it is being ignored that these people may be suffering and the Board is not directly talking to them and asking them if they are being negatively impacted.
- How will the Emergency Regulation be enforced? It could cause more problems than solutions.
- The restaurants are not the problem. I think people are able to weigh their own safety themselves. If they feel confident, if they have natural immunity, they should be able to go into a restaurant, like they were in the beginning of the pandemic. There were not these rules in place at the beginning.

Response: The Black community of Philadelphia has been disproportionately impacted by the COVID-19 pandemic, with higher rates of hospitalizations and deaths. Many workers at places that serve food and drink are Black and face continued exposure to COVID-19 in their workplace. While mask use has been protective, people are unable to mask while eating and drinking. Hence a requirement for vaccination in these sites allows for greater protection for both customers and workers. See also Response to Oral Testimony 1 and 2.

5. Testimony of Frank Pater

- Mandating vaccination in restaurants is ineffective and burdensome to an already struggling industry. It is more importantly highly immoral. This vaccine mandate should not be implemented.
- It is clear that COVID-19 is not going away. There have been reports recently of fully vaccinated and boosted people coming down with COVID-19, many of those have been in indoor settings where everybody in the building was vaccinated and sometimes masking. COVID-19 is continuing to spread, even when everyone is vaccinated and masked.

²⁴ Philadelphia Department of Public Health COVID Dashboard available at <https://www.phila.gov/programs/coronavirus-disease-2019-covid-19/data/vaccine/>

- The only way to prevent restaurants from being a vector by which COVID can spread is to close them again completely.
- Multiple studies have confirmed that vaccinated people can catch and transmit the virus at the same rate as unvaccinated people.
- For the past four months, bars and restaurants have had to choose between either requiring vaccines or universal masking. Is there any data suggesting that the restaurants and bars that chose to require vaccines have had less COVID transmission than those requiring universal masking?
- The vaccines have been available for almost a year. Do we really think that any who has chosen at this point not to be vaccine is going to change their mind in order to go out to dinner?
- Even when people are vaccinated, they are still nervous.
- The restaurant industry is clearly struggling due to last year's shutdown and ongoing hesitancy of the public to go out to eat as it is. There are help wanted signs everywhere in the city.
- It's obvious there is a shortage of workers. Burdening restaurants with these additional recordkeeping requirements and limitations on staff and customers are going to continue to force industry decline. Tourists will avoid the city.
- The Emergency Regulation will not slow the spread of COVID at all. This is a lose-lose proposition. Forcing businesses to discriminate when they don't want to is going to further encourage their owners to shut down or leave.
- The Emergency Regulation is unethical. It is formally segregating societies by codifying discrimination against a group of people into city regulation. The low vaccination rates among minority and marginalized communities have been mentioned. It's very immoral to bar a class of people from public accommodations based on personal medical decision regarding a brand new class of medicines, the long term effects which can't possibly be known.
- I request that you reverse your decision.

Response: Vaccine mandates have proved to be [very effective](#)²⁵ at increasing vaccination rates. As of December 26, 2021, the vaccination rate for Black Philadelphians over age twelve and older was fifty-seven (57) percent.²⁶

COVID-19 vaccines are extremely [safe and effective](#)²⁷ at both preventing cases of COVID-19 and at preventing hospitalizations and deaths. Although efficacy against the newer Omicron variant is lower than that of previous variants, people who are vaccinated are still facing far lower odds of hospitalization and

²⁵ Albarracin, D., Jung, H., Song, W. *et al.* Rather than inducing psychological reactance, requiring vaccination strengthens intentions to vaccinate in US populations. *Sci Rep* **11**, 20796 (2021). <https://doi.org/10.1038/s41598-021-00256-z>.

²⁶ Philadelphia Department of Public Health COVID Dashboard available at <https://www.phila.gov/programs/coronavirus-disease-2019-covid-19/data/vaccine/>.

²⁷ "COVID-19 Vaccines are Effective," Centers for Disease Control and Prevention, available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/index.html>. Last Updated December 23, 2021 (visited December 29, 2021).

death than those who remain unvaccinated. With soaring case rates, there is a very real risk that even though the hospitalization rate appears to be somewhat lower with Omicron than with previous variants, hospitals could be overwhelmed, leading to the inability to treat a wide variety of treatable conditions and substantially higher death rates across the city. See also Responses to Oral Testimony 1 and 2.

6. Testimony of Christian Sloat

- Various comments about masking.
- We should be demanding that federal agencies require more of pharmaceutical companies mandating that they share their intelligence on nanotechnologies and demanding that companies that manufacture and disseminate nanotechnology into any injective project should be required to label a product with its shape.
- There was a rumor that some of the vaccines included graphene. Most modern-day vaccines do include or involve nanotechnologies. Nanotechnologies are not malicious in and of themselves. The question is what type of technologies are there and why are they there?
- If you really feel like an airborne virus is the issue, then use the mask yourself. But please remember that it's not the best for everyone.
- I believe that there should be choice. I don't feel a public mandate on this issue was ever warranted, but I think particularly now we can see that there is always going to be a new reason, a new virus, a new fear or scare coming from biotech and pharma.

Response: Response: Masks are an [effective mitigation strategy](#)²⁸ against COVID-19. The discussion above of nanotechnologies falls outside of the scope of this Emergency Regulation.

7. Testimony of Hayat Ali

- I moved to Germantown about six months ago. She is scared by COVID. Business is going slow.
- I need advice from the neighborhood and from everyone because she is new to business and is fearful of what is going on.

Response: Acknowledged.

8. Testimony of Linda Toscano

- If you truly want to save lives, you should make a mandate requiring all doctors, hospitals, and pharmacies to allow early treatment of COVID using such things as Hydroxychloroquine, Vitamin D, IV Vitamin C, etc. This is what would make Philadelphia death numbers go down and set an example for the nation.

²⁸ Jeremy Howard, Austin Huang, Zhiyuan Li, Zeynep Tufekci, Vladimir Zdimal, Helene-Mari van der Westhuizen, Arne von Delft, Amy Price, Lex Fridman, Lei-Han Tang, Viola Tang, Gregory L. Watson, Christina E. Bax, Reshama Shaikh, Frederik Questier, Danny Hernandez, Larry F. Chu, Christina M. Ramirez, Anne W. Rimoin Proceedings of the National Academy of Sciences Jan 2021, 118 (4) e2014564118; DOI: 10.1073/pnas.2014564118. Available at <https://www.pnas.org/content/118/4/e2014564118> (visited December 29, 2021).

- Have you done research other than the mainstream propaganda? Lots of good people have followed tyrannical governments before.
- We aren't allowed to use medications that will help us if we do get COVID. You can't buy them. You have to get them online from other states.
- I'm 68 years old. I had COVID. I got Hydroxychloroquine through moving heaven and earth and every symptom was gone in 24 hours.
- Mandates that close restaurants will do nothing. Have a mandate that actually means something.

Response: None of the treatments listed above are evidence-based. All have been studied and found not to be beneficial for treating COVID-19. For specifics, see this [Cochrane Review](#)²⁹ of hydroxychloroquine for treatment of COVID-19, [information from the Mayo Clinic](#)³⁰ on Vitamin D, and [information from the National Institutes of Health](#)³¹ on IV Vitamin C. See also Responses to Oral Testimony 1 and 2.

9. **Testimony of Daniel Raso-Llaras**

- I continue to work only because I have medical exemption. I have chronic glomerulonephritis. I had a kidney transplant and I am immunocompromised.
- People are being told to take the vaccine without a proper risk assessment. People are taking the vaccine because it is supposed to be for the greater good. It's weaponizing love. The Board has a righteousness that gives you the expert notion that you know you're right. You may know if your heart of hearts you're not.

Response: COVID-19 vaccines are extremely [safe and effective](#)³² at both preventing cases of COVID-19 and at preventing hospitalizations and deaths.

B. **Written Testimony**³³

In addition to oral testimony provided at the Board's December 23, 2021 hearing, the Board received written comments on the Emergency Regulation submitted by email to Benjamin Hartung, Public Policy Advisor for the Division of Chronic Disease and Injury Prevention,

²⁹ "Is chloroquine or hydroxychloroquine useful in treating people with COVID-19, or in preventing infection in people who have been exposed to the virus?" Cochrane.org, March 25, 2021, available at <https://www.cochrane.org/news/chloroquine-or-hydroxychloroquine-useful-treating-people-covid-19-or-preventing-infection> (visited December 29, 2021) (citing Singh B, Ryan H, Kredo T, Chaplin M, Fletcher T. Chloroquine or hydroxychloroquine for prevention and treatment of COVID-19. Cochrane Database of Systematic Reviews 2021, Issue 2. Art. No.: CD013587. DOI: 10.1002/14651858.CD013587.pub2. Accessed 29 December 2021).

³⁰ William F. Marshall, III, MD, "Can taking a vitamin D supplement prevent infection with the virus that causes the coronavirus disease 2019 (COVID-19)?" Mayo Clinic, available at <https://www.mayoclinic.org/diseases-conditions/coronavirus/expert-answers/coronavirus-and-vitamin-d/faq-20493088> (visited December 29, 2021).

³¹ "Vitamin C," National Institutes of Health, April 21, 2021, available at <https://www.covid19treatmentguidelines.nih.gov/therapies/supplements/vitamin-c/> (visited December 29, 2021).

³² "COVID-19 Vaccines are Effective," Centers for Disease Control and Prevention, available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/index.html>. Last Updated December 23, 2021 (visited December 29, 2021).

³³ The written testimony reproduced in this Section was received by email. It is reproduced verbatim, with the exception that attempts were made to correct obvious grammatical errors for the purpose of creating a clear record.

Department of Public Health. The following individuals and entities submitted comment:³⁴ Suzie Tehan; Dr. Damien Ciasullo; Michael Greenberg; Laura Schroy; Anastasia Alexandrin; Sheila Pai; Dr. Lenny Roberts; Christy Walters; Linda Toscano; Linda Hough; Vincent Feldman of the Pennsylvania Chapter Children's Health Defense; Lynn Landes, Founder of Health Alert Philly; Christina Sloat of the Nano-Neurotechnology Awareness Project. The following is a reproduction of the written testimony submitted by the individuals listed above, along with the Board's responses.

1. Suzie Tehan

I am disturbed to hear about a possible vaccine mandate for all indoor workers and diners. I am so proud to live in PA, a state where people have choice and medical freedom. Mandating vaccines for diners and workers will have a significant and negative impact on the livelihood of both restaurant owners and restaurant workers. Mandating that people put anything into their bodies without their consent is just plain wrong. Telling people that they must unwillingly take a drug or lose their livelihood is wrong. Furthermore, this vaccine is still experimental and it is not stopping people from getting COVID or spreading COVID. We do not and will not know much about the harm and consequences of this vaccine for many years to come. If it is not doing what it was designed to do (i.e., stop the spread of COVID and stop the recipient from getting sick), why is it even being considered that people should unwillingly be mandated to put an experimental drug into their bodies? Is the state of PA willing to accept all the costs (financial, physical, mental, emotional) for all vaccine-related injuries?

Response: COVID-19 vaccines are extremely [safe and effective](#)³⁵ at both preventing cases of COVID-19 and at preventing hospitalizations and deaths. Although efficacy against the newer Omicron variant is lower than that of previous variants, people who are vaccinated are still facing far lower odds of hospitalization and death than those who remain unvaccinated. With soaring case rates, there is a very real risk that even though the hospitalization rate appears to be somewhat lower with Omicron than with previous variants, hospitals could be overwhelmed, leading to the inability to treat a wide variety of treatable conditions and substantially higher death rates across the city. The [National Vaccine Injury Compensation Program](#)³⁶ exists to provide compensation in the extremely rare case of a serious injury from vaccination.

2. Dr. Damien Ciasullo

To whom it may concern,

³⁴ Affiliations are as provided.

³⁵ "COVID-19 Vaccines are Effective," Centers for Disease Control and Prevention, available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/index.html>. Last Updated December 23, 2021 (visited December 29, 2021).

³⁶ "National Vaccine Injury Program," Health Resources & Services Administration, available at <https://www.hrsa.gov/vaccine-compensation/index.html> (visited December 29, 2021).

I am writing to voice my adamant opposition to the proposed plans of mandating Covid Vaccines for those who work in or are patrons of restaurants.

I will keep my comments short:

1. This mandate does not work. One only needs to look at New York or Los Angeles and their rising cases to understand what science has known all along. Screening someone based on vaccine status does not stop the spread. Your group would need to answer why cases are soaring in NYC (covid passports used for months) Florida cases down 95%
2. These are a tool to segregate people. As a doctor in Philadelphia who daily serves a community of different races and socioeconomic classes, this mandate would absolutely discriminate against poorer and minority citizens of our city. It is classist and racist!
3. It completely ignores the science of natural immunity. For your reference I am attaching a link to over 140+ (ONE HUNDRED FORTY) scientific, referenced articles that speak to the robust, complete, and durable immunity of those members of our community that have contracted SARSCov2 and now have long lasting possibly lifetime immunity. (Sars Cov 1 survivors still show immunity 17 years later!!)

<https://brownstone.org/articles/79-research-studies-affirm-naturally-acquired-immunity-to-covid-19-documented-linked-and-quoted/>

4. This will push people from dining and entertainment in our city toward the suburbs. I am quite content to dine at places that do not require me to show a passport for a vaccine that does not stop transmission of a virus. I am perfectly content to NEVER dine in Philadelphia or attend a professional sports game again if this bill is passes.
5. As a lifetime Democrat I am ashamed that my party continually seeks draconian mandate after mandate that do not have scientific backgrounds, or evidence that they work to divide people and seek to limit rights and freedoms. Wow, the definition of being a liberal have sure changed in the last few years. I am not alone in this. You are driving Democrats away with this messaging.

I am happy to debate ANY official with my qualifications or higher on the efficacy of this mandate as long as it is livestreamed for the public to watch. I will donate \$1000 to a homeless shelter in Philadelphia for taking part.

I can be contacted for further information or to expand on any of the above rational at this email address.

Thank you

Response: COVID-19 vaccines are extremely [safe and effective](#)³⁷ at both preventing cases of COVID-19 and at preventing hospitalizations and deaths. Although efficacy against the newer Omicron variant is lower than that of previous variants, people who are vaccinated are still facing far lower odds of hospitalization and death than those who remain unvaccinated. See also Responses to Oral Testimony 1 and 2.

3. Michael Greenberg

Please acknowledge that I am 100% opposed to these proposed mandates.

Response: Acknowledged.

4. Laura Schroy

There should be no mandate for Covid 19 vaccine to be able to enter buildings. That is plain and simple segregation and forced compliance to take a product that does not work.

Both vaccinated and non vaccinated can still contract and spread covid.

Israel is now on its 4th dose of the product that again - does not work.

Medical decisions must remain between a patient and their doctor. Not a person and the government.

Response: COVID-19 vaccines are extremely [safe and effective](#)³⁸ at both preventing cases of COVID-19 and at preventing hospitalizations and deaths. Although efficacy against the newer Omicron variant is lower than that of previous variants, people who are vaccinated are still facing far lower odds of hospitalization and death than those who remain unvaccinated. Vaccine mandates have also proved to be [very effective](#)³⁹ at increasing vaccination rates.

5. Anastasia Alexandrin

I would like it to be noted that I am against the passport mandate.

³⁷ “COVID-19 Vaccines are Effective,” Centers for Disease Control and Prevention, available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/index.html>. Last Updated December 23, 2021 (visited December 29, 2021).

³⁸ Id.

³⁹ Albarracin, D., Jung, H., Song, W. *et al.* Rather than inducing psychological reactance, requiring vaccination strengthens intentions to vaccinate in US populations. *Sci Rep* **11**, 20796 (2021). <https://doi.org/10.1038/s41598-021-00256-z>.

Response: Acknowledged.

6. Sheila Pai

Hello,

I am writing to express my sincere and deep disturbance and shock that Philadelphia - the city of brotherly love, the birthplace of our country founded on ideals of liberty and the place of so much segregational and historical violence and pain - would harbor, even for one second, the desire to bring back segregation, discrimination, supremacy and tyranny.

Knowing that 70% of African Americans are unvaccinated...

Knowing that 43.6% of Philadelphians identify as Black...

Knowing that healthy unvaccinated people do not carry a potential for infection or spread...

Knowing that vaccinated people CAN AND DO carry the potential for asymptomatic infection...

Knowing that restaurants have already been crushed by lockdown policies and Covid response restrictions and protocols...

Knowing that those restaurants can make their own choices about policies just as customers can choose to patronize an establishment whose policies match their values...

Knowing that the majority of cases are Omicron...

Knowing that Omicron has an 80-90% reduction in hospitalizations and is reportedly - worldwide - mild in symptoms and nonlethal generally...

There is NO scientific, constitutional or ethical backing for a mandate. Period. If you choose to implement this measure you are going against the science, against the constitution and against all basic ethics. You will hold the responsibility for further bankrupting the city of its economic and human resources along with driving a division of apartheid hate in our great city.

You must NOT allow this mandate to move forward.

Response: COVID-19 vaccines are extremely [safe and effective](#)⁴⁰ at both preventing cases of COVID-19 and at preventing hospitalizations and deaths. Although efficacy against the newer Omicron variant is lower than that of previous variants, people who are vaccinated are still facing far lower odds of hospitalization and death than those who remain unvaccinated. Vaccine mandates have also proved to be [very effective](#)⁴¹ at increasing vaccination

⁴⁰ "COVID-19 Vaccines are Effective," Centers for Disease Control and Prevention, available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/index.html>. Last Updated December 23, 2021 (visited December 29, 2021).

⁴¹ Albarracin, D., Jung, H., Song, W. *et al.* Rather than inducing psychological reactance, requiring vaccination strengthens intentions to vaccinate in US populations. *Sci Rep* **11**, 20796 (2021). <https://doi.org/10.1038/s41598-021-00256-z>.

rates. And [restaurant owners have largely been supportive](#)⁴² of the vaccine mandate for indoor dining, recognizing that it is a strategy that is better for them economically than closures and capacity limits and that it increases the confidence of diners who feel safer in an establishment that requires vaccinations. See also Responses to Oral Testimony 1 and 2.

7. Dr. Lenny Roberts

Good evening,

I'd like to voice my opinion that I stand fir health care freedom of choice and oppose segregation of any group, class, race, etc. in our society.

Please do not require/allow passports

Thank you

Response: Acknowledged.

8. Christy Walters, Andorra 19128

As a long time resident of this amazing city, I strongly oppose this vaccine mandate to attend sporting events and indoor dining. In the birthplace of freedom, these measures are counterproductive and create distrust and animosity towards our city health officials. Vaccines do not stop the spread. There is plenty of science to support this and we're seeing it play out everywhere. These mandates are going to further decimate already struggling small businesses. There are many residents who can't even be vaccinated and you're forcing them out of public life and it's absolutely unacceptable.

My children's school had just 3 cases since September. Three in a 3.5 month period. They just finished their second vaccine clinic 1.5 weeks ago and there's already 9 cases! 9 in 1.5 weeks! There's no denying that the timing of the vaccination clinics and the rise in cases are not a coincidence. It's happening in schools all over this city. Stop pretending the vaccinated with COVID are ok to roam about in society but the unvaccinated must isolate from society. These policies are creating nothing but decisiveness in an already fractured city.

Stop the mandates in the birthplace of freedom, and stop the fear. As a public health office, the public has yet to hear from you any true promotion of health. When are you going to start promoting true healthy living by maintaining healthy weight, eating healthy foods and exercising? All this constant fear perpetuates stress for people, further reducing the body's immunity.

⁴² Avram Hornik, *Philly restaurant owner: New vaccine mandate is good for everyone*, *Opinion*, The Philadelphia Inquirer, December 13, 2021, available at <https://www.inquirer.com/opinion/commentary/philadelphia-proof-vaccination-restaurants-owners-reaction-20211213.html>.

I will take my business to the close boarding suburbs of this county- where being vaccinated isn't required to shop or dine at a business, or wear masks. Many businesses and restaurants in the surrounding suburbs are open for business with no restrictions. More people have moved out of this city than into it since this pandemic started. What you are doing is destroying this great city. People are tired of it. It's time to accept the fact that COVID is never going away and we have to live with it. Mandates and vaccines aren't going to stop it from spreading.

Response: COVID-19 vaccines are extremely [safe and effective](#)⁴³ at both preventing cases of COVID-19 and at preventing hospitalizations and deaths. Although efficacy against the newer Omicron variant is lower than that of previous variants, people who are vaccinated are still facing far lower odds of hospitalization and death than those who remain unvaccinated. Vaccine mandates have also proved to be [very effective](#)⁴⁴ at increasing vaccination rates. See also Responses to Oral Testimony 1 and 2.

9. Linda Toscano

This mandate makes no logical sense and is bad for Philadelphia.

Omicron is a mild disease. It may actually help us reach herd immunity. Your overreaction to this will further harm business in the city, and will harm many individuals.

Vax mandates are extremely unethical for the following reasons:

- 1) Violations of personal freedom;
- 2) Disregard for serious vaccine side effects, which are more common than with any previous vaccine;
- 3) Disregard for natural immunity, which many Philadelphians have and which is only true way to end the pandemic.
- 4) Disregard for possible long-term side effects, especially upon our children
- 5) Disregard for the ineffectiveness of the vaccine, which still allows for transmission and breakthrough cases.

If you impose this mandate, you will further harm this city, and you may indirectly harm many individuals, while helping no one. People who fear 'the unvaccinated' already have places they can go, due to the current mandate. That is more than enough.

⁴³ "COVID-19 Vaccines are Effective," Centers for Disease Control and Prevention, available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/index.html>. Last Updated December 23, 2021 (visited December 29, 2021).

⁴⁴ Albarracin, D., Jung, H., Song, W. *et al.* Rather than inducing psychological reactance, requiring vaccination strengthens intentions to vaccinate in US populations. *Sci Rep* **11**, 20796 (2021). <https://doi.org/10.1038/s41598-021-00256-z>.

Stop destroying the city please.

Response: COVID-19 vaccines are extremely [safe and effective](#)⁴⁵ at both preventing cases of COVID-19 and at preventing hospitalizations and deaths. Although people who have had COVID-19 previously may have some natural immunity, [that immunity is not consistent and is considerably lower](#)⁴⁶ than the level of protection after vaccination.

10. Linda Toscano

<https://www.ucdavis.edu/health/covid-19/news/viral-loads-similar-between-vaccinated-and-unvaccinated-people>

The above article is based on a study done by scientists at the University of California.

Response: The article cited above does show similar viral loads among people who test positive for COVID-19 who are vaccinated and unvaccinated. But it also notes that “Vaccines have been shown to be highly effective in preventing severe disease, hospitalization and death from COVID-19. For example, as of mid-September, 41 out of 49 patients hospitalized with COVID-19 at UC Davis Medical Center in Sacramento were unvaccinated.” It further notes that “vaccinated people with a breakthrough infection are much less likely to become severely ill than unvaccinated.” Vaccines have been shown to reduce the death rate⁴⁷ from COVID-19.

The below article references a study published in the Lancet.

Are you going to tell me that this is misinformation?

The real misinformation is what is coming from the government which is currently controlled by the pharmaceutical industry.

<https://peckford42.wordpress.com/2021/08/31/scientists-fully-vaccinated-carry-251-times-the-covid-viral-load-as-unvaccinated/>

⁴⁵ COVID-19 Vaccines are Effective,” Centers for Disease Control and Prevention, available at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/index.html>. Last Updated December 23, 2021 (visited December 29, 2021).

⁴⁶ Bozio CH, Grannis SJ, Naleway AL, et al. Laboratory-Confirmed COVID-19 Among Adults Hospitalized with COVID-19–Like Illness with Infection-Induced or mRNA Vaccine-Induced SARS-CoV-2 Immunity — Nine States, January–September 2021. MMWR Morb Mortal Wkly Rep 2021;70:1539–1544. DOI: <http://dx.doi.org/10.15585/mmwr.mm7044e1>.

⁴⁷ “COVID-19 Cases and Deaths by Vaccination Status,” Texas Department of State Health Services, November 8, 2021.

Response: This is misinformation through misuse of published research. It may be instructive to read [this response](#)⁴⁸ from the authors of the Lancet preprint article to the misuse and mischaracterization of their preprint article. They were noting the higher viral loads found in patients with the Delta variant compared to those with the original COVID-19 strain, *not* higher viral loads among people previously vaccinated. Please also see Responses to Oral Testimony 1 and 2.

11. Linda Toscano

If you truly want to save lives, you should make a mandate requiring all doctors, hospitals, and pharmacies to allow early treatment of Covid using hydroxychloroquine, Ivermectin, Vitamin D, IV Vitamin C, etc. This is what would make Philadelphia death numbers go down and set an example for the nation.

Have you done research other than the mainstream propaganda? How will history judge you? Lots of good people have followed tyrannical governments before.

Response: None of the treatments listed above are evidence-based. All have been studied and found not to be beneficial for treating COVID-19. For specifics, see this [Cochrane Review](#)⁴⁹ of hydroxychloroquine for treatment of COVID-19, [information from the Mayo Clinic](#)⁵⁰ on Vitamin D, and [information from the National Institutes of Health](#)⁵¹ on IV Vitamin C.

12. Linda Hough

Hi,

I'm writing to say I am against having vaccine mandates for dining or any business. This is discrimination based on medical decisions that each person is free to make. Not only is

⁴⁸ Nguyen Van Vinh Chau, MD, PhD, Guy Thwaites, MD, PhD, Le Van Tan, PhD, "Our preprint article 'Transmission of SARS-CoV-2 Delta Variant Among Vaccinated Healthcare Workers, Vietnam'", available at <http://www.oucr.org/our-preprint-article-transmission-of-sars-cov-2-delta-variant-among-vaccinated-healthcare-workers-vietnam/> (visited December 29, 2021).

⁴⁹ "Is chloroquine or hydroxychloroquine useful in treating people with COVID-19, or in preventing infection in people who have been exposed to the virus?" Cochrane.org, March 25, 2021, available at <https://www.cochrane.org/news/chloroquine-or-hydroxychloroquine-useful-treating-people-covid-19-or-preventing-infection> (visited December 29, 2021) (citing Singh B, Ryan H, Kredon T, Chaplin M, Fletcher T. Chloroquine or hydroxychloroquine for prevention and treatment of COVID-19. Cochrane Database of Systematic Reviews 2021, Issue 2. Art. No.: CD013587. DOI: 10.1002/14651858.CD013587.pub2. Accessed 29 December 2021).

⁵⁰ William F. Marshall, III, MD, "Can taking a vitamin D supplement prevent infection with the virus that causes the coronavirus disease 2019 (COVID-19)?" Mayo Clinic, available at <https://www.mayoclinic.org/diseases-conditions/coronavirus/expert-answers/coronavirus-and-vitamin-d/faq-20493088> (visited December 29, 2021).

⁵¹ "Vitamin C," National Institutes of Health, April 21, 2021, available at <https://www.covid19treatmentguidelines.nih.gov/therapies/supplements/vitamin-c/> (visited December 29, 2021).

it discriminatory, it also makes no sense since 80% of Omicron cases are among the vaccinated. They are the ones spreading it according to the CDC. There should never be mandates for medical decisions, whether you're vaccinated or not. Preserve freedom & allow restaurants and small businesses to allow anyone into their establishments.

Response: According to [data from South Africa](#)⁵² and the [UK](#),⁵³ COVID vaccines do protect against hospitalization. Having a booster provides more protection than the primary vaccine series.

13. Vincent Feldman, Pennsylvania Chapter Children's Health Defense

Dr. Bettigole and the Philadelphia Board of Public Health,

We deeply oppose the Philadelphia Department of Public Health's announced vaccine mandate for patrons and staff of all establishments that sell food or drink for on-site consumption. The measure is **boldly undemocratic**, as it was imposed by **unelected officials**, it was **sprung without warning or end point**, underwent **no debate or committee review** and was not accompanied by **documentation or justification** of its benefit for public health or **explanation of its medical and scientific validity**. As well as being undemocratic and unsound scientifically **it is abhorrent to our constitutional rights and our identity as Americans**.

Residents of Philadelphia and the State demand your office demonstrate the legal, medical and scientific justification for this order **or cease this order immediately**. An order to segregate, to divide our people into different classes and **force their separation into privileged and unprivileged groups is immensely dangerous** and will inevitably lead to **physical and psychological damage** and is being done without the presence of any actual emergency as Philadelphia hospitals are not beyond normal capacity for the season. All evidence from the country's who have already experienced the wave of Omicron have shown this variant to be the [weakest encountered](#) and some South African doctors are suggesting we use Omicron [as a vaccine candidate](#), one that would give long lasting immunity from infection. SA, which has only a quarter of its people vaccinated, has stopped track and trace and has seen hospitalizations fall as cases climbed. Additionally there is no evidence that the current vaccines offer any protection from the Omicron variant. Monoclonal antibody treatments [are already being withdrawn](#) as they target the original Sars-Cov2 strain and have been deemed useless against Omicron. You must ask the same question of the vaccine if you can find the courage to

⁵² Shirley Collie and Jared Champion, "Investigating the Pfizer COVID-19 vaccine's real-world effectiveness in the Discovery Health administered medical scheme member base," Discovery Health, November 3, 2021, available at <https://www.discovery.co.za/corporate/health-insights-vaccines-real-world-effectiveness> (visited January 3, 2022).

⁵³ James Gallagher, "Omicron: Three vaccine doses key for protection against variant", BBC News, December 10, 2021, available at <https://www.bbc.com/news/health-59615005> (visited December 29, 2021).

push against the Big Pharma/FDA cartel who's immense exercise of power is a real and broad danger to all Americans.

This City's creation of a government led category of “**other**” is profoundly disturbing and dehumanizing to people who see this as reminiscent of the worst periods in world history. Our city is already on the edge emotionally and psychologically and now this measure will **allow people to become accustomed to the thought that somebody can be stigmatized** and looked at as different, an untouchable, an unclean. Family and friends are being asked to divide their flock during the holiday season, a special time when our bonds are meant to be strengthened. Any mental health professional will attest to the fact that **social exclusion is one of the most painful and threatening events a person can experience**. [Social exclusion](#) has proven to cause higher **mortality and morbidity**, and we know [isolation and social exclusion](#) are **predictors of self harm and suicide**. Did your office conduct a **cost benefit analysis** with these facts in mind?

Why do this? We can find no discernable reason for this order as the vaccine products your office is vigorously promoting [do not confer immunity or protection from infection](#) from the Sars-CoV2 or its variants. Nor does this three shot protocol **prevent transmission**. To call them vaccines is a stretch. They were designed as a treatment to lessen symptoms if infected and there is no clear evidence that they can even achieve this when one is infected with the Delta and Omicron variants. Furthermore, observational evidence is showing that **these shots**, if working as designed, can **mask symptoms which can lead to higher infection rates** as the vaccinated have been shown to carry the [same viral load as those free of shots](#) but can often **not be aware they are infected**. Your office must demonstrate that this order is not just an abominable marketing tool to bully people into taking investigational medicines but an honest calculation formed from evidence of efficacy and need.

Please rescind this order before further harm is done.

Response: According to [data from South Africa](#)⁵⁴ and the [UK](#),⁵⁵ COVID vaccines do protect against hospitalization. Having a booster provides more protection than the primary vaccine series. See also Responses to Oral Testimony 1 and 2.

14. Frank Pater, Resident of City Council District 5

Hello,

⁵⁴ Shirley Collie and Jared Champion, “Investigating the Pfizer COVID-19 vaccine’s real-world effectiveness in the Discovery Health administered medical scheme member base,” Discovery Health, November 3, 2021, available at <https://www.discovery.co.za/corporate/health-insights-vaccines-real-world-effectiveness> (visited January 3, 2022).

⁵⁵ James Gallagher, “Omicron: Three vaccine doses key for protection against variant”, BBC News, December 10, 2021, available at <https://www.bbc.com/news/health-59615005> (visited December 29, 2021).

Thank you in advance for taking the time to hear my comments on this matter.

Mandating vaccination of diners at Philadelphia restaurants is ineffective, burdensome to an already struggling industry, and most importantly highly immoral. Therefore, the Department of Public Health should not implement a vaccine mandate for employees and diners at indoor restaurants in Philadelphia.

COVID-19 is clearly endemic and unavoidable at this point. Anyone paying the slightest bit of attention to news headlines in the past week knows that countless fully-vaccinated+boosted people have recently caught COVID-19, many of them in indoor settings where everyone was vaccinated and masking. Put plainly, COVID continues to spread, even in fully-vaccinated environments. Multiple studies have confirmed that vaccinated people catch and transmit the virus at the same rate as unvaccinated people. The only way to prevent restaurants from enabling the spread of COVID-19 would be to completely shut them down again.

For the past four (4) months, bars and restaurants have had the option of requiring either vaccines or masks. Is there any data suggesting that the establishments who chose the former have had less COVID transmission than those who chose the latter? The COVID vaccines have been available for almost a year now. Does anyone really think that people who've chosen not to take a vaccine will change their mind in order to be permitted to eat inside a restaurant? Given the passion with which the topic of vaccines is debated in every aspect of society, this seems highly unlikely.

Due to last year's shutdown, the restaurant industry is clearly still hobbled. Walking around the city, the huge number of Help Wanted signs make obvious the shortage of service industry workers -- in most places, there are more restaurants looking for staff than not. Burdening restaurants with additional recordkeeping requirements and limitations on staff and customers will further damage the hospitality/service and tourism industries in the city, by reducing both the potential employee and customer pools. Combined with the fact that it will not slow the spread of COVID, this is a lose-lose proposition: COVID will continue to spread, restaurants will continue to decline, and tourists will avoid Philadelphia. Further, forcing businesses who do not want to discriminate to do so further encourages them to shut down or leave the city.

Finally, it is horribly unethical to formally segregate society by codifying discrimination against of a group of people in a city regulation. The low vaccination rates of minority and marginalized groups notwithstanding, it is immoral to bar a class of people from public accommodations based on a personal medical decision regarding a brand-new class of medicines, the long-term effects of which cannot yet be known.

Everyone knows in their heart of hearts that this kind of segregation is wrong. On top of that is the fact that it just plain can't work. I appeal to your senses of humanity and reason, and respectfully request that the Department of Health reverse the decision to implement this regulation.

Thank you for your time.

Response: Vaccine mandates have proved to be [very effective](#)⁵⁶ at increasing vaccination rates. See also Responses to Oral Testimony 1 and 2.

15. Lynn Landes, Founder, www.HealthAlertPhilly.org, 19107

There should be NO mandates of vaccines, medication, masks, social distancing etc. under any circumstance:

1. The U.S. Constitution did not make any “pandemic” exception to our civil liberties.
2. Mass vaccination and medication is an open door to mass contamination and/or poisoning.
3. Issuing an endless series of mandates on the public, schools, businesses, etc., based on the virus of the month, has created an unnecessary chaotic environment where it is difficult, if not impossible, to function as a civil or sane society.
4. Mandates are an invitation to ‘abuse of government authority’ and interfere with the patient – doctor relationship.

That said, regarding COVID and its variants:

5. Why follow CDC guidance when it has been proven that the NIH funded the “gain of function” research that caused the COVID-19 pandemic? That is like letting known criminals run the Justice System.
6. For 99.9% of the population, there is no risk of serious harm from COVID or any of its variants. That is particularly true for the young, yet they are being mandated to be vaccinated, as well.
7. To date, there is ZERO risk of death from Omicron and little risk of hospitalization. It appears that this so-called “pandemic” are winding down
8. There has been NO INFORMED CONSENT, which is a violation of the Geneva Convention. No one knows what is in the vaccines, particularly not the Pfizer vaccines, whose corporate makers asked the FDA for 55 years before they would be required to release the ingredients. In fact, the vaccines themselves could be giving people the Delta and Omicron variants.
9. There are NO LONG-TERM STUDIES of any COVID-19 shots.

⁵⁶ Albarracin, D., Jung, H., Song, W. *et al.* Rather than inducing psychological reactance, requiring vaccination strengthens intentions to vaccinate in US populations. *Sci Rep* **11**, 20796 (2021). <https://doi.org/10.1038/s41598-021-00256-z>.

10. Serious side effects from the COVID vaccines are being reported to the VAERS system. Reportedly, the hospitals are filling up with the vaccinated, not the unvaccinated.
11. It has been reported that none of the vaccines being used have actually been approved by the FDA, but in fact are still for “emergency use” only. The vaccine that was FDA approved is not available, reportedly.
12. Natural immunity is being ignored. In fact, those who have already been infected with COVID should NOT be vaccinated, as that would cause serious adverse reactions.
13. The emphasis on “cases” based on PCR tests, that have been deliberately calibrated to produce an avalanche of false positives, has been used to scare the public into getting vaccinated. This constitutes criminal fraud.
14. The CDC has deliberately & grossly inflated “cases” and “deaths” due to COVID, statistically and through financial incentives, in order to promote dangerous vaccines. The CDC’s Guidance allows anything to be declared a COVID death: “COVID-19 should be reported on the death certificate for all decedents where the disease caused or is ASSUMED to have caused or contributed to death.”
15. Face masks are harmful to health as they decrease oxygen intake, increase carbon dioxide and can contain toxic chemicals and dangerous fibers that damage the lungs, brain, and other parts of the body.
16. The City of Philadelphia is setting itself up for massive lawsuits for death and personal injury, plus business losses, through the passage of these coercive mandates.
17. Studies and more information at www.HealthAlertPhilly.org

Response: More than 4200 Philadelphians have died from COVID based on death certificate and medical examiner records. See also Responses to Oral Testimony 1 and 2.

16. Christina Sloat

Thank you in advance for considering the needs of all Philadelphians; all must be welcome to enjoy life; respecting the right to bodily autonomy, and the right to have medical decisions remain private is important. I don't believe that the medical evidence has proven the need for vaccines, and most evidence suggests that masks are not appropriate in this situation. For some masks are not a precaution, but instead, work counterproductively; for children, masks are extraordinarily inappropriate and can impede physiological, psychological, and socio-emotional development, or . Despite how seemingly accustomed to them, they have become, children should not be allowed to wear them at all. For the elderly, and the disabled, despite how eager to please people have become, they should not be asked to wear them. Please acknowledge the rights of all to reject medical treatments, of which both masks and vaccines can be considered. One should not need either to join their family and friends in dining--to insist that anyone eat outdoors in the cold, is segregationist, and leaves the elderly, those with medical conditions, and children more at risk. Not only is asking for a vaccination card

inappropriate (being that vaccines should not be required), but they pave the way for the digital passports, which pave the way for digital passports, which leave important data in the hands of the unscrupulous, and leaves us all open to more tracking, stalking and surveillance; more stored data equals more data theft via hacking, or sneak-a-peek opportunities. Please restore Philadelphia's reputation as a city of "LOVE", or "brotherly love"; lead the way, in embracing all, and in requiring that all data remain appropriately private, keeping residents safer..."the only thing worth fearing, is fear itself", that, and going along with an unthinking crowd.

The need to regulate foods, bev. for nanotechnologies---the general public is largely unaware of the ubiquitousness of such technologies in foods; there is an increased need to better understand the contents of vitamins and pharma. as well---one cannot debate whether physiological health issues (such as "covid-19" symptoms, or adverse reactions to vaccines) or are caused by the presence of malicious nanotechnologies in food and beverages, if one is unaware that those technologies are there. If one is not aware that they are there, one cannot insist on their consumer rights i.e. better testing and regulation.

Regulation of nanotech in foods: <https://www.ami.swiss/en/seminars-news-events/news/22662/next>

Please see the attachment:

I made this sign a month ago--this sign, or something like it, is what should be on the doors of shops, restaurants, theaters, stores, law firms, and federal buildings.

I apologize--Due to having been poisoned during burglaries, and through other methods, I have neurological symptoms at unforeseen and unpredictable times--Despite, I do hope that my contribution to the discussion was understood and appreciated. Also, my image on Zoom is never quite accurate, and the poisonings have affected the bone and muscle tissue ("new" problem, like "Covid" is new), so I do hope that I was at least recognizable.

The following text is from the sign attachment referenced above in Christina Sloat's Comment:

WE DO NOT DISCRIMINATE AGAINST ANYONE, EVER, FOR ANY REASON.

WE RESPECT ALL, REGARDLESS OF GENDER, RACE, RELIGION, AGE, ABILITY, OR HEALTH CONDITION.

WE WILL NOT VIOLATE YOUR RIGHT TO BODILY AUTONOMY, OR PRIVACY.

WE DO NOT ASK ANYONE TO WEAR A MASK, EVER. WE DO NOT ASK FOR PRIVATE INFO ON YOUR VACCINATION HISTORY.

WE BELIEVE IN LOVE, TOLERANCE, COMPASSION, AND EMPATHY, FOR ALL.

ALL ARE WELCOME IN OUR ESTABLISHMENT.

Response: Masks are an effective mitigation strategy⁵⁷ against COVID-19. The discussion above of nanotechnologies falls outside of the scope of this regulation.

17. Lynn Landes, Founder, www.HealthAlertPhilly.org, 19107

Popular COVID Home Test Kit Contains Lethal Drug that is Fatal

SOURCE: <https://healthimpactnews.com/2021/popular-covid-home-test-kit-contains-lethal-drug-that-is-fatal/>

by Brian Shilhavy
Editor, Health Impact News

Greg Reese of Infowars.com recently published a report that reveals a lethal drug that is included in Abbott's BinaxNOW COVID-19 Home Test Kit has a history of killing people even in small doses.

The instructions for the test kit warn that this is a "hazardous" ingredient that is not to be touched, but that warning does not state that it could cause death or organ failures.

Greg produced this report as a warning for those who travel and may be rushed to take this test, which is authorized to be used with children as young as 2-years-old.

But since he published this report a few days ago, the Biden Administration has since stated that they are invoking the Defense Protection Act to spend \$3 BILLION to purchase and make available a half billion of these COVID home testing kits for all Americans.

⁵⁷ Jeremy Howard, Austin Huang, Zhiyuan Li, Zeynep Tufekci, Vladimir Zdimal, Helene-Mari van der Westhuizen, Arne von Delft, Amy Price, Lex Fridman, Lei-Han Tang, Viola Tang, Gregory L. Watson, Christina E. Bax, Reshama Shaikh, Frederik Questier, Danny Hernandez, Larry F. Chu, Christina M. Ramirez, Anne W. Rimoin Proceedings of the National Academy of Sciences Jan 2021, 118 (4) e2014564118; DOI: 10.1073/pnas.2014564118. Available at <https://www.pnas.org/content/118/4/e2014564118> (visited December 29, 2021).

Why would they include such a dangerous drug in these home test kits?

One obvious reason is that these test kits are NOT approved by the FDA, but only given emergency use authorization (EUA), so the manufacturer is not responsible for any “accidents” that might happen causing organ failure or death.

This is on our Bitchute channel as well as on our Telegram channel for easy download and distribution. The original source is here.

In addition to the obvious problems that these tests cannot possibly be accurate since the Omicron variant is fake to begin with, and that if used wrongly they have lethal consequences, the other problem is that you need to scan a QR code that is then sent to a “telehealth proctor” and now your private health information will no longer be private, but part of their database.

Response: The regulation does not require people who are vaccinated to test and does not require the use of any particular testing product for those who do test. The source cited is conspiracy theory website tied to a great deal of misinformation. It is not a source of reliable scientific information.

18. Christina Sloat

To The Philadelphia Board of Health,

Regarding masks, vaccines, and vaccine passports---please take the time to listen to these voices: "Covid-19" was a planned situation, but it is not something that requires vaccines

Watch them all---beyond the shallow, the deeper truths behind "Covid-19" is here---
Wolfgang Woldarg---Doctor, former Public Health Officer, former German Parliament Member and Council of Europe Member

<https://www.bitchute.com/video/SJgVrd0WmOB6/>
<https://odysee.com/@PlanetLockdown:6/Wolfgang-Wodard:e>

Michael Yeadon, Former Vice President and Chief Science Officer of Pfizer for 16 years.
Founder of successful pharma start-up.

<https://rumble.com/vg4inv-michael-yeadon-full-interview-planet-lockdown.html>

Catherine Austin Fitts, Former Investment Banker, Asst. Secretary Bush Sr. Admin,
Investment Advisor, Solari Inc.

<https://odysee.com/@PlanetLockdown:6/Catherine-Round-2-Edited:3>

I hope that you find them informative.

Response: The Board recognizes the submission of this request.

Written Comments Received via Zoom Meeting Chat

- **Following Comments Sent Via Zoom Chat During 12.23.2021 Meeting by Dustin Luchmee:**

- My comment is that COVID is endemic, the American public has accepted that. The mandates are based on stopping transmission, which the vaccines and masks are ineffective. We see a disparity in approach - states such as FL and TX have low infection rates while states such as NY, PA, IL have high infection rates.
- The Omicron variant originated from vaccinated populations, as people who are not vaccinated are unable to leave the country. The omicron variant is thankfully mild and people are 80% less likely to be hospitalized with this variant (Bloomberg). With previous variants, the survival rate of COVID-19 ranged from 95-99% depending on age. These mandates are not based in science, and instead are designed violate our right to privacy and medical freedom while ushering in medical apartheid.
- Businesses have ways to keep customers safe by using sanitation protocols and air filtration in their establishments. For medical treatment, we have a range of therapeutics to use to help people who have been infected.
- The people have been lied to about the vaccine by the CDC, WHO, and by President Biden. We were told it stopped transmission, it did not. We were told 1x of J&J or 2x of Pfizer or Moderna were enough to keep people safe and they would not harm us - this is not true. Proponents and enforcers of this are committing war crimes. We are not able to give informed consent if we are punished for our choices regarding our healthcare.
- The people need to know if there are financial incentives to implement these mandates. If any member of city council has investment in Pfizer, Moderna, J&J, Merck, etc, the people deserve to know.
- And those therapeutics are cheap. You can make them accessible to all people and end inequality in Philadelphia.
- Will the city agree to be responsible for any adverse reaction to the vaccine

Response: The layering of multiple mitigation strategies is important to the prevention of COVID-19 infection. Vaccines are one important part of mitigation. Vaccines are available without cost to all Philadelphians. As noted above, the [National Vaccine Injury Compensation Program](#)⁵⁸ exists to provide compensation in the extremely rare case of a serious injury from vaccination. See also Responses to Oral Testimony 1 and 2.

⁵⁸ “National Vaccine Injury Program,” Health Resources & Services Administration, available at <https://www.hrsa.gov/vaccine-compensation/index.html> (visited December 29, 2021).

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- Following Comments Sent Via Zoom Chat During 12.23.2021 Meeting by Lynn Landes:
 - o Here is an article I wrote several months ago regarding nanotechnology and control of our thoughts and actions through these vaccines. It's a real thing. -- <http://www.healthalertphilly.org/ControllingHumanityThruCovid.htm>
 - o You can get Ivermectin and hydro... from Frontline Doctors
 - o In addition, our water department does NOT filter for medications, so the questions is, "Are we getting exposed to the vaccines through our drinking water?"

Response: See Response to Comment 11 above.

- Following Comments Sent Via Zoom Chat During 12.23.2021 Meeting by An Bop:
 - o Also if there is any financial incentive to the hospital protocols in place.
 - o Small businesses deserve to be included in the conversation and spoken to directly to by the city.

Response: The Department of Public Health spoke with a variety of stakeholders from the business community prior to implementation of the regulation.

VI. Final Action

In order to clarify to whom the optional exception for testing prior to January 17, 2022 applies, the Board makes the following amendment to Section 2 of the Emergency Regulation (deletions in ~~strike-through~~; additions in **bold**):

Section 2. Limitations on Unvaccinated Individuals in Indoor Dining Locations.

* * *

(E) Optional Exception for Testing Prior to January 17, 2022:
Notwithstanding 6 any other provisions of this regulation, prior to January 17, 2022, a business may choose to accept proof of a negative PCR or antigen test for COVID-19 from a sample that was collected from ~~an individual~~ **a customer** within twenty-four (24) hours of the date of entrance to the Indoor Dining Location in lieu of requiring ~~an individual~~ **such customer** to provide a vaccination status or claim an exemption. This authorization expires on January 17, 2022.

A copy of the final Emergency Regulation, as amended, is attached hereto, as Exhibit D.