

RIDOH Hearing

Recording Name:

2022.03.08 16.01.05 Hearing for RIDOH

Regulation 216-RICR-20-15-7

Transcript Prepared By:



T R A N S C R I P T I O N
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1 **Gareau:** Okay. We are going to go ahead and get started. Um,
2 hello, everybody. My name is Lauren Gareau. I am the
3 rules and regulations coordinator, uh, for RIDOH, and
4 I'm going to be today's hearing officer. Um, before
5 we get started, I do just want to go over, um, one
6 quick thing. Um, let's see. I want to be clear with
7 everybody, um, what regulation we are talking about.
8 We are talking about Immunization, Testing, and Health
9 Screening for Health Care Workers, which is different
10 than the emergency regulation, um, that requires a
11 COVID vaccine for health care workers and health care
12 providers. Um, I'm just gonna share this quick slide
13 here so you can have a brief minute to, um, see kind
14 of the differences between the emergency regulation
15 and the proposed regulation.

16 (Time elapses.)

17 **Gareau:** Okay. Um, so with that, we're going to get started
18 here. Um, like I said, we are here today to conduct a
19 public hearing concerning the rules and regulations
20 for Immunization, Testing, and Health Screening for
21 Health Care Workers. This hearing is being conducted
22 under the provisions of Rhode Island General Laws 23-
23 17 and 42-35. Today is Tuesday, March 8, 2022. My
24 name is Lauren Gareau, Rules Coordinator for the Rhode
25 Island Department of Health (also known as RIDOH), and



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I will be the hearing officer for today's proceeding. We also have multiple RIDOH staff on this call who will be monitoring and listening to the testimony provided. Um, before we start, and to prevent any interruptions of the proceeding, at this time I would like to ask those to ensure you are muted, and you will be allowed to unmute when it is your turn to speak. The purpose of today's hearing is to afford interested parties an opportunity to comment on the proposed regulations and allow as many people as possible to be heard, and to ensure that an accurate record of all comments is obtained. This hearing is intended for your participation only and is not intended to provide a forum for discussing, debating, arguing, or otherwise having dialogue on the regulations before us with RIDOH personnel as part of this public hearing. If you would like to speak, the procedure we will use is a- -- is as follows: Please register to speak by typing your name in the chat. Speakers will be taken in order of registration. If you signed up to speak ahead of time, those speakers will go first. Up to two minutes will be allowed for your presentation unless the lack of speakers allows for additional times. If you are reading off of a prepared document, such as a paper copy or electronic



1 version of your testimony, we politely request that
2 you speak clearly and at an unhurried pace so, um,
3 that the recorder can appropriately capture your
4 testimony in its entirety. I will indicate when you
5 have one minute of time remaining. If you are unable
6 to complete your testimony in the time allotted, you
7 may have an opportunity to speak if any time is
8 remaining after the other speakers who have signed up
9 complete their testimony. When you are called upon,
10 please unmute yourself, identify your name -- yourself
11 by name and affiliation, if any. Please spell your
12 name and give the full name of your organization if
13 you used an acronym. Make your presentation and make
14 sure to conclude within the allotment. We would
15 appreciate if you could provide it for the recording
16 by emailing to paula.pullano@health.ri.gov. In
17 accordance with the requirements of the Administrative
18 Procedures Act, additional written comments on these
19 proposed amendments will be accepted until Sunday,
20 March 27, 2022. After the conclusion of the public
21 comment period, RIDOH has four options under state
22 law: The first option is to file the regulations as
23 posted with the Secretary of State; the second option
24 is to file with minor technical changes (such as
25 correcting spelling and punctuation); the third option



1 is to make non-technical changes in what you see
2 before you today and will be addressed in RIDOH's
3 Concise Explanatory Statement filed with the (audio
4 drop - 0:06:01) notice posting. The fourth option is
5 not to file the proposed regulations, in which case,
6 the current regulations would remain in effect.
7 Unless otherwise specified by law, regulation, or at
8 the discretion of RIDOH, once filed, the regulations
9 become effective twenty days after filing and have the
10 force of law upon that date. Are there any questions
11 for how this public hearing will be conducted today?
12 If you do, please use the raised hand feature, and I
13 will call upon you.

14 (Time elapses with no questions.)

15 Gareau: Okay. At this time, I would like to pr- -- uh,
16 introduce the following exhibits, which will be part
17 of the record: The 1st exhibit is the notice of
18 proposed rule-making posted on the Rhode Island
19 Secretary of State's website on February 24, 2022.
20 The 2nd exhibit is a copy of the proposed regulations
21 with revisions indicated, posted to the Rhode Island
22 Secretary of State's on February 24, 2022. The 3rd
23 exhibit is a copy of the concise statement of proposed
24 non-technical amendments, uh, posted to the Rhode
25 Island Secretary of State on February 24. The 5th



1 document is a copy of the benefit-cost analysis, filed
 2 with the Secretary of State on February 24, 2022.
 3 The, uh, the 6th copy -- exhibit is a copy of the
 4 existing regulations for Immunization, Testing and
 5 Health Screening for Health Care Workers, last filed
 6 with the Rhode Island Secretary of State in October
 7 2012. The 7th and, um -- or the 6th exhi- -- 7th
 8 exhibit is a copy of the Rhode Island general laws,
 9 uh, 23-17 and 23- uh, -17.7-1, the enabling
 10 legislation for this regulation, and the final exhibit
 11 is a copy of an e-mail dated from the Office of
 12 Regulatory Reform confirming that RIDOH was authorized
 13 to move forward with these regulations. At this time,
 14 I will be calling upon the first speaker, uh, Scott
 15 Partington.

16 Partington: Yes, uh, uh, good afternoon, Lauren. Thank you.
 17 I'll just proceed. Uh, my name is Scott Partington.
 18 I'm the party chief, uh, in Narragansett. Um, I also
 19 am a, uh, member of the Ambulance Service Advisory
 20 Board, representing the Rhode Island Fire Chiefs
 21 Association. Um, I speak on behalf of, uh, myself in
 22 the position of the chief of the Narragansett Fire
 23 Department with my comments today. So, um, I -- I
 24 just wanna take -- I just wanna look for clarification
 25 mostly on this particular regulation as it applies to



1 the way it's presented. Um, uh, there's confusion,
2 maybe, on -- on behind the overall intent, purpose,
3 and subsequent impact of this rule change, and I think
4 that needs to be, uh, clarified, uh, potentially
5 within the document itself. Just, um, who exactly is
6 the rule change targeting? Um, I -- I -- I've gone
7 through the key three points o- -- o- -- of the chan-
8 -- the changes that are within this rule change, um,
9 expanding the definition to health care facility,
10 requiring health care facilities to -- to track
11 vaccination status, uh, and the third point requiring
12 health care workers to be -- to, um, be updated with
13 their COVID-19 vaccine and/or wear the N95 masks when
14 transition rate is -- is substantial. Um, I -- I get
15 that, but the -- the document -- uh, the rule change
16 quite often references health care facilities. Um,
17 so, I -- I guess my question is, uh, or my comments
18 are, who exactly is it targeting? Um, does it apply
19 to all licensed health care workers? In a sense, does
20 it apply to the firefighters, EMTs who operate and
21 work as a -- a health care worker? Um, health care
22 workers, uh, need to be updated with the COVID-19
23 vaccine or wear the N95's. So, um, health care
24 providers, uh, there's a few definitions. There's a
25 definition of health care pro- -- provider, defined as



1 anyone licensed by the Rhode Island Department of
2 Health to provide health care services. Uh, we get
3 that, but we as firefighter/EMTs are also health care
4 workers. So, is the overall intent of this rule
5 change going to, uh, include the, um,
6 firefighter/EMTs, those health care workers who are
7 licensed health care providers by the Rhode Island
8 Department of Health? Um, I think there might be some
9 confusion with that, and, um, I think that needs to be
10 clearly defined and pointed out within this rule
11 change, uh, what is the intent --

12 Gareau: That is time.

13 Partington: -- what is the intent behind it. Um, and, um, uh,
14 I'll -- I'll move on to -- to one of the other points
15 that I wanted to make, and that -- that --

16 (Crosstalk)

17 Gareau: -- testimony to two minutes. Um, I can add you to the
18 end if there is time allowed at the end of the hearing
19 for you to continue.

20 Partington: So, I -- my time's up?

21 Gareau: Your time is up. We're limiting it to two minutes.

22 Partington: Okay.

23 Gareau: Um, the next person, Andrew Bostom?

24 (Audio garbled - 0:12:12 to 0:12:22).

25 Gareau: I'm sorry, you're very pixelly.

1 (Audio garbled - 0:12:27 to 0:12:30).

2 Gareau: Um, your voice sounds pretty distorted.

3 (Audio garbled - 0:12:37 to 0:12:43).

4 Gareau: Um, I -- I'm sorry, I don't think we can -- at least,
5 I can't understand what you're trying to say. Um, you
6 -- it sounds very pixelated. Um, I think maybe you
7 could try logging back in. I'm going to move on to
8 the next person, and we'll come back to you. Um,
9 David Bodah?

10 Bodah: Good afternoon. My name is David Bodah, um, spelled
11 B-O-D-A-H, and I'm the executive director of the Rhode
12 Island Assisted Living Association, representing the
13 interests of assisted living community, staff, and
14 residents across the state. This amendment proposes
15 including assisted living residences in the definition
16 of health care facility. Assisted living residences
17 are not health care facilities, and their inclusion in
18 this definition is both in- -- inapplicable and
19 incorrect. Assisted living residences are not nursing
20 homes and do not, in a great majority of cases,
21 provide health care. They provide "board and care".
22 This distinction has been the standard for a very long
23 time, and it's accepted by our assisted living
24 communities, our staff, residents, and the community
25 at large. It has also been confirmed many, many times

1 verbally and in writing by Friends of the Department
2 of Health as well as other state agencies and elected
3 officials. Why seemingly out of the blue there is an
4 attempt to fold the assisted living communities into
5 this broad category of health care facilities is a
6 mystery to me and my members. Again, assisted living
7 residences provide board and care, not health care
8 services. Some assisted living residences do provide
9 some health services and have -- and as such have a
10 limited health service license and are already
11 required to comply with these regulations per that
12 license. This existing setup for immunization
13 requirements based on license type and services
14 provided in tha- -- in those cases is logical.
15 Including all assisted living residences in the
16 definition of health care facilities does not reflect
17 the reality of the (inaudible - 0:14:40) and will
18 create a great deal of confusion if enacted. Again,
19 the regulations should not be extended to all other
20 assisted living residences that -- that do not have
21 the limited care services license. Furthermore, the
22 time period of three months is insufficient to comply
23 with these new regulations if assisted living
24 residences are included over our strenuous objections.



1 This change will create many logistical and financial
2 issues for assisted living residences. Thank you.

3 Gareau: Thank you. Um, Andrew Bostom?

4 Bostom: Is that better?

5 Gareau: That's much better, thank you.

6 Bostom: Thank you. So, I'm an academic internist, a clinical
7 trialist, and epidemiologist. I'm affiliated with the
8 Brown University Center, uh, for Primary Care and
9 Prevention, but I'm speaking on my own behalf. Dating
10 back for a half century now, randomized controlled
11 trials have generated the gold standard of evidence
12 for making public health recommendations -- I repeat,
13 recommendations, not mandates. There is zero data
14 from four decades of modern influenza vaccine,
15 randomized controlled trials, and less than two years
16 of COVID vaccine randomized controlled trials that
17 either influenza or COVID-19 vaccines have reduced
18 viral transmission within any randomized controlled
19 trial design. Indeed, none of these influenza or
20 COVID-19 vaccine randomized controlled trials even
21 attempted mass contact tracing of trial participants
22 to establish a legitimate claim for reduced community
23 transmission. Given such deficient data, recommending
24 mass influenza or COVID-19 vaccination is at best
25 inappropriate. Mandating either vaccine practice

1 based upon the evidence-devoid claim of reduced
2 community viral transmission is coercive anti-
3 scientific Lysenkoism. Moreover, regarding COVID-19,
4 we now have voluminous evidence from COVID-19
5 epidemiologic and laboratory studies, further
6 confirmed by subgroup analyses of the COVID-19 vaccine
7 randomized controlled trials, that prior SI- -- SARS-
8 CoV-2 infection confers at least as robust and more
9 enduring and broad immunity to future SARS-CoV-2
10 infections relevant to vaccine-acquired immunity. For
11 example, locally, none of 423 vaccinated --
12 unvaccinated Massachusetts health care workers with a
13 prior SARS-CoV-2 infection were reinfected during six
14 months plus of observation. Finally, I -- I analyzed
15 RIDOH's own data from January 2022 provided to my
16 state rep, Chippendale, as the SARS-CoV-2 omicron wave
17 peaked in Rhode Island. Prior SARS-CoV-2 infection,
18 regardless of vaccination status, was associated with
19 a fourfold lower rate of new SARS-CoV-2 infections
20 relevant to full vaccination with no history of prior
21 infection. We must return immediately to rational
22 data-driven vaccine policies of the recent past, such
23 as the CDC's 2009-10 H1N1 swine flu pandemic vaccine
24 guidelines. Per -- per those guidelines, vaccinating
25 potentially high-risk individuals --



1 Gareau: That's --

2 Boston: -- was recommended, not mandated, and also PCR-
3 documented prior infection was explicitly acknowledged
4 as an acceptable alternative to vaccination. Thank
5 you.

6 Gareau: Thank you. Uh, Katie Ferreira-Aubin?

7 Ferreira-Aubin: Hi. Can everybody hear me? Can you hear me?

8 Gareau: Yep, go ahead.

9 Ferreira-Aubin: So, my name's Katie Aubin. I'm the organizer
10 of the nonprofit group Stop the Mandate RI, um, also
11 the organizer of the lawsuit against the DOH to allow
12 religious exemption for the vaccine mandate with
13 Attorney Joe Larisa. I'm also a licensed mental
14 health clinician in the state of Rhode Island, so I'm
15 affected by this mandate. I'm advocating for the new
16 policy over the existing one in that the vaccine
17 mandate is an "or" factor, not an "and" factor, to
18 wear an N95. So, I am -- I'm thankful that it'll
19 allow health care workers to be back to work,
20 hospitals to be staffed, and small businesses like
21 myself and many others to be open. Do I like the fact
22 that you either have to get the vaccine or wear a mask
23 if cases are higher? No, but again, this will allow a
24 lot of health care workers to go back to work and
25 businesses to remain open, so I am advocating for the

1 new -- that new regulation to be in place. I hate
2 that people like myself and so many others have to
3 fight and keep fighting for medical freedom and the
4 right to go to work every single day in a free
5 country. We've had enough. We don't wanna fight
6 anymore. In Rhode Island, if Rhode Island is gonna be
7 successful and productive in health care system, then
8 the COVID vax mandate needs to end and never be
9 reinstated. Thank you for your time.

10 Gareau: Thank you. Um, I just want to pause quickly and
11 remind anybody who has joined us recently that if you
12 would like to speak, please put your name in the chat,
13 and you will be called upon, uh, when it is your turn
14 to speak. Our next speaker is Jessica LeBlanc.

15 Jessica?

16 J. Leblanc: Hi, can you hear me?

17 (Crosstalk)

18 J. Leblanc: Okay, thank you. First, I want to thank you for
19 letting us have this time to voice our concerns in
20 regard to this new proposed reg- -- regulation, 216-
21 RICR-20-15-7, that ideally, uh, would like to pass. I
22 would like to start by saying that the RIDOH, uh,
23 imposed an unethical mandate and was nothing sh- --
24 that was nothing short of disastrous for this state.
25 Not only did you hurt people's livelihoods, but you

1 also hurt patient care by causing unsafe staffing
2 levels in multiple health care facilities throughout
3 the state. Any justification that you had for the
4 mandate fell apart when you allowed COVID-positive
5 health care workers to care for sick -- sick and
6 vulnerable patients. Regarding the -- regarding the
7 current regulation that you are trying to pass, here
8 are some major concerns that I have. Um, first, it
9 will expand the definition of "director" of RIDOH to
10 include a designee. Why should some unelected
11 bureaucrat be allowed to have that amount of power?
12 Next, it will expand the definition of health care
13 facilities to give RIDOH control over more entities.
14 Furthermore, it will expand widespread flu periods,
15 which will give Rhode Island Department of Health even
16 broader reason to impose more mandates. It will
17 permanently impose health care worker vaccine mandate
18 under certain conditions and with mask exemption. It
19 will allow major infringement of privacy of workers'
20 medical records by requiring places of work to report
21 COVID-19 vaccination statuses. Again, in your
22 proposal, you failed to recognize natural immunity,
23 which multiple peer-reviewed studies have shown that
24 those with natural immunity have a more robust protec-
25 -- protection against COVID-19. Natural immunity



1 needs to be recognized and given as an exemption and
2 should be considered equal, if not better, to those
3 who have gotten the vaccine, so no masks should be
4 required for people with natural immunity. The one
5 positive provision is allowing for refusal -- refusal
6 of the annual flu vaccine with written notice and
7 having no exemption required. In conclusion, Rhode
8 Island would be better off if these rules -- if the
9 rule changes are rejected and the Rhode Island
10 Department of Health does nothing but let the existing
11 regulation expire under the EUA (ph) -- um, I'm sorry,
12 under the emer- -- go- -- governor's current or- --
13 um, executive order. Please do the right thing for
14 health care workers and patients and the patients that
15 they serve. Thank you for your time.

16 Gareau: Thank you. Um, Alana Blakley? Ala- --?

17 A. Blakley: Hello?

18 Gareau: Hello?

19 A. Blakley: Hi. My name is Alana Blakley. Um, I'm speaking on
20 the behalf of myself, and, um, I'm a wife of a
21 firefighter that we have been impacted by the vaccine
22 mandate that took place. Uh, I wanted to say that I
23 think that the Department of Health can make
24 recommendations, but I believe that a person's medical
25 situation is individual and should be between a doctor



1 and a patient. I feel that there are many variables
2 with a person's health situation, um, that is ignored
3 when you're trying to force a one-size-fits-all onto
4 several people in a population. I also, um, believe
5 natural immunity has always been seen as some -- of
6 importance when you're getting a vaccine, so to deny a
7 person that has, um, natural immunity by saying that
8 we're not going to look at that as something that is
9 respectful, I believe is just unethical. You're again
10 putting that person at risk by introducing something
11 in a vaccine that their body has already fought and
12 won. Um, the reactions at that point -- you know, a
13 person getting a vaccine mandate would only look to be
14 getting symptoms and reactions, where their body has
15 already fought and overcome that, uh, issue. I
16 believe that the first responders and the health care
17 workers that were fired should be reinstated back in
18 to their job, as they were unethically fired. They
19 have worked through this whole process doing their job
20 and making their communities and our state as safe as
21 possible while continuing to put their life on the
22 line until we learn more and more information. Um,
23 their mental health over losing their job, how are
24 they gonna pay bills, take care of their family, the
25 stress, emotional turmoil on how to survive, um, has



1 been overwhelming to the many people within the state
2 of Rhode Island, and it's just unacceptable that we've
3 overlooked simple things that we have had in place
4 before with other pandemics, uh, that were mentioned.
5 I don't feel (sic) that we should allow sick people,
6 COZID -- COVID-positive people, health care workers to
7 work instead of reinstating healthy individuals,
8 especially ones that have already overcome COVID. Um,
9 I don't believe that it was just that you didn't allow
10 people within this state that were fired to not
11 collect unemployment so they didn't have a plan, they
12 didn't have a safety net to try and overcome with
13 their family, uh, picking up the slack after being
14 fired. Um --

15 Gareau: Thank you. That --

16 A. Blakley: -- I believe that the people that were forced out
17 unethically should be --

18 Gareau: E- -- excuse me. That --

19 A. Blakley: -- returning in to work, uh, reinstated back into
20 their job and recognized with giving a choice on their
21 own personal health medical situation.

22 Gareau: Hey --

23 A. Blakley: Thank you for your time.

24 Gareau: Uh, Linda Silveira?

1 Silveira: Hi, thank you. My name is Linda Silveira. I am an
2 executive director, um, with Benchmark Senior Living,
3 and I am providing testimony today on behalf of
4 Benchmark Senior Living. Um, with regard to expanding
5 the definition of 'health care facility' to include
6 assisted living residences and adult daycare program
7 cessation, um, we are not opposed to exploring the
8 additional vaccine requirements of measles, mumps,
9 rubella; varicella; tetanus, diphtheria, and
10 pertussis; hepatitis B; influenza and COVID, and to
11 have screening for the TB test for staff in the
12 future. However, now is not the time for such
13 mandates. COVID-19 severely impacted all facets of
14 the assisted living residences, particularly terms of
15 retention and recruitment. While communities have
16 made incremental progress coming out of the COVID-19
17 pandemic in recent months, such progress will be
18 jeopardized if our ability to keep or hire employees
19 is made more difficult. We ask that the State provide
20 analysis of potential impacts of this mandate first,
21 speci- -- excuse me, specifically, will it cause
22 current AL professionals to leave the field and be
23 detrimental to recruitment, thus impacting our ability
24 to provide optimal staffing, and will it create a
25 financial barrier for those considering the field who

1 will need to first receive these vaccinations. Many
2 individuals who chose this profession are new to this
3 country and have not received many of the vaccines
4 while attending U.S. schools. The assisted living
5 model in Rhode Island is -- is based on a social model
6 and is not a health care setting. Our facilities do
7 not have 24/7 nursing staffing or doctors on staff,
8 and we are not equal to nursing homes. Um, as the
9 Department of Health notes, less than 24 percent of
10 all ALs in Rhode Island provide limited health
11 services, which require staff who come in contact with
12 a resident to have additional vaccination, so it would
13 be an unfair requirement to pose this requirement on
14 the majority of assisted living residences who elect
15 not to provide limited health services licenses. With
16 regard to requiring health care facilities to track
17 vaccination status, um, we again are not nursing
18 homes. Assisted living residences have tracked the
19 status of COVID-19 vaccinations under the emergency
20 period, but requiring the tracking of additional
21 vaccinations will take staff away from pri- -- from
22 providing care to its residents. Furthermore, the
23 vaccine tracking requirement corresponds to a novel
24 global pandemic. RIDOH is proposing the tracking of
25 non-COVID-19 vaccinations which have never been

1 mandated nor tracked by assisted living residences,
2 and RIDOH has not clarified whether this tracking will
3 have an end date or if it is a lifetime requirement.
4 With regard to health care workers being up to date
5 with COVID-19 vaccines, or if not up to date wear an
6 N95 mask, we have two points. One is there is no
7 language in the proposed regulations citing the
8 duration of time for this requirement, as this was
9 imposed on providers on an emergency basis, so
10 clarifying language would be needed to determine the
11 duration. And second, there is no language to address
12 if N95 masks are not available or if there is a supply
13 chain issue. Thank you for the opportunity to provide
14 testimony.

15 Gareau: Thank you. Uh, Mark Blakley? Okay.

16 M. Blakley: How you doing? Can you hear me?

17 Gareau: Yep, I can hear you.

18 M. Blakley: All right. Uh, thank you for the opportunity to
19 talk. Um, I am a firefighter of 16-plus years, and
20 due to my primary care's urging and my family history,
21 uh, I was encouraged not to get it, because the only
22 thing that I stood to get from the vaccine would be
23 the side effects. I have a high immunity, according
24 to the bloodwork, so I'm very well protected, and as
25 studies are -- are increasingly showing that natural

1 immunity is very robust, as some of the other people
2 have spoken on, and I definitely think that that needs
3 to be included and going forward as an option to be
4 tested for if we need be. Um, we've always, over the
5 last 16 years plus that I've been in the fire
6 department during flu season, it's always been 'wear a
7 mask if things get bad', and -- and we've always been
8 fine. And somehow with this whole COVID thing, we --
9 we kind of went off the rails a little bit and went
10 crazy 'cause we didn't know what it was, but then we
11 found out what it was, and they continued to mandate
12 everything and just increase everything. So, I am
13 pleased to see that they are looking to get rid of
14 this mandate and be able to put people back to work
15 such as myself and other nurses and other health care
16 providers as well, uh, but I think we need to use this
17 as a learning tool going forward and consider more
18 options if we find ourselves in this case again, such
19 as natural immunity or masking and stuff like that,
20 and not jump to a very strict mandate. Thank you.

21 Gareau: Thank you. Uh, just as a reminder for those who have
22 joined us, if you wish to speak, please put your name
23 in the chat, and you will be added to the list of
24 speakers. Uh, the next person is Rosa -- uh, I'm so



1 sorry, I'm not gonna be able to pronounce this
2 correctly, I think -- um, ag-yoo-ARR?

3 Aguiar: No, you got it right, AG-yer.

4 Gareau: Okay. Thank you. Thank you.

5 Aguiar: Um, yeah, no problem. Hello, my name is Rose Aguiar,
6 and I have been a nurse for almost 10 years. Although
7 this is a step in the right direction at this point we
8 all acknowledge we have, the COVID vaccine should fall
9 under the same rules as the flu vaccine. Since both
10 of these do the same thing in not preventing
11 transmission and just helping with the real illness,
12 we should know everybody's at risk. Proof of
13 vaccination should only be required when the
14 prevalence rate has been reached, and we should be
15 able to decline it without giving any explanation,
16 just like the flu shot. Also, how come RIDOH is not
17 looking at the titers (inaudible - 0:31:47) virus?
18 The science also has been shown that, um, it has long-
19 term benefit of, um, the natural immunity. I just
20 recently had my antibody count, and it's about 2,000,
21 but here I am, not able to work because I did not get
22 a vaccine against the virus, and I'm already immune.
23 The mask or vaccine option should have been in place
24 since the beginning. The current emergency regulation
25 caused the staffing issues to go over wall --

1 overboard and also caused the firing of healthy
2 unvaccinated workers, but then RIDOH decided that it
3 was safer to have infected workers taking care of
4 patients rather than healthy unvaccinated ones. This
5 also needs to be a cleader -- clearer language on the
6 administrative actions. Like, what are those going to
7 be? What, uh -- what do you mean by that? And given
8 that the omicron does not discriminate on vaccination
9 status, this should be only recommendation instead of
10 a mandate. I feel like on top of fighting the odds of
11 being a woman and a minority, now I also have to fight
12 the religious discrimination. Like, I -- this was not
13 something that I was expecting to experience in the
14 state of Rhode Island, which was founded about
15 religious belief. Thank you.

16 Gareau: Thank you. Um, our next person, Maddelena -- I'm
17 sorry, it's another last name I'm gonna strike out
18 pronouncing. Uh, Cer-ga-NOTE-uh?

19 Cirigonotta: Pretty close. Thank you. Uh, my name is
20 Maddelena Cirigonotta. Good evening, Rhode Island
21 Department of Health. Stop violating our medical
22 professionals with mandates and pharmaceuticals that
23 don't even work. This October, while testifying under
24 oath in the Rhode Island Superior Court, Dr. McDonald
25 cited lack of vaccine efficacy as a reason to impose

1 universal mask mandates on all schoolchildren
2 regardless of their vaccination status. I'd like to
3 share some statements that Dr. McDonald made before
4 you robbed your COVID heroes of their careers and
5 livelihoods. He made these beforehand. Quote, "Yes,
6 vaccinated people can spread COVID-19. The cycle
7 thresholds for people who are vaccinated and had
8 COVID-19 and people who were unvaccinated and had
9 COVID-19, their cycle thresholds were not different,"
10 end of quote. DOH are experts. You know that this
11 means that the vaccinated were as contagious as the
12 unvaccinated. In court, your agency referenced a
13 COVID outbreak that occurred in July in Barnstable
14 County, Massachusetts, as further evidence that
15 vaccines don't stop COVID transmission. To quote Dr.
16 McDonald again, and I quote, "In that study, 79
17 percent of the people who were infected were
18 vaccinated. They still spread the virus from one
19 person to another. It's very easy for even a fully
20 vaccinated individual to spread it from themselves to
21 someone else. You could be unvaccinated or fully
22 vaccinated," end of quote. Real-world data is
23 consistent with these statements. Rhode Island has
24 one of the highest vaccination rates in the entire
25 country, yet we also have one of the highest COVID



1 rates as well. You've already catastrophically
2 damaged the financial situations of many of our COVID
3 heroes. If you wanna salvage any shred of public
4 trust or credibility, respect our health care workers,
5 honor their right to bodily autonomy, and don't force
6 liability-free products on them that don't work.
7 Follow the science and rescind vaccine mandates
8 immediately. Thank you for your time this evening.

9 Gareau: Thank you. Um, Carol Daukas?

10 Daukas: Hi. Can you hear me?

11 Gareau: Yep, we can hear you.

12 Daukas: Okay, hi. Thank you so much for this opportunity to
13 speak. Ending the mandate that requires health care
14 practitioners to get the COVID shot would be a
15 restoration of common sense, restoring Rhode
16 Islanders' faith in the system while stopping
17 providers from moving out of the state to find
18 employment elsewhere. Rhode Island can't afford to
19 lose any more good professionals. Health care
20 practitioners worked through the whole pandemic. They
21 showed up every day for their patients when we really
22 did not understand the effects of COVID. They were
23 loyal to their patients, and then a year later after
24 many had already had COVID or been exposed to it, the
25 governor and RIDOH demanded that they take an



1 experimental vaccine after the facet. This made no
2 sense. Dedicated people lost their jobs and
3 livelihoods, and patients suffered because of this
4 egregious firing. Worse, after RIDOH created this
5 health care shortage, they did not allow the healthy,
6 willing professionals back to treat patients in need.
7 Instead, they did the unthinkable. They vaccinated
8 practitioners who had tested positive to come to work
9 to potentially spread their illness to patients just
10 to keep the healthy practitioners out who did not
11 comply. This was cruel and unusual and utterly
12 irresponsible. Even worse, health care practitioners
13 who already had natural -- nat- -- natural immunity
14 were coerced, threatened into taking a shot that does
15 nothing to stop the spread of the COVID infection.
16 The whole point of a vaccination is to stop the spread
17 of any disease. This shot does not stop the spread.
18 Whom has this mandate helped? No one, but it has hurt
19 plenty. How can a mandate exist that forces anyone to
20 take an experimental shot? Remember, it's in its
21 trial stages until 2023 under penalty of their
22 livelihood, no less. That is beyond unethical and
23 defies logic, especially in light of the fact that
24 Pfizer just released nine pages of adverse events from
25 their shot. Health care practitioners keep the oath



1 'Do no harm' in the forefront of their minds. They
2 are versed in OSHA rules and work safely and
3 responsibly. Thank you so much for introducing this
4 new policy which does not require health care
5 practitioners to take this shot so we can start to
6 undo the damage done to our health care system in
7 Rhode Island and bail out this sinking ship and
8 restore common sense and safety back to our citizens.
9 Thank you.

10 Gareau: Thank you. Uh, Janet Rivard?

11 Rivard: Hi. Um, my name is Janet Rivard-Micheau, and I'm
12 speaking today on behalf of the Rhode Island
13 Occupational Therapy Association, and I am grateful
14 for the opportunity to do that. Um, first, let me say
15 that we are not taking a stance, and we recognize that
16 this particular piece of rules and regs is not about
17 mandate, it's about how to manage a -- a different
18 situation, and it's similar to what we've been doing
19 for the flu for the last, oh, I think it's 10 years
20 now. Um, we applaud the -- the creation of options
21 for clinicians to return to work who have not been
22 able to in the past, so I think that this is a really
23 positive situation. Um, on behalf of the Board, we do
24 have some questions that we think this document needs
25 clarification in. One is, um, who does it apply to.



1 I think, uh, Chief Partington mentioned that earlier.
2 In the past, the -- the mandate was also in relation
3 to individuals in private practice. We're not clear
4 on whether that is or not. We'd like to be able to
5 advise our -- our members correctly. Um, in terms of
6 the up-to-date definition, that is used in a lot of
7 different ways depending on what health facility
8 people are working in. The Department of Health seems
9 to be going along with the guidelines from the CDC per
10 the *Providence Journal*, but that's not very clear in
11 this document, so clarification would be helpful. The
12 other question that came up for us was the Department
13 of Health regu- -- rules and regs, uh, versus what's
14 happening in the facilities. Is there one that
15 supersedes the other? Um, in terms of masking, for
16 those who are going back to work, the requirement to
17 wear an N95 mask if not vaccinated is actually a
18 higher level of demand than what many facilities are
19 currently using, where they're using procedure masks
20 or even double procedure masks. Any of us who have
21 masked for a period of time know that the N95's are
22 much more difficult to bear over the course of a full
23 workday, so that would require some looking into.
24 There's also very little commentary about those with
25 medical exemptions. It's mentioned, I think, maybe

1 once in the document, and right now, um, people with
2 medical exemptions may not be required to do the
3 N95's, so it actually may be increasing the burden on
4 those who are doing that. Um, the other thing that we
5 wondered about was the number that -- that constitutes
6 'widespread'. So, right now, it's 50 per 100,000,
7 which seemed on the low side. I mean, we're above
8 that right now, and yet many of our facilities are in
9 the yellow versus the red category. And then finally,
10 the last question was about testing requirements.
11 Those with medical exemptions currently are required
12 to test. I don't see anything in that in the
13 document, so we would like some clarification on that.
14 Again, we -- we applaud the movement in this
15 direction, and we thank you for that, and I'll be
16 happy to put those -- those questions into, um, a
17 formal written thing to send to Paula. Thank you for
18 your time.

19 Gareau: Thank you so much. Uh, Nicholas Oliver?

20 Oliver: Good afternoon. My name's Nicholas Oliver. I'm the
21 executive director of the Rhode Island Partnership for
22 Home Care. My association represents home care
23 providers, home nursing care providers, and hospice
24 providers licensed by the Department of Health. On
25 March 7, 2022, the Rhode Island Partnership for Home

1 Care submitted written comments in a letter to the
2 Department of Health, although we were unable to
3 upload that to the portal. We had sent those to Paula
4 Pullano, and I would ask that that letter in its
5 entirety be entered into the public record. We have a
6 list of proposals, and a -- a -- a three-page list of
7 questions related to the implementation of the
8 proposed amendments, um, and offer alternative
9 solutions that would be better able for the home care
10 industry to be able to implement. There are four
11 factors, um, that I'd like to highlight, um, that we
12 would like the Department of Health to consider. Uh,
13 the first, um, there is an uncompensated
14 administrative burden on providers and employers when
15 RIDOH has the authority and regulatory enforcement
16 resources through initial licensure and licensure
17 renewal to achieve the intent as proposed by these
18 regulatory amendments. Two, for providers that are
19 under-resourced due to low reimbursement and caring
20 for underserved patient populations, including BIPOC
21 and LGBTQ+ populations, the expense of N95 masks
22 without the support of the state's stockpile is cost
23 prohibitive. The third: While home care agencies are
24 licensed as a facility by statute, our impact to
25 spread infections of COVID-19 or influenza A/B is

1 minimal, as demonstrated over the past two years of
2 the COVID-19 public health emergency, unlike our
3 congregate long-term care counterparts such as
4 hospitals, nursing homes, and assisted living
5 facilities. When others were uncapa- -- uh, excuse
6 me. When others were incapable, home care flattened
7 the curve and controlled the spread. Lastly, there
8 are state-sanctioned homebased care providers that are
9 not included in the proposed regulations. Individual
10 providers, or IP's, and personal care attendants,
11 PCA's, um, are not included. What our question is is
12 that, why is this vulnerable homebound population
13 excluded. Shouldn't all patients be prioritized by
14 the Rhode Island Department of Health regardless of
15 provider or setting? The Rhode Island Department of
16 Health needs to factor parity to protect all
17 vulnerable populations, especially those that receive
18 homebased care. Thank you for allowing me and the
19 Rhode Island Partnership for Home Care the opportunity
20 to submit testimony, and we strongly request that the
21 Department responds to our questions and heed caution
22 when implementing these proposed regulations and
23 consider the alternative proposals as proposed by the
24 home care industry through the Rhode Island
25 Partnership for Home Care. Thank you for your time.

1 Gareau: Thank you. Um, and just to be clear for you, um,
2 Nick, we did receive your letter, um, and it will be
3 part of the record, as is any written comments that
4 we've received. They will be written to you. By law,
5 we do have to respond to all comments, so that --
6 there will be a response, and that will be detailed in
7 the concise explanatory statement which will be filed
8 with the final rule and posted on the Secretary of
9 State's website.

10 Oliver: Thank you --

11 Gareau: Uh --

12 Oliver: -- so much. Appreciate that. Just know that, um, the
13 PDF files, um, seem to not be able to be uploaded into
14 the portal. It's my understanding that I was not the
15 only one who had issue with that.

16 Gareau: Um, I know the Secretary of State's website can be a
17 little bit challenging, and I will pass that along to
18 my colleagues at the Secretary of State --

19 Oliver: Thank you.

20 Gareau: -- um, to let them know that, but thank you.

21 Oliver: Thank you. I appreciate it.

22 Gareau: Um, and for those of you -- yes, and for those of you
23 who have joined us, if you would like to speak, please
24 enter your name into the chat, and you will be added

1 to the list of speakers. Um, our next person up is
2 Sara Christine Kaan. Sara Christine Kaan?

3 Kaan: Hello?

4 Female: Okay.

5 Kaan: Hello? Can you hear me?

6 Gareau: We can hear you.

7 Kaan: Okay. Thank you. Thank you for having this meeting.
8 Since November 1st, I have been out of -- out of work.
9 I had COVID in December. I got the monoclonal (sic)
10 infusion in December, 10 days after I had, um,
11 contacted the virus. As of March 4th, my SARS-COVID
12 semi quadrant temp (ph) is positive above 2,500. I
13 have en- -- more than enough antibodies to go back to
14 work. I am begging you to please acknowledge the
15 natural immunity from having had COVID. I don't want
16 the vaccine. I'm 72 years old. I don't want it
17 because of my health, and I do not want it because of
18 my religious beliefs. Um, I am more than willing to
19 go back to work and wear the mask. We were wearing a
20 mask before the vaccine came out, and occasionally I
21 still wear the mask. Thank you so much for your time.

22 Gareau: Thank you. Um, next, Pat Ford? Pat Ford?

23 Ford: Hi, I hope you can hear me. Um, I'm with the media,
24 so it's really not appropriate that I get into a, uh,
25 a long discussion. I just wanna point out my

1 continued frustration with the failure of Rhode Island
2 state government to have in-person meetings on issues
3 like this. There's no reason in the world why there
4 can't be a hybrid format. Um, in- -- in-person
5 meetings allow individuals who are willing to show up
6 a much more personal level of contact. The governor's
7 order allows that, the general assembly does it, so
8 I'm not quite sure why, and I'll use the term loosely,
9 Rhode Island government (inaudible - 0:47:25)
10 function. They continue to hide behind ro- -- remote
11 meetings. Thank you.

12 Gareau: Thank you. Uh, Sarah Salisbury?

13 Salisbury: Hi. Can you hear me okay?

14 Gareau: We can hear you.

15 Salisbury: Okay. My name is Sarah Salisbury. I'm an imaging
16 technologist. I've been in the field for about 16
17 years. I was employed up until December 6th at Women
18 and Infants Hospital, um, loved my job. I would do
19 women's care, NICU babies, wonderful things. We are
20 definitely in the front line to respond as an imaging
21 technologist if somebody's having breathing
22 difficulties, so I was definitely, um, on the front
23 lines, as well as many of my coworkers and nurses.
24 There are several of us -- I am speaking on my own
25 behalf. There are several of us that were terminated

1 due to not accepting the religious exemptions, and
2 also, most of us do have a natural immunity as well.
3 I'm just basically here to say thank you so much for,
4 um, lifting this, but I also just wanna know, what do
5 we, the terminated people do, now that we've been let
6 go? I was part of a union. I had seniority, 12
7 years. I had a position that fit my -- my life and my
8 kids. I have three kids. I worked around my daughter
9 with autism. She has training sessions. I had to
10 relocate. I'm actually working in Massachusetts for a
11 company that very nicely accepts my religious
12 exemption. I'm just wondering, will there be any type
13 of widespread recommendation or some sort of followup
14 as for us that have been terminated, whether we get to
15 return to our position? Um, again, natural immunity,
16 willing to be tested, willing to wear the mask,
17 whatever we have to do. We just really wanna not only
18 go back to our patients but also feel confidence that,
19 God forbid, one of us fall ill or our family members
20 that we have the adequate staffing to be treated.
21 And, um, just thank you so much for hearing our
22 voices, and I just am just, you know, really praying
23 that everything can go back, um, but it has been
24 absolutely heart wrenching to not only make the
25 decision to put my own health and religion, you know,



1 and to try to use common sense, and to wrestle over it
2 day after day, and then to decide to not and to lose a
3 career that had -- was my dream career, a pension, and
4 a future. So, I just really wanna, you know, ask that
5 natural immunity be considered. And also, is there
6 any type of, um, followup for those that have been
7 terminated and may not have been able to afford a
8 lawyer? Thank you so much, and God bless you all.
9 Thanks.

10 Gareau: Thank you. Um, at this time, we have reached the end
11 of the people who have wanted to speak, so I'm gonna
12 go back to, um, Scott Partington, who I believe, um,
13 did not get to finish his statement. So, Scott, if
14 you'd like to come back on to finish your statement?

15 Partington: Uh, thank you, Lauren. Ye- -- yes, I'm still here.
16 The other point that I was looking to make was
17 regarding enforcement. Um, I know in Section, uh, uh,
18 7.6 -- I forget the section name, the -- but the
19 violation section within the rule change, it specifies
20 that, um, um, the Rhode Island Department of Health
21 will be able to, um, in fact, uh, make, uh, some
22 punitive action regarding, um, carrying out violation
23 of any of these, uh, particular, um, instances. So,
24 um, in fact, I just wanna know if that's gonna be
25 actually -- actually the case, because, um, that



1 wasn't the case under the original executive order.
2 So, it's -- it's -- it's one thing to say something,
3 list it, put it within the rule and regulation, but to
4 not carry out any of the enforcements regarding any of
5 the violations to that really is, um -- shows just a
6 lack of, uh, definitive or substantant --
7 substantentive (sic), um, procedure on the part of
8 Rhode Island Department of Health. It leaves the
9 municipalities, the fire departments in a bind that we
10 did our due gil- -- due -- due diligence to be able to
11 enforce the regulation, but we did not have the, um,
12 uh, administrative, uh, power of the Rhode Island
13 Department of Health to move forward with any
14 administrative action on someone's license. It's
15 unfortunate that they put us in a position where we
16 had to eliminate positions, eliminate firefighters,
17 terminate them because of nonenforcement, and, um, but
18 yet, they did not act upon the individual's license,
19 um, and enforce -- enforce any administrative action
20 themselves. So, that's something that needs to be,
21 uh, considered when they put forth, um, it- -- uh,
22 rule changes such as this. Thank you.

23 Gareau: Thank you. Uh, Lorraine Martin?

24 Martin: Hi. Um, I wasn't gonna comment, but then after
25 listening to, um, multiple comments, I just have some

1 thoughts. Um, I'm very grateful for the proposal of
2 lifting the vaccine mandate, uh, and giving the option
3 of wearing an N95 mask in place of that. Um, my
4 concerns are, um, a few, which is the definition of
5 'up to date', um, which in my understanding includes,
6 um, what the CDC guidelines recommends, which, um,
7 being fully vaccinated is just the primary series, but
8 being up to date also includes if the CBC recommends
9 the booster if you're eligible based on how long it's
10 been since you've received your primary vaccine of the
11 series. Uh, with that criteria, that would require
12 boosters for many health care workers currently in
13 Rhode Island that are not boosted under the current
14 regulation, and also, um, currently the CMS regulation
15 from the federal government does not require boosters.
16 Um, I feel like that could be quite burdensome for
17 many, um, and at the same time, I think it would be,
18 um, wise to at least consider a primary COVID vaccine
19 series and a documented COVID infection as being up to
20 date, um, and not requiring those individuals to wear
21 an N95 mask when Rhode Island cases are 50 cases or
22 more, um, per 100,000. Um, and I would ask that you
23 consider, um, expanding the -- when you determine the
24 use of the N95 mask to take into criteria, um,
25 hospitalizations and not just how many infection cases



1 there are per 100,000 in the state of Rhode Island.
2 Um, and additionally, last, um, for those who are
3 unvaccinated but also have a medical condition that
4 prevent them from being able to wear an N95 or a
5 papper (ph) that there is a testing-out option for,
6 um, not wearing the N95 and remaining unvaccinated.
7 Thank you.

8 Gareau: Thank you. Uh, Nancy Cornish?

9 Cornish: Hello. I would like to ask that you please
10 acknowledge the natural immunity from a person -- from
11 people who have had COVID. Israel has done probably
12 the most, uh, studies on this -- in this regard, and
13 they find that people who have had COVID already have
14 more antibodies and are better -- and have better
15 immunity than people who have the vaccination. Um,
16 also, Rhode Island should be one of the highest states
17 in acknowledging the religious exemption, and they're
18 not allowing that, and Rhode Island is historically
19 one -- one state that acknowledges religious
20 exemptions, and that should (inaudible - 0:55:54)
21 apply also to this mandate. There are people who are
22 not working now who have not worked since November
23 1st, and they are in dire straits at this time, and
24 you're, uh, accepting comments until the 25th (ph) of
25 March. There are people that really must go to work

1 immediately. Please don't even wait 'til March 25th.
2 Drop this mandate immediately and let these people,
3 these brave people who worked all the way through the
4 beginning of the ma- -- of the COVID when there was no
5 vaccine. They went to work every day, and they took
6 care of the people with COVID, and they of all people
7 should not be punished for that. So, please drop the
8 mandate now and let these people go back to work.
9 Thank you.

10 Gareau: Thank you. Um, Meg Potter? Meg Potter, please?

11 Potter: Hello?

12 Gareau: Hi. Uh, Meg Potter?

13 Potter: Yes, I'm here. Can you hear me?

14 Gareau: We can hear you.

15 Potter: Thank you so much. Just some technical difficulties.
16 So, um, I am, uh, interested in, um, uh, just, uh, uh,
17 putting my opinion out there on this. I know that
18 there has been a lot of praise, um, in terms of the,
19 you know, consideration of lifting the vaccination
20 mandate. I'm gonna save my applause for the end on
21 that, um, and we are nowhere near there. These regs,
22 which I will submit comment about for the public
23 record, have a lot of disclarity (ph) and some serious
24 inconsistencies, including, um, the very cavalier
25 addition of the, um, director's designee, um, which is



1 an interesting time to introduce that, since we don't
2 have a director and we're losing -- we're
3 hemorrhaging, basically, leadership in this state,
4 including now Womazetta Jones. So, I wanna know why
5 these changes and why now? In terms of the level of
6 trust in the Rhode Island Department of Health by the
7 people of this state and by your many constituents, do
8 you really want to add people (ph) and more mistrust?
9 These regs don't even feel well though out. We are
10 still working through our state of emergency, we are
11 still working through a lot of forgiveness, and we are
12 still working through a lot of us feeling like we're
13 being rushed to look at changes now. Why now? We're
14 not even done. We aren't even out of the woods, and
15 this is what the Rhode Island Department of Health has
16 been spending their time doing, rewriting power-grabby
17 regs. It's impressive. Um, lastly, I would just like
18 to remind the leaders, the few of them that are left
19 at the Rhode Island Department of Health, that health
20 care workers, vaccinated and unvaccinated, are also
21 your constituents, and they are a huge part of your
22 constituency. Thank you so much for your time, and
23 best of luck.

24 Gareau: Thank you. Uh, Anne Rich?

25 Rich: Hi. How are you?

1 Gareau: Hi. Good.

2 Rich: Um, yeah, I just have some comments to make about, um,
3 this vaccine mandate and what it's done to people's
4 lives. Um, I have been terminated. I've been a nurse
5 for over 35 years. I'm gon- -- I'm forced to retire,
6 and thankfully I have the opportunity to be able to do
7 that. There are people in this state that did not
8 have that opportunity and have been denied
9 unemployment, and it has caused havoc on their lives.
10 It has been the most unfair thing I've ever seen in my
11 entire life. I beg that this regulation ends. The
12 mandate needs to stop, and we need to all be able to
13 work. I can go back to work per diem somewhere, which
14 would be wonderful, because I love caring for people.
15 Um, I -- I just don't know what else to say. It --
16 it's just wreaked havoc on not only the people that
17 have been affected, but it's wreaked havoc on health
18 care itself. I know there's short staffing
19 everywhere. It's -- it's just -- it's been horrible,
20 and it's been stressful and heartbreaking, actually.
21 You still there?

22 Gareau: Yep, we're still there.

23 Rich: I couldn't see you. It -- it -- it's just -- it's
24 been horrific, and I -- I can't even believe that this

1 could happen in a free country. It's been awful.

2 Thank you for your time.

3 Gareau: Thank you. Uh, Toby Leblanc?

4 T. Leblanc: Hi, yes, uh, just to -- to -- to make a quick
5 comment. I think the -- I apologize, I have some
6 background noise I'm trying to deal with. But I think
7 the fact that we're looking at the vaccine mandate,
8 even if in the beginning it had good intentions, but
9 the fact that vaccinated individuals can still carry
10 the disease, can still transmit the disease, yes, it
11 does lessen, um, severe outcomes, but so does, uh,
12 previous infection, natural immunity. Many studies,
13 even the CDC, is now starting to confirm that. The --
14 the vaccine mandates have had a detrimental impact on
15 the health care system, which can have unintended
16 consequences down the line of people not being able to
17 be seen properly, cancer screenings, etc. So, I
18 believe that moving forward with lifting the mandate
19 and allowing people to get back to work supporting our
20 health care system, um, to me is the right thing to
21 do. I'm sorry, I'm done.

22 Gareau: Yeah. Um, uh, at this time, we've come to the end of
23 those who have signed up to speak. Is there anybody
24 else who would like to provide testimony today?

25 (Crosstalk)

1 Gareau: Is there a raised hand?

2 Female: I would. Sorry, I don't know where the raised hands
3 are. I kind of came in late.

4 Gareau: Um, okay. So, I saw Mark Brody's hand first, um, and
5 then it also looks like Janet also has her hand
6 raised, and a Jess.

7 Female: Okay.

8 Gareau: So, I'm gonna go Mark, Janet, Jess.

9 Female: Great.

10 Gareau: Okay? So, Mark, the floor is yours.

11 Brody: Thank you. I'm a retired physician. I still do some
12 work here in Rhode Island under Health Freedom, but
13 I've retired from the practice of medicine, which I
14 did for 32 years. I'd -- I'd just like to bring up a
15 couple of points. I'm -- I'm really supportive of
16 anything that, uh, reopens the state and removes these
17 vaccine mandates. As others have said, the vaccine
18 mandate is -- is irrelevant when the vaccine has been
19 shown not to prevent transmission or acquisition of
20 the virus. It -- it just doesn't make any sense, and
21 it can't be justified. I also think we need to start
22 having the -- holding the, uh, Department of Health
23 responsible for explaining its policies using medical
24 science. They can't just prevent -- present policies
25 without showing the rationale for those policies. I

1 mean, they -- they just present it as if it's obvious
2 why -- why we should do it, "Oh, it's obvious that
3 this is gonna be in your benefit." Well, I guess a
4 few of us here aren't so willing to believe that
5 whatever they say is necessarily in our benefit, and
6 we need to have a public discussion of this. We need
7 to restore some power to the people here and not just
8 have unelected administrators saying, "Oh, you know,
9 this is what we're gonna do, 'cause it's good for
10 you," and then when it doesn't work out, they say,
11 "Whoops, sorry." No, we all need to be on board with
12 this and have an open discussion. And I'm really
13 tired of, uh, people deferring to the CDC, 'cause I've
14 had conversations with my own reps, who say, "Well,
15 the CDC says this." Well, the CDC has not been
16 transparent with us, nor has the FDA. There's been a
17 lot of evidence of them colluding with pharmaceutical
18 companies, having other ulterior motives, an- -- and
19 not really being straight with the American people.
20 So, to say, "We're gonna collu- -- we're gonna just
21 refer to the CDC as our source, and we're gonna, you
22 know, follow in lockstep with whatever they say," to
23 me is not doing your duty as the, um, Department of
24 Health, the -- whoever's directing the Department of
25 Health. You need to, uh, assess that information and



1 then present recommendations to the public, and then
2 the public needs to review that in -- in conjunction
3 with their health care practitioner. You can't be,
4 um, creating health policy by fiat. There has to be a
5 true emergency, and -- and I think we all know at this
6 point that there never really was a true health
7 emergency. There was a fear of a health emergency for
8 maybe a month or two, and then it was obvious that the
9 -- the rate of infection was comparable to the flu.
10 It wasn't an emergency. Maybe we di- -- we could've
11 had focused protection, but we abandoned that in favor
12 of destruction of the whole -- all of our society,
13 hurting our children, masking them and vaccinating
14 them unnecessarily. Let's get some science behind
15 this. Let's not accept the CDC as gospel. Let's hold
16 our, um, leaders' feet to the fire and say, "If you're
17 gonna recommend something, show us the science that
18 shows that it's true, why we should go along with what
19 you're saying." That's all I have to say. Thank you.

20 Gareau: Thank you. Um, Janet, I see you have your hand
21 raised.

22 Rivard: Yes. Um, thank you. I -- I'm sorry, I missed one
23 point in my earlier testimony, and the question was in
24 relation to widespread COVID, um, masking. And
25 unlike in -- in -- in the influenza situation, it's

1 always the people who are unvaccinated who are doing
2 that. Given that we know about, um, COVID being
3 transmissible and being able to be carried by
4 individuals who are also vaccinated, I think there
5 needs to be some clarification in the document about
6 what happens in those widespread times. Is it still
7 only those who are not up to date with vaccines who
8 will be required to -- to -- to mask, or are we
9 looking at -- at what we're doing currently, which is
10 that all health care practitioners are doing that?
11 Um, and then as I'm listening to other people, I would
12 also ask the Department of Health to think about a
13 provision for the future, because there have been --
14 clearly, there have been a lot of people who were hurt
15 who have testified to that today, and I'm just
16 wondering what's to prevent two years from now if we
17 have a really bad outbreak again of those same
18 individuals being in the same situation again. So, I
19 just think some thought needs to go into that, and
20 maybe it's not appropriate for this rule and reg, but
21 it might need to be considered in some other way.
22 Thank you again for your time. I appreciate it.

23 Gareau: Thank you. Um, next up, uh, Jess? And, Jess, if you
24 could please provide your last name as well for the
25 record.

1 Marie: Jess Marie (ph).

2 Gareau: Thank you.

3 Marie: Um, I just wanna start by saying I'm not sure why
4 anyone even has to ask about, um, taking a mandate
5 away, uh, for a vaccine to be injected in someone's
6 body. I really still feel like that's a question of
7 choice, and no one should have to be forced to do
8 that. I'm not a health care professional, but I just
9 wanna speak on the back end about how it's hurting
10 with health care shortages. I -- I have my doctor
11 tell me all the time that, uh, I can't go be seen by a
12 doctor because I would normally need to go in with my
13 children, which were referred to as 'guests'. I have
14 to have cancer screening every year, or every two
15 years, depending, because I have a family history of
16 cancer, so I need to be scanned. I was denied for a
17 scan because I needed to take my four-year-old and my
18 five-year-old with me to the doctor's appointment
19 because they were referred to as 'guests', because my
20 doctor said they were short staffed. So, short
21 staffed means hire back the people that you let go
22 because of the vaccine mandate. They're all
23 vaccinated in there. Most of them are boosted.
24 They're still wearing masks. They're still behind
25 protective glass. So, I'm just not understanding why

1 we can't let our health care workers go back to work
2 so people like me can get the proper care that they
3 need. It's -- it's affecting people in -- in a lot of
4 ways, and I just needed you to hear how it's affecting
5 people from the other side of the health care, and
6 that's it.

7 Gareau: Thank you. Uh, Sherri Lachance?

8 Lachance: Hi, can you hear me?

9 Gareau: I can hear you.

10 Lachance: Hi, my name is Sherri Lachance. I live in Bristol,
11 Rhode Island. Um, I pretty much agree with everything
12 every single person said that was against this new
13 proposition. I mean, first of all, it doesn't stop
14 transmission, so a mandate, a regulation, a
15 requirement makes zero sense. The proposition would
16 require health care to wor- -- workers to get this so-
17 called vaccine. Um, basically what that is is a
18 permanent mandate. No. We're done. No more
19 requirements. No more mandates. There's always gonna
20 be another virus that comes along, and you can't just
21 mandate or require people to get these injections
22 every time something comes around. That's it. Done.
23 People have natural immunity. End of story. The
24 other thing, one last point. Why -- why don't we have
25 these meetings in person? It's unfair. People's

1 voices are not being heard. A lot of people are not
2 capable of going on Zoom. I -- my voice was not heard
3 on these Zoom meetings twice, one because of technical
4 difficulties. Doesn't matter whose fault it was,
5 whether it was on my end or their end. And the other
6 one was I just wasn't called upon. That's just not
7 right. That's not right. Everybody's voice should be
8 heard. Let's say no to this proposition, absolutely
9 not. Thank you.

10 Gareau: Thank you. Um, I see Vincent's, uh, iPhone has, uh,
11 their hand, uh, raised, uh, so you may speak.
12 However, I would like to remind everybody, um,
13 especially those who have joined, if you would like to
14 speak, please type your name in the chat instead of
15 using the raised hand feature. Um, so with that, uh,
16 Vincent's iPhone, uh, you're allowed to speak. Can
17 you please provide your last name for the record?

18 Ward: Yes, absolutely. Thank you. Thank you for having the
19 meeting. My name is Vincent Ward, W-A-R-D, and I
20 apologize, my name is not iPhone. Um, could you --
21 uh, one thing I'm trying to find out, I'm trying to
22 get a clarification, and I came into this late. I've
23 had several things that I had to do before I could get
24 here. Um, is there a clarification as to whether an -
25 - an unvaccinated person will be able to return to



1 work with the same conditions that they are masked if
2 we get too high a number of cases, or not, or
3 whatever? Is there anything about unvaccinated
4 workers returning to work now in this? Is that how
5 this legislation is written?

6 Gareau: Um, unfortunately, this is a hearing, and, uh, we
7 don't answer questions.

8 Ward: You can't? Okay. So --

9 (Crosstalk)

10 Gareau: Um, but feel free to send me an email, um, and I will
11 provide that at the end of this hearing.

12 Ward: And I absolutely appreciate it. Let me just tell you
13 what I -- what I wanna tell you, then. I own a home
14 care agency in Woonsocket, Rhode Island. I lost three
15 nurses, three pediatric nurses, and three CNAs, uh,
16 because of the vaccine mandate. Um, these three
17 nurses worked with patients that allowed the families
18 to go to work. All three of these families are
19 suffering today. They begged Dr. Nicole Alexander-
20 Scott, they begged the governor's office to please let
21 them have their unvaccinated workers, and they were
22 told no way, they were not com- -- gonna be allowed to
23 work. They don't understand the devastation that this
24 -- that these nurses, for example, were covering only
25 one patient. That's all they were taking care of.

1 They were going to their one patient and going back
2 home. They were masking, using appropriate PPE. The
3 patient didn't see any other nurses coming in. That
4 was their caregiver so the parents could work. This
5 created a nightmare situation for the parents. One of
6 them in particular is at risk of losing her job, which
7 would put her at risk of losing her house. And, uh,
8 another one, the family situation is terrible at this
9 point because of this. So, I just want you to know
10 that this is really a -- a -- a -- an -- it's really a
11 disservice to the people in Rhode Island that are
12 using our homecare system like this. We're not like a
13 nursing home. We're not like a hospital. We don't
14 jump from patient to patient to patient all the time.
15 There should've been exceptions for this for
16 unvaccinated people. But thank you very much for
17 holding the hearing today. I do appreciate it. I'm
18 done.

19 Gareau: All right. Thank you. Um, Sherri Lachance, I think
20 you wanna say a couple more things? You have the
21 floor. Um, Sherri Lachance?

22 Lachance: Hello? Uh-oh.

23 Gareau: I can hear you.

24 Lachance: Oh, okay. Sorry about that. Um, yes, I -- I forgot
25 a couple of things, sorry. Number one, masking

1 should've always been an option. The other thing a
2 few people have brought up is natural immunity. Why
3 is nobody talking about this? It's just because they
4 wanna push the vaccines. We all know that natural
5 immunity is just as good, if not better. Um, I had
6 COVID exactly a year ago, recently got tested for
7 antibodies, and yes, I'm very immune, just like, I'm
8 sure, all the other people that spoke before me. And
9 with the vaccine, they need to keep getting it. What
10 is the recommendation? I don't even know. It's
11 something like every two or three months -- three or
12 four months to be, quote, "up to date", which this
13 proposition, um, is -- it -- it -- it just -- no. All
14 -- all of it is just wrong. It's just completely
15 wrong. So, natural immunity does need to be
16 addressed. And the last thing, they need to rehire
17 the -- all the health care workers they fired. All
18 those nurses and front-line workers, they're all
19 naturally immune. There was no excuse. Please do
20 that. Thank you. That's all.

21 Gareau: Thank -- thank you. Um, Anne Rich? Anne Rich?

22 Rich: Can you hear me?

23 Gareau: I can hear you.

24 Rich: Okay. So, Sherri just said exactly what I was going
25 to say about natural immunity. Most of us do have

1 antibodies. We've been tested. We've been exposed.
2 We've never gotten COVID again. Um, masking was
3 working fine a year ago, and now -- now it was a
4 problem, and we were all -- we were terminated. Um,
5 it -- it -- it's just unfair. This needs to change.
6 And she's right, we do need to get hired back again,
7 especially the nurses that really need their jobs.
8 They need to be rehired. Thank you.

9 Gareau: Thank you. Um, Mark Buffery?

10 Buffery: Yes, hi, good afternoon. I'd like to just make note
11 that, um, the Rhode Isla- -- Rhode Island legislature
12 in their emergency order and continuation of it, uh,
13 in this legislation is -- uh, is making note of --
14 well, actually, is -- is showing that they are not
15 upholding Rhode Islanders' religious civil rights. If
16 it doesn't allot for a person to have a religious
17 exemption, they are violating that part of the con- --
18 the U.S. Constitution and also the Rhode Island
19 Constitution. They're aware of it, and people need to
20 be known -- know- -- need to know about it. Excuse
21 me. Um, and that's all I have to say. Thank you.
22 Have a good day.

23 Gareau: Thank you. Uh, Brenda Rathbun?

24 Rathbun: Yes, hi. Um, thank you for allowing me to speak, uh,
25 although I'm not prepared. I will say, um, I am one

1 of those nurses, um, 40 years' experience, 20 years at
2 my last job, and, uh, yep, they showed me I didn't
3 count at all on October 1st. Um, could work through
4 the -- like you said, could work through this COVID in
5 the beginning, even had COVID. Um, I fought for my
6 religious accommodation, and they would only allow
7 medical accommodations. Um, as the -- the last
8 gentleman just said, they have completely, um, run
9 over our Constitution. What makes a co- -- I -- what
10 makes our country so great is that we have a
11 constitution to protect our rights and religious
12 freedoms and -- and yet totally squashed us like we --
13 we don't exist. And literally, after they fire you,
14 it's like they don't care what happens to you none
15 whatsoever. For health care and the -- the Rhode
16 Island Department of Health and -- and the governor
17 and everyone to be just so dismissive and make you out
18 to look like you're bad people? We're good people.
19 We're fighting for our neighbors that don't even know
20 we're fighting for them, because this vaccine was
21 experimental at the time. It was a -- an -- an agent,
22 a biologic agent, and -- and right now, everybody's
23 walking around as human guinea pigs, and -- and the
24 data was out there. They're dismissing the data.
25 Just because the other side doesn't say what you want



1 them to say, there's information out there. That does
2 not mean they're lying, that means that you need to
3 come to the table and share all the information.
4 That's what medical science is. That's where we live.
5 Political science is what we're running on, and that
6 is never going to do any justice for any American or
7 Rhode Islander. We really have to get over that. I -
8 - I'm just so horrified for -- for my fellow people,
9 and -- and we are caring. We are the ones that need
10 to be back at work at the bedside. I'm not saying the
11 others aren't either, but if you don't stand for
12 something, you'll fall for anything. We need to stand
13 together and say, "Enough is enough." This mandate
14 was not a law, should never have been pushed on us,
15 and -- and then to totally wipe out our religious
16 freedoms when our body is from our Creator? I have
17 natural immunity. I, like the others that have spoke
18 before me, we have naturally-acquired immunity. We
19 fought COVID, most of us did, and not -- and weren't
20 even treated. We belong at the bedside. We belong
21 back at work, and we have been nothing but penalized
22 over and over again. Please, please do something
23 right for the people, because the people suffer just
24 like the woman who said that, you know, she couldn't
25 have her appointment. Just -- I mean, everybody is



1 suffering. This is a so large scale that it -- it
2 boggles my mind that common sense is not coming into
3 play, here. Please, whatever you need to do, get us
4 back off this mandate, get us back to work, and let
5 Rhode Islanders do what they do, because we were fine
6 if we'd have handled it like the influenza instead of
7 COVID, because it still is a virus, we would have
8 managed so much better. I wish the leaders would put
9 their hats on instead of playing to a political side.
10 We need to get out of that. Thank you.

11 Gareau: Thank you. Uh, Christine Cooke?

12 Cooke: Hi. Um, I am not a hero. I am not a nurse. I'm not
13 a doctor. I'm not a front-line worker. What I am is
14 a 13-year worker at a -- a hospital in Rhode Island.
15 I have a master's degree in marketing. I work in
16 marketing. And I will be losing my job in April after
17 being there over 13 years, and I'm in a career I love,
18 a job I love. I love my community, and I love the
19 hospital that I work for. However, due to these
20 mandates, like the gentleman who -- the doctor that
21 spoke earlier, which are arbitrary and not scientific-
22 based, I work from home. I work remotely. I don't
23 work with patients, and yet I'm still being forced to
24 lose my job because I've chosen for a medical reason
25 and have not received a full exemption. I received a



1 partial exemption because I had anaphylactic shock in
2 my 20's, um, and I am concerned about taking the
3 vaccine due to the fact that one of the ingredients in
4 the vaccine is similar to, um, the -- the -- the
5 contrast dye that caused my anaphylaxis, and I almost
6 lost my life. I had to fight tooth and nail, and I
7 had to see an allergist. I got a temporary, um,
8 exemption, which is expiring, and being told I need to
9 get the vaccine because I can take Johnson & Johnson.
10 Well, guess what? We just -- we've heard from the
11 many people -- it's not even being offered at my work,
12 by the way, because of the blood clot issue. So, my -
13 - I have no more options, so my option as a mother,
14 uh, is to just lose my job and go somewhere else. So,
15 I just -- it's not just health care workers. There
16 are people -- anyone who works in health care is
17 considered part of this, and it's -- everyone is
18 impacted, but I don't understand why someone who would
19 work remotely, not work with patient care, not work
20 with patients whatsoever, rarely go into the hospital,
21 and when I do, totally willing to wear PPE, but yet
22 I'm going to lose my job too. So, if that doesn't
23 speak to the ridiculousness of this mandate, I don't
24 know what does. Thank you for your time.



1 Gareau: Thank you. Um, we have reached the end of the people
2 who have signed up to speak. Is there anybody else
3 who would like to speak? Um, Stephanie Mattera (ph)?

4 Mattera: Can you hear me?

5 Gareau: Stephanie?

6 Mattera: Yes. Can you hear me now?

7 Gareau: I can hear you.

8 Mattera: Okay. I just feel like -- I'm one of the people who
9 lost my job as well, but I -- I don't feel like this
10 just revolves around health care workers. I'm -- I'm
11 in total agreement with everyone who is at this
12 meeting. These mandates caused a three-way loss.
13 Patients lost people to take care of them; our
14 coworkers lost us, so they're working short, and
15 they're working in a very hectic environment; and
16 we've lost our jobs. These mandates have done nothing
17 but create a three-way loss in society that's had a
18 huge ripple effect, and I don't understand why we only
19 see the vaccines as the only way out of this alleged
20 pandemic. I had COVID. I was treated with a Z-Pak,
21 prednisone, some cough medicine. It resolved within a
22 week. I now have robust immunity. I have friends who
23 were treated with monoclonal antibodies. They're
24 fine. These are all people who didn't get the shot,
25 got COVID, got early treatment -- and early treatment



1 is what's key, not a vaccine, a vaccine if you want
2 it. With this risk, there has to be choice, and as
3 long as there are side effects, people should be
4 allowed to choose which mechanism they would like if
5 they get sick or as a preventative. And I don't
6 understand why all of a sudden an experimental vaccine
7 has been mandated on an entire population, and now
8 it's been proven that it doesn't even work. The
9 rollout should've stopped a year ago. If you look on
10 Open VAERS and see over the one million adverse events
11 with the over 22,000 vaccine-related deaths, these
12 vaccines are the most dangerous vaccines that have
13 ever come out in history, and I don't understand why
14 the medical community isn't talking about this, why
15 it's not up for debate. It's simply dismissed.
16 Whenever I brought up Open VAERS and all of the data
17 that's on there, people dismiss it as debatable, but
18 nobody's debating it. Now, I understand that not all
19 one million of those claims are necessarily related to
20 the vaccine, but it should be being looked at. It's
21 the CDC's own website that they use to look for
22 signals of vaccine danger, and yet it's being
23 completely dismissed, and it's the government's
24 website. I don't get it. The death count, the injury
25 count is phenomenal, and yet nobody wants to talk



1 about it. It's like it doesn't even exist. Our own
2 governor wouldn't even come and meet with us a couple
3 of months ago when we were all there to ask him about
4 these things, or Dr. Alexander-Scott. Nobody showed
5 up to talk with us. I don't understand why things are
6 not on the table. These are serious issues. All
7 other vaccines and medicines have been discussed.
8 When my doctor first prescribed prednisone, I went
9 online to see, um, what people thought of it, and
10 there were some people who did extremely well with it,
11 and there were some people who suffered terrible
12 effects from it, so the people who did not do well
13 with it choose other medicines. Those of us who are
14 concerned with side effects should be allowed to
15 choose other treatments. Since when is there not
16 choice in this country? Since when is there not
17 choice in this state? The direction this country is
18 heading in is very scary, and one day we are gonna
19 wake up in an America that we don't recognize, and
20 this needs to come to a stop. And I thank you so much
21 for allowing us to speak, and I thank you for having
22 this meeting, um, and I appreciate you listening to
23 me.

24 Gareau: Thank you. Is there anybody else who would like to
25 speak today?

1 (Time elapses.)

2 Gareau: Okay. Um, if there's nobody left to speak, um, I'd
3 like to thank you all for your attendance and for the
4 information that you have provided. This hearing is
5 now closed. If you have any further questions or
6 would like to provide written testimony, I would like
7 -- um, you could email that to Paula Pullano. She
8 will make sure I get it. Um, Paula's email can be
9 seen hopefully here on this screen share that I'm
10 doing, um, highlighted here. Um, thank you all again.
11 Your, uh, testimony and comments are greatly
12 appreciated.

13 Male: Thank you, Lauren. Have a good evening.

14 Male: Thank you very much.

15 Several: Thank you.

16 Female: Can we get a copy of this? Is there a way?

17 Gareau: Uh, uh, what is -- what are you referring to as
18 "this"?

19 Female: Uh, we- -- uh, I'm sorry, the Zoom meeting, or -- or
20 is it going to be all transcribed out and then, um, in
21 a copy that people can, um, look back to?

22 Gareau: Uh, yes, it will be -- um, I'm sorry, so sorry, my
23 phone is ringing. Um, it will be in a written, uh,
24 transcript file, and it'll be filed with the final
25 regulations.

1 Female: Okay, so to access that, is there a definite --
2 definitive place to go?

3 Gareau: Uh, the Secretary of State's website will have the
4 transcript of, um, this hearing. It'll be, um, under
5 the Rhode Island Department of Health and under this
6 rule.

7 Female: Okay, thank you.

8 Gareau: Thank you.

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10 [End]

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DATED this 28th day of March, 2022.



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