

LOUISIANA HOUSE OF REPRESENTATIVES

House Select Committee on Homeland Security

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Chairman



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REPORT: STATE RESPONSE TO THE COVID-19 PANDEMIC

**submitted in response to
House Resolution No. 133 of the 2024 Regular Session**

APPROVED May 22, 2025

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INTRODUCTION

Pursuant to House Resolution No. 133 of the 2024 Regular Session (HR 133), the House Select Committee on Homeland Security (the “committee”) has conducted a review of the actions of state government during the COVID-19 pandemic. HR 133 directed the committee to review a number of items of significance that were prompted by and managed by the state government in Louisiana.

This report is deliverable to the House of Representatives to complete the task of HR 133.

Four primary focus areas for the study were: (1) Health and hospitals; (2) Education (K-12 and Higher Education); (3) The effect on business and industry; and (4) Actions of the Executive Branch. Because the committee is primarily focused on homeland security, the committee also coordinated with the Governor’s Office of Homeland Security and Emergency Preparedness (GOHSEP) on the report and the state response to the crisis.

Each of the four focus areas are reviewed in this report, and a set of cumulative recommendations for legislation is included.

The data collected in this report were derived through a two-day hearing and written communication between committee leadership and various entities in the state of Louisiana.

SECTION 1: EFFECT ON HEALTH AND HOSPITALS

TWO-DAY OVERSIGHT HEARING

On September 25 and 26, 2024, the committee held hearings related to the actions of government during the COVID-19 pandemic. There were two focal points highlighted during the hearings: one was the actions of the government and the other was the larger community of health and hospitals and the state interactions that prompted those activities.

GOHSEP briefings lasted approximately two hours, during which the Director of GOHSEP gave a thorough review of processes and actions that were put in place and provided summaries of the battle rhythm for the office throughout the pandemic.

The most significant revelation during this portion of the hearing was tied to a news report that revealed a large amount of federal dollars being spent at a temporary hospital/shelter in the New Orleans area. The GOHSEP Director fielded the questions and relayed to the committee that a review was underway from the Federal Emergency Management Agency (FEMA) to discover particulars of the distribution of funds to the hospital. At this writing, an investigation is still underway and the committee is awaiting final word from GOHSEP as to how the money was spent and if policies will be put into place in the future to ensure a better utilization of government dollars.

Health & Hospitals

For the remainder of the 1.5 days of the hearings, the committee heard from government and private sector individuals who relayed their experiences during COVID-19 in the larger context of health and hospitals in the state during the pandemic.

Of note and of greatest significance was the report from the Surgeon General of Louisiana, Dr. Ralph Abraham.

Dr. Abraham reported to the committee that, in his opinion, nearly everything that was done by the state during the COVID-19 pandemic was incorrect. He detailed concerns related to state interference with the doctor-patient relationship. He relayed concerns related to pharmacies interfering in the doctor-patient relationship and the practice of medicine. Dr. Abraham noted that he had treated approximately twenty thousand patients successfully with treatments outside the mandated COVID-19 protocols. Dr. Abraham emphasized that in future emergencies, when the appropriate action was in doubt, that personal freedom should be a priority. He also acknowledged the significant decline in trust that Americans have of the medical profession and public health following the actions taken during the COVID-19 pandemic, and suggested the

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remedy would be to simply “tell the truth.” He committed to the committee his desire to remain transparent in preparing for a future pandemic with a different mindset.

The committee also heard from representatives of the Louisiana State Board of Nursing, the Louisiana Nursing Home Association, and the Louisiana Hospital Association.

Dr. Monique Calmese, Doctor of Nursing Practice, of the Louisiana State Board of Nursing (LSBN), indicated that APRNs’ ability to prescribe was not interfered with during the pandemic. The LSBN did not interfere or intercede in vaccine mandates.

Dr. Vincent Culotta, Executive Director of the Louisiana State Board of Medical Examiners (LSBME), presented on the board’s behalf.

Dr. Culotta explained that the LSBME operates as a complaint-driven entity and is required by Act No. 599 of the 2018 Regular Session to investigate complaints it receives. Without a formal complaint, the board does not initiate investigations. Anonymous complaints may only be pursued if two-thirds of the board votes to proceed, and the accused retains the right to know the identity of their accuser.

At the onset of the pandemic, the board issued a directive at the request of the Louisiana Department of Health (LDH), advising that elective surgeries should not be performed in physician offices. Physicians were instructed to follow LDH guidelines and take appropriate precautions. Failure to comply could result in disciplinary action.

All LDH health alert notifications were sent out through LSBME.

From 2020 to 2023, the LSBME received seven complaints alleging that physicians promoted “unsafe and unproven” medical information; sixteen complaints related to risky or negligent treatment practices tied to LDH stay-at-home orders or social distancing; two complaints involving efforts to deceive or defraud the public; and seventeen complaints concerning quality of care, treatment standards, or informed consent.

Thirty-five of these cases were closed with no findings of violations or board action. Two cases resulted in a non-public Letter of Concern related to negligence or risky behavior, two resulted in Letters of Concern unrelated to COVID-19, and five cases remained open at the time of the hearing.

According to Dr. Culotta, no physicians lost their license for COVID-related complaints.

The LSBME acknowledged the importance of ensuring that physicians understood they were permitted to use ivermectin—or any other medication—off-label if they believed it could be effective. To support this, the board issued guidance outlining the safety, efficacy, and long-standing history of off-label use in medical practice, affirming that it would be allowed during the pandemic.

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The board also provided recommendations for the appropriate use of off-label medications, aligning with guidance from the American Medical Association and insurance providers to help mitigate liability risks. As Dr. Culotta emphasized, off-label prescribing has always been within a physician's discretion.

Dr. Culotta noted that properly prescribing ivermectin off-label would not have been a concern of the board's.

LSBME issued 1,147 temporary licenses to medical professionals to practice in Louisiana during COVID.

Dr. Culotta pointed out that Centers for Disease Control and Prevention (CDC) directives were essentially applications of Deming's industrial psychology, repurposed for medicine—an effort to standardize procedures in order to control outcomes. What this approach fails to recognize is the lack of standardized input: the federal government issued one-size-fits-all edicts while disregarding the individuality of patients and the critical role of the doctor-patient relationship. Every patient is different.

When asked, Dr. Culotta agreed that the letter issued by the Federation of State Medical Boards conveyed a strong political agenda.

The question was posed: “Was shutting down elective surgeries a restraint of trade?” Patricia Wilton, Executive Counsel for the LSBME, responded unequivocally: “Yes, it was a restraint of trade.” However, she emphasized that whether it was impermissible or unreasonable can only be assessed in hindsight. The decision was made under a declared emergency, during a time of resource scarcity and widespread uncertainty due to COVID-19.

While the administration ultimately made the call, Wilton noted that it will be up to future policymakers to decide whether such measures are appropriate in future emergencies.

Chairman Gallé asked, “Were doctors informed or explained the concept of emergency use authorization?”

Dr. Culotta could not recall the LSBME addressing that topic.

Mark Berger, Executive Director of the Louisiana Nursing Home Association (LNHA), also testified at the hearing. His organizations represented 251 nursing homes in Louisiana as of the time of the hearing. LNHA acted as a liaison between LDH and nursing homes during the pandemic.

Mr. Berger stated that lockdown directives originated from the federal government. He emphasized that compassionate care visits, including end-of-life situations, were permitted throughout the pandemic. He also noted that nursing homes typically encourage family visitation and engagement.

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Additionally, Mr. Berger asserted that there were no financial incentives tied to identifying a patient as having COVID-19 or reporting a COVID-related death.

The question was raised: “How bound are nursing homes to CMS mandates?” Mr. Berger explained that CMS (the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services) wields substantial enforcement power, including the ability to impose civil monetary penalties, limit new admissions, or revoke a facility’s license.

When asked whether the state could opt out of CMS mandates and implement its own policies, Mr. Berger stated that, in his opinion, it could not.

Greg Waddell, the Vice President of Legal, Governmental & Regulatory Affairs of the Louisiana Hospital Association (LHA), answered questions from the committee, as well.

When asked about the top-down directive regarding COVID treatment protocols, Mr. Waddell indicated that the question was more appropriately answered by hospitals.

Mr. Waddell noted healthcare workforce shortage is a serious concern in Louisiana.

Mr. Waddell indicated that CMS increased the DRG for COVID-19 to ensure that payments provided for the allocation of resources necessary to cover the COVID-19 patient.

Representative Knox asked who recommended the creation of the temporary \$100 million medical facility in New Orleans. Mr. Waddell clarified that the LHA was not involved in that decision. When asked whether hospitals were ever truly overwhelmed during the pandemic, Mr. Waddell replied, “I don’t know that we were overwhelmed,” but noted there were circumstances that led officials to believe it could become a possibility.

Mr. Waddell again highlighted the healthcare staffing crisis, noting over 5,000 open positions across the state. Representative Edmonston asked whether vaccine requirements had contributed to the shortage. Mr. Waddell responded that hospitals were operating under a CMS mandate. When asked whether hospitals had pushed back against the mandate, he admitted that the threat of exclusion from CMS programs (Medicare and Medicaid) served as a strong deterrent to non-compliance.

It was acknowledged that many healthcare workers were pressured into vaccination. Mr. Waddell concluded by stating that, since the mandate originated at the federal level, any efforts to prohibit vaccine mandates should be directed toward the federal government.

Mr. Waddell reiterated that the vaccine mandate came in the form of the adoption of regulations under CMS conditions of participation.

Mr. Waddell noted that the CMS vaccine mandate included exemption provisions. Representative Amedée responded by pointing out that CMS mandates are not law and asked, “Is there anything in CMS policy that prohibits a hospital from accepting a waiver submitted by

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staff?” Mr. Waddell replied that the exemption process is outlined within CMS policy, but did not indicate that hospitals are barred from accepting such waivers.

Representative McCormick asked whether hospitals bear any liability for vaccine injuries. Mr. Waddell initially stated he did not know, then clarified that vaccine injury claims are directed through a federal compensation program. When pressed on whether hospitals would accept liability for injuries resulting from a mandated vaccine, Mr. Waddell responded that if the hospital was following federal regulations, he would not agree that they should be held liable.

Representative McCormick asked whether most hospitals operate tax-free, to which Mr. Waddell responded that the majority are structured as not-for-profit entities. Rep. McCormick emphasized that hospitals, like individuals, must be held accountable for their actions—particularly when it comes to employee safety. He posed a critical question: “How can an employer demand something of an employee and yet bear no liability for the consequences?”

Representative Carlson inquired about hospital vaccine exemption policies and who was responsible for crafting them. He questioned whether the LHA had played a role in guiding those policies. During the discussion, it was revealed that a nurse in Louisiana had been required to complete a burdensome 25-page exemption request. Mr. Waddell was only able to reference the exemption criteria permitted by CMS and did not address how individual hospital policies were developed or justified.

Representative Egan noted that what was experienced during COVID deserved pushback by the hospitals, and that did not happen. He asked if hospitals have established policies on reporting vaccine injury to the Vaccine Adverse Event Reporting System (VAERS). Mr. Waddell could not answer that question.

When asked, Mr. Waddell indicated that there were no COVID-related education or research efforts initiated by LHA to train hospital staff regarding VAERS, Emergency Use Authorization, or countermeasures.

Mr. Waddell confirmed that compassionate care was available in hospitals during COVID.

Representative Knox proposed that the Legislature collaborate with the LHA to ensure hospitals have greater autonomy in making mandate-related decisions moving forward. Regarding the 25-page exemption request, he noted it was unreasonably burdensome. Mr. Waddell acknowledged the difficulty, stating that most hospitals would have welcomed a standardized form or clearer guidance from CMS to streamline the process.

Representative Knox emphasized that a 25-page exemption form is excessive and unacceptable. He asserted that it should not be difficult for someone to express a deeply held belief—religious or otherwise—regarding what is being injected into their body. Imposing such burdensome requirements, he added, creates unnecessary barriers and serves only to intimidate.

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Representative Knox reiterated, “If I don’t want something injected into my body, that should be the end of it. I shouldn’t have to jump through hoops to prove I believe in a certain God or follow a specific religion.” He argued that the exemption process should have been straightforward and accessible, and that the LHA should have advocated for a simple, standardized form. “At the end of the day, it’s their body we’re talking about—and it’s something being proposed for injection that they’ve clearly said they don’t want.”

Mr. Waddell reaffirmed that staffing the healthcare worker shortage would be the priority.

Two out-of-state guests (Dr. Richard Bartlett and Mr. Aaron Siri) were present and provided perspectives on treatments that were successful in other places and comments on the efficacy of treatments and testing standards for vaccines.

Mr. Siri, who is a vaccine injury attorney, relayed to the committee the long-standing federal vaccine approval policies that afforded the approval of the COVID-19 vaccine. He stressed that the lack of product liability afforded vaccines is a critical factor that impacts the clinical review process. If there is no product liability, there is no legal or economic impetus for a safe product. Mr. Siri shared that because of the lack of product liability provided by the National Childhood Vaccine Injury Act (NCVIA), no vaccine on the CDC childhood schedule has ever undergone adequate clinical studies that included an inert placebo control group, long-term safety review (some as little as 4-5 days), nor were they sufficiently powered with enough test subjects (as few as 147 study participants) to adequately evaluate adverse events. A study commissioned by the CDC found that reports of vaccine injuries to the Vaccine Adverse Event Reporting System (VAERS) represent only a fraction of actual cases. Fewer than 1% of all vaccine injuries are reported. Mr. Siri’s firm sued the FDA to ensure the COVID-19 vaccines would have a true placebo control group, but unethical practices were still rampant in the COVID-19 vaccine approval process, including hiding or ignoring injuries that occurred during the clinical trials, specifically the injuries sustained by the minor, Maddie de Garay.

Mr. Siri’s firm also sued the U.S. Food and Drug Administration (FDA) to provide COVID-19 vaccine data the FDA intended to conceal for 75 years, including clinical trial data. Mr. Siri’s firm also sued the FDA to access V-Safe adverse event data, which revealed that approximately 7% of vaccine recipients experienced a serious adverse event. This information was never distributed to the public through federal health agencies. Mr. Siri shared data indicating a significant increase in all-cause mortality following the COVID-19 vaccine rollout. While the FDA knew about these serious injuries, the FDA was also promoting the COVID-19 vaccines in a manner that violated federal law. Mr. Siri’s testimony provided essential background on the ongoing questionable approval practices and malfeasance within our federal health agencies.

Dr. Richard Bartlett’s testimony focused on treatments he had undertaken during the pandemic that had proven highly successful in the treatment of COVID-19, specifically the inhaled steroid Budesonide. He shared a video of the vast improvement and recovery a patient experienced after

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using Budesonide. Dr. Bartlett shared how the government and the media censored the success of his treatment protocol. He also reported on what he had uncovered as shortcuts in the testing of the COVID family of vaccines and errant and conflicting reports from senior leadership at the CDC and National Institutes of Health (NIH).

A number of physicians from the state of Louisiana testified to the committee. They shared instances of being threatened by their licensing board regarding the undertaking of innovative life-saving practices during the pandemic. Physicians faced board review of their license for criticizing COVID-19 practices. Several physicians testified that they were fired for addressing unethical hospital practices, including mandating untested masks, vaccines, and an unethical informed consent process regarding masks and COVID-19 vaccines.

The hearings included testimony from citizens who had been injured by COVID-19 vaccines. The impact of COVID-19 vaccine injury has been physically and financially devastating. Both state and federal governments have ignored seriously injured vaccine patients. Angelia Desselle and Carolina Bourque testified that their injuries are ongoing. Ms. Desselle has been denied disability as vaccine injury is not recognized. The follow-up for injuries associated with declared countermeasures like COVID-19 vaccines has been disastrously non-existent.

The hearing was concluded with testimony by Jill Hines, a consumer and human rights advocate who has followed the state's response closely from the outset. Ms. Hines addressed the many constitutional and statutory protections in place that should have protected individuals during a declared emergency but were repeatedly violated, including Article I, Section 5 of the Louisiana Constitution, the Right to Privacy, Due Process, and Freedom of Religion. Parental rights were also violated as the executive orders required the masking of children without parental consent. She shared that the state's health agencies flagrantly violated federal laws requiring certain language to be provided when promoting Emergency Use Authorization (EUA) drugs. Hospitals ignored federal guidelines about reporting serious vaccine adverse events, and there was no oversight provided by LDH. The state memorialized COVID-19 deaths in social media posts as a means to increase vaccine uptake while withholding data about fully vaccinated individuals who had died of COVID-19. Ms. Hines noted that LDH should have been the safeguard against unethical and unsafe practices during a declared public health emergency but instead was a mouthpiece of the pharmaceutical industry. These laws and ethics were violated without consequence, and nothing has been done to date to address these violations.

Throughout the hearings, recommendations were offered by personnel, within and outside of government, for changes to state statutes and rules in the context of management of a future health crisis and/or health transparency in general. The list of recommended changes to law and related comments can be found in Appendix A of this report.

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The September 25 and 26, 2024, committee hearings were publicly announced and public testimony was taken. The Committee invited a senior health advisor from the John Bel Edwards Administration, but the invitation did not receive a response.

SECTION 2: EFFECT ON EDUCATION

K-12 and Higher Education

According to HR 133, one of the key focal points for review by the committee was the effect on educational outcomes during COVID-19. Societal disruption was significant, and the disruption to public and private education structures and systems was highly significant. As of this writing, schedules have not allowed a formal oversight hearing on the matter; however, to meet HR 133's requirement, the committee chairman transmitted a formal letter to the Board of Elementary and Secondary Education (BESE), the Louisiana Department of Education (LDOE) and the Board of Regents seeking input, observations, and recommendations in the context of learning from the past and preparing for the future. BESE and LDOE provided input to the committee, as did the Board of Regents. The detailed reports from BESE/LDOE and the Board of Regents can be found in Appendix B of this report, with a brief summary from BESE/LDOE and higher education provided below.

K-12 Education

State Superintendent of Education Dr. Cade Brumley offered specific and general observations as the primary author for the K-12 data call. His letter to the committee discusses the LDOE response to the COVID-19 pandemic and the broader challenges faced by the state over the past five years, including hurricanes, social unrest, and political disputes.

Dr. Brumley outlines LDOE's key actions during the pandemic, such as:

- Providing guidance on student safety, virtual learning, and federal COVID-19 funding.
- Supporting school systems with tutoring, summer learning, and meal programs.
- Advocating for schools to remain open, advocating for voluntary vaccinations, and local decision-making on quarantines and mask mandates.
- Maintaining standardized testing to track academic progress.
- Promoting the return of extracurricular activities.

Dr. Brumley highlighted Louisiana's academic improvements, noting that the state has moved from 49th to 32nd in national rankings and achieved significant gains in reading and math while other state systems around the country atrophied. He emphasizes the importance of electing leaders who uphold individual liberties and expresses willingness to further discuss LDOE's pandemic response.

Of note in the public record was Superintendent Brumley's conflict with the governor at the time, John Bel Edwards, over the decision to attempt to return to school in the fall of 2020. The

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Edwards Administration was convinced that schools needed to remain closed during that time, but it was at Brumley's insistence that public schools were given the option to re-open. The committee discerns that part of Louisiana's hardiness amidst the national shutdown allowed our students to be affected less than those in many of our sister states around the nation.

Without a doubt, Louisiana's students faced learning loss and societal disruption in the aftermath of COVID-19, but results could have been much worse had the state not committed to returning to normalcy. The actions of Superintendent Brumley and his team at LDOE and the leadership at BESE are to be lauded for their courage and tempered audacity amidst difficult circumstances.

Higher Education

As noted, a detailed letter was transmitted to the Board of Regents asking for a review of the actions of the board and the higher education community, including all four higher education systems, in the context of the pandemic. The board transmitted back to the committee a 250+ page response. It is assumed that an after-action report had already been crafted, and the board used that framework to construct a response to the committee. The tasking letter that committee leadership sent to the Commissioner of Higher Education is below, followed by a summary of the recommendations that the Board of Regents offered to the committee.

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Letter to the Commissioner of the Board of Regents

TO: Dr. Kim Hunter-Reed

SUBJECT: House Resolution (HR) 133 Hearing and Analysis, Request for Information

FROM: State Representative Jay Galle, Chairman, House Select Committee on Homeland Security

DELIVERABLE: MS Word or PDF with Response to Questions Attached to this Email

SUSPENSE: 10 Feb 2025

Dear Dr. Hunter-Reed

Pursuant to House Resolution 133 of the 2024 Regular Session, the House Committee on Homeland Security has been tasked to craft a report and offer recommendations to the House of Representatives related to the actions of government during the COVID-19 pandemic. A key component of this report is an analysis of the effects of these actions on our education system. We need help from the Board of Regents in compiling information in this endeavor.

We are planning a committee hearing in mid-February 2025 to review the events in and around the 2020-2022 time period and to identify key lessons learned from the pandemic.

In preparation for the upcoming hearings and to help us craft our report, we are seeking analysis, observations and answers to the questions in the attached document. Please provide the attached answers in writing to the committee no later than 1 February 2025. We will use these questions as the basis for our discussions during the hearing and to draft a section on Higher Education for the report of the committee.

My point of contact for these questions is committee Vice- Chairman, Rep. Charles Owen. Please contact Representative Owen if you have any questions or concerns related to this request. We will update you soon on the specific hearing date(s). Thank you.

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General Recommendations from Higher Education Post-COVID-19 to the committee are listed below. The committee's recommendations for change to statute or policy include:

- **Address the Digital Divide Permanently:**
 - Ensure all students have access to laptops, connectivity, etc., and support hybrid learning
 - Advocate for expansion of broadband to support underserved areas
 - Implement programs to provide matriculating students with digital tools
- **Enhance Equity and Access:**
 - Prioritize equity (undefined) issues by targeting underserved populations with resources and support to ensure they can participate fully in higher education
 - Increase need-based financial aid to reduce financial barriers and support student retention
 - Develop permanent support systems (e.g., tutoring, advising, childcare) tailored to diverse student populations, including adult learners and first-generation students
- **Adapt Educational Delivery:**
 - Expand online and hybrid learning options, leveraging the pandemic's demonstration that high-quality education can be delivered digitally
 - Provide ongoing training for faculty in online teaching best practices to maintain academic quality
 - Offer flexible scheduling and delivery methods to meet students "where they are," accommodating non-traditional learners
- **Strengthen Community Engagement:**
 - Foster university-industry partnerships and prioritize research with real-world applications to address community needs (e.g., PPE production, healthcare support)
 - Establish campuses as hubs for micro-manufacturing and on-demand services during crises
 - Build permanent relationships with non-governmental organizations (NGOs) and community organizations to enhance responsiveness to local challenges
- **Improve Financial Stability and Funding Models:**
 - Increase state funding to reduce the burden on students
 - Secure additional funding for research campuses and offset revenue losses to maintain educational and research productivity
 - Use federal recovery funds strategically to support education initiatives and workforce retraining programs (e.g., Reboot Your Career)

Specific Recommendations by Issue

- **Campus Closures & Re-openings:**
 - *Recommendation:* Establish statewide best practices for crisis communication and coordination, including maintaining a centralized online presence for rapid updates and retaining regular system meetings during recovery
 - *Long-Term Focus:* Solve digital divide issues to ensure equitable access to education during disruptions
- **Maintaining Postsecondary Productivity:**
 - *Recommendation:* Develop one-stop information hubs on campuses for students and faculty, and enhance communication through social media and recognizable campus figures
 - *Long-Term Focus:* Address the digital divide through task forces and legislation, ensuring all students have access to technology
- **Financial Stability:**
 - *Recommendation:* Assess priority funding and structural efficiencies to optimize resources
 - *Long-Term Focus:* Rebalance funding models to reduce student cost burdens and secure sustainable support for research institutions
- **Financial Aid:**
 - *Recommendation:* Adjust financial aid policies (e.g., TOPS, FAFSA deadlines) to accommodate emergencies and support returning adults
 - *Long-Term Focus:* Increase need-based aid and provide permanent support for underserved (not defined) populations
- **Academic Quality:**
 - *Recommendation:* Offer regular faculty training in online instruction and assess professional requirements for flexibility in hands-on training
 - *Long-Term Focus:* Ensure consistent quality across learning platforms
- **Engagement of Non-Public Institutions:**
 - *Recommendation:* Embed private and proprietary schools in statewide planning and discussions
 - *Long-Term Focus:* Improve relationships across all sectors of higher education
- **Faculty Adjustments:**
 - *Recommendation:* Expand opportunities for online teaching, public service, and industry partnerships
 - *Long-Term Focus:* Enhance professional development and networking systems for faculty

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- **Ongoing Research Programs:**
 - *Recommendation:* Identify new research priorities (e.g., virology, public health, medical ethics, vaccine injury, and natural health) and improve research capacity statewide
 - *Long-Term Focus:* Strengthen community engagement through research with immediate impact

Broader Long-Range Implications

- **Workforce Development:** Focus on upskilling and reskilling displaced workers for high-wage, high-skill jobs, leveraging education as a pathway to economic recovery
- **Systemic Change:** Use the crisis as a catalyst to address longstanding inequities, adapt to diverse student needs, and redefine the role of higher education in community resilience
- **Policy Adjustments:** Revisit admissions, placement, and financial aid policies to reduce barriers and improve flexibility for future disruptions

These recommendations reflect a dual focus: immediate crisis management and long-term transformation to make Louisiana's higher education system more resilient, equitable, and responsive to 21st-century demands.

Other Insights in Review of Education

Absent a committee hearing to gather public information, members of the committee have gathered information from public input over the course of the past several years. This accumulation is based on individual citizens in Louisiana coming forward, offering up experiential and individual circumstances that took place in the K-12 and higher education settings. The concerns raised by citizens range from issues such as prohibited vaccine mandates, forcing children to wear masks, and threats of adverse employment actions and intimidation tactics by school officials.

There is no record whatsoever in any K-12 or higher education entity of recognizing or taking action to inform parents that their students and, in the case of employees, their teachers or workers would be forced to participate in activities that were experimental in nature. Further, the state did not ensure that the COVID-19 measures they were implementing were safe. Human rights advocate Jill Hines requested safety data supporting all COVID-19 mitigation measures required by LDH and LDOE, including the mental and physical impact of social distancing, long-term mask-wearing, and repeated hand sanitizing. LDOE's reply was that the CDC would be the agency to answer that question, though the CDC has no fiduciary responsibility to the citizens of Louisiana.

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The impact of Act No. 9 of the 2020 First Extraordinary Session of the Legislature should be evaluated for its impact on education and the resulting imposition of unsafe and untested mitigation measures. No school or business should be allowed to impose medical interventions without liability.

Citizens, including minor children, were denied religious exemptions from activities related to the pandemic. School superintendents developed their own mask exemption policy and intentionally left out the option of a religious exemption in clear violation of the state's constitution and parental rights. In at least one college, students were forced to take the COVID-19 shot to attend sorority and fraternity rush activities. Mask mandates were enforced even though masks themselves were under what is known as Emergency Use Authorization. Mask use for students was never adopted through the required rule-making policy in the Sanitary Code. Students covered under the Americans with Disabilities Act and IDEA had their rights violated when they were excluded from educational activities when they could not wear masks.

Nothing was ever done legislatively to address the constitutional or ethical violations that universal masking created.

- Violated religious freedom
- Violated right to privacy
- Violated our right not to be tortured Art I, Sec 20 (a forced, untested medical intervention)
- Violated Art 1 Sec 3 and 12 - right not to be discriminated against based on our physical condition
- Long-term masking has never undergone safety evaluations - it is unethical to even recommend it
- Because masks are under EUA for COVID-19 mitigation, federal law stipulates a right to refuse - that was clearly violated
- Under federal law, EUA products require a reporting system for adverse events - that was never provided for masks

Some universities forced students to prove their vaccination status to attend outdoor sporting events. One university required proof of vaccination at a commencement exercise, and in some locations, children as young as two were asked to wear masks. At the state's flagship university, entire dorms were required to take COVID-19 tests to prove health status.

College students were tested and isolated without due process. Students lost scholarships over COVID-19 vaccine refusal, specifically ROTC. Students also lost scholarships in 2020 that required them to be on campus for such activities as work-study programs.

SECTION 3: EFFECT ON LOUISIANA'S ECONOMY AND BUSINESS COMMUNITY

As with the section of this report dealing with K-12 and higher education, the committee was not able to hold a stand-alone hearing on the effects of COVID-19 on the business community. Instead, data was gathered from business and industry leaders in the state. A questionnaire was sent by the committee to the Louisiana Association of Business and Industry (LABI) and the state chapter of the National Federation of Independent Business (NFIB). The graphs and tables of responses can be found in Appendix C, and a summary of what LABI's respondents believed is below.

LABI received word from one hundred five respondents (from business owners). In short, the respondents rated the government's handling of the pandemic as acceptable or marginal. Twenty respondents thought it was poor and seven thought it was outstanding. Forty percent felt their business was affected by the government-imposed vaccine. They felt their business was treated fairly, although thirteen and one-half percent preferred not to respond. The respondents who felt harmed by government actions were more specific with statements such as "A shutdown of that magnitude was unwanted."

Also, those most affected felt that imposing mask mandates, social distancing, and shutting down businesses created an economic catastrophe that will never fully be realized. Strong words were received regarding the "free money" handed out by the federal government, stating that this made it extremely difficult to keep workers and those businesses declared "essential" had a distinct disadvantage. The respondents felt that the government was more concerned about everyone being vaccinated rather than looking for solutions that would help businesses stay open. Some felt there was no courage shown and little leadership.

Respondents felt that it puts a boundary on insurance and makes workers complacent. They did feel state government, while not perfect, was better than surrounding states. Many felt the decision to close schools was a poor one. One respondent felt it was too soon to play the "blame game" and the leaders did the best they could. Overall, the survey appeared to want to support our state leadership while hoping for different decisions should something like this happen again. The responses in the survey made it seem that while the government is necessary there was an overreach by our leaders that made the problem worse for a large number of citizens.

It should be noted at this juncture that the effects on business and industry merits continued review. With an economy that has languished for decades, it stands to reason that the foundations of Louisiana's economy were not stable at the outset of the pandemic and that the cumulative effects of the COVID-19 pandemic could be far-reaching. A dissertation-level review is merited.

SECTION 4: ACTIONS OF THE EXECUTIVE BRANCH

The committee intended to review the actions of the executive branch of Louisiana’s state government during the COVID-19 pandemic. Governor John Bel Edwards undertook extraordinary measures throughout the entirety of the crisis. The law in the State of Louisiana was not constructed for such an emergency, and the governor extrapolated powers.

The governor’s actions and the actions of the legislature cumulatively merit a stand-alone review. It is recommended that this effort continue, either with a new resolution, or for the committee to continue its work independently. Abuses of civil liberties, harm to the education apparatus of the state, and a litany of other actions can be attributed directly to government action, and the actions of the former governor and his team in particular. The emergency Louisiana experienced and its course of actions were led almost singularly by Governor Edwards. The framework of Louisiana law and the rights and responsibilities of the government and the people merit a detailed review.

From the earliest days of the pandemic, the executive branch fostered an adversarial atmosphere, framing the public response as a battle between compliance and defiance. Rather than empowering Louisianans to take responsibility for their own health, the administration promoted an exclusionary narrative—branding skeptics and dissenters as enemies of the common good.

Governor Edwards himself reinforced this divisive stance, stating that “rights under the Constitution are not an absolute,” and urging citizens to “stop worrying about their rights and do the right thing.” Such rhetoric undermined civil liberties and eroded the very principles that should guide leadership in times of crisis.

Article I Section 1 of the state’s constitution should have been the guiding principle in every decision made during the emergency declaration.

“All government, of right, originates with the people, is founded on their will alone, and is instituted to protect the rights of the individual and for the good of the whole. Its only legitimate ends are to secure justice for all, preserve peace, protect the rights, and promote the happiness and general welfare of the people. The rights enumerated in this Article are inalienable by the state and shall be preserved inviolate by the state.”

Instead, this foundational principle was ignored as viral mitigation became the priority. The executive branch leveraged press conferences and health department messaging to manipulate public perception—exaggerating the threat of SARS-CoV-2, justifying sweeping business closures, enforcing mask mandates, and ultimately driving vaccine uptake. At one point, the state used cellular data to monitor the movement of Louisiana residents.

The State Fire Marshal was weaponized against small business owners who refused to comply, and restaurants were threatened with the loss of their licenses for standing their ground.

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Governor Edwards resorted to unethical tactics to push vaccination, including using federal funds to finance a \$1 million vaccine lottery that shamefully targeted minors.

The executive branch consistently denied the reality of COVID vaccine injuries and deaths. Despite the vaccines being distributed under Emergency Use Authorization, the administration dismissed concerns that they were experimental. At no point did the Governor's Office launch a public awareness campaign to educate the public about vaccine injury reporting procedures or acknowledge the growing number of adverse events.

While COVID deaths were routinely memorialized, the executive branch deliberately withheld data showing the vaccines were not performing as promised. Key statistics were seemingly removed from the Louisiana Department of Health's dashboard, possibly concealing evidence of significant harm associated with COVID vaccination.

It should be noted that under current law, the Louisiana Legislature had the power to end the COVID emergency at any time a majority of one of the houses of the legislature would petition the governor to do so. On one occasion, the House of Representatives offered up a petition, but the governor summarily refused to follow the order and the case became tangled up in court. Leadership in the House of Representatives refused to follow through on the legal process and the governor's power remain unchecked and virtually unchallenged.

Going forward, constitutional protections must not be suspended in times of crisis—they should be the standard by which all emergency policies and executive orders are measured and constrained.

SUMMARY OF KEY OBSERVATIONS

The committee offers at this juncture the following key observations:

1. Significant Public and Professional Discontent with Government Overreach

Many testimonies—especially from healthcare professionals and business leaders—pointed to a perception of overreach by the state during the pandemic. These included mandates on vaccines, mask requirements, shutdowns, and interference in the doctor-patient relationship, which were often viewed as unnecessary or harmful.

2. Economic and Workforce Disruption was Exacerbated by Federal and State Policies

Respondents highlighted that stimulus programs (“free money”) made it difficult to retain workers, while “essential” businesses were at a disadvantage. Mandates and shutdowns contributed to long-term economic consequences, some of which are believed to still be unfolding.

3. Health and Hospital Leaders Expressed Strong Criticism of State Actions

The Surgeon General of Louisiana testified that “nearly everything” done during COVID-19 was wrong. Doctors shared stories of professional retaliation for not adhering to state directives, while public health officials were criticized for lacking transparency and suppressing dissenting voices or alternative treatments.

4. Educational Institutions Faced Major Challenges but Showed Leadership in Some Areas

K–12 and higher education systems experienced substantial disruption, but leadership—especially by Superintendent Brumley—was credited with helping to mitigate damage by advocating for school reopening. Still, concerns were raised over forced participation in mandates and lack of informed consent.

5. The Report Calls for Broad Legislative Reform to Protect Individual Rights and Ensure Transparency

Numerous legislative recommendations are proposed, including bans on mandates without liability, informed consent laws, limits on state emergency powers, and prohibitions on future interference in medical autonomy. The report reflects a desire for codified protections against a repeat of pandemic-era governance failures.

APPENDIX A: CUMULATIVE LEGISLATIVE RECOMMENDATIONS

1. Legislation: Enact a “No Mandate” law. This assures that individuals will not be mandated to receive any medical intervention, including a pharmaceutical or biological agent or product designed to alter or restrict the biological functioning of the body. This type of policy would incorporate the protections that the Nuremberg Code would afford as well. “No Mandates” ensures that individuals will not be coerced into receiving a vaccine, or countermeasure, and will not be discriminated against for refusing vaccination, including for school and work, as a prerequisite for receiving other medical treatment like chemotherapy or organ transplants, access to goods and services, travel, or enrollment in summer camps. This in no way prevents people from getting a vaccine if they want one.
2. Legislation: Prohibit discrimination based on vaccination status - already implied in Art. I, Sections 1, 2, 3, 5, 6, 8, and 12.
3. Legislation: Remove civil liability from any school or business that does not mandate or require vaccination of any kind.
4. Legislation: Engineered Pathogens Prohibitions. (Also known as self-spreading vaccines.) Assures that individuals will not be infected with engineered viruses and bacteria without express consent.
5. Legislation: Public Health Confidence Bill. Limits the ability of individuals employed by public health agencies to then be employed by certain pharmaceutical companies. Limits potential conflict of interest.
6. Legislation: Package Insert Bill/Informed Consent. Assures that individuals will receive standardized information about any vaccine they receive, especially including efficacy in testing and a summary that reveals to citizens (or parents of minors) the possible side effects and key dangers of drugs or other medical products
Recommendation: Vaccine Informed Consent Bill. Under federal law (NCVIA), vaccine recipients are required to receive a Vaccine Information Sheet (VIS) prior to vaccination. Parents are required to receive one prior to their child receiving a vaccine. It simply puts in statute the requirements of the federal law.
7. Legislation: No vaccinations administered on school property.
8. Legislation: Amend the current Patient’s Bill of Rights to include informed consent and absolute notification of Emergency Use Authorization and prohibit the mandated or coercive use of an EUA or a countermeasure, especially during a public health emergency; prohibit vaccination as a requirement for any other medical treatment including transfusion and organ transplant.
9. Legislation: Limit the length of Public Health Emergencies (must be renewed by both houses of the legislature).

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10. **Legislation: No CDC Mandates without Legislative Approval.** The state is prohibited from implementing or enforcing any requirements or mandates from the United States Centers for Disease Control and Prevention without the legislature's approval. No recommendations, instructions, or guidance provided by the CDC shall be used to justify any public health requirement or mandate, including but not limited to mask, vaccine, quarantine, or medical testing requirements.
11. **Legislation: Establish Patient/Provider Relationship Bill.** Prohibit any state agency or insurance provider from interfering with the patient and provider's relationship. **Recommendation:** Remove insurance incentives and kickbacks - they influence the doctor-patient relationship.
12. **Legislation: Let the Data Lead Bill.** Require that every insurance company issuing insurance to more than one individual in the state make available to the public (in a de-identified fashion) all ICD-9 and ICD-10 codes. The data shall include the maximum amount of information for each individual (while maintaining anonymity) but will provide each individual's zip code, year of birth, and sex.
13. **Legislation: Require continuing education for healthcare workers on reporting vaccine adverse events.**
14. **Legislation: Prohibits Human Experimentation and codifies the Nuremberg Code in Louisiana Law.** Enact provisions of the Nuremberg Code for the State of Louisiana, outlawing human experimentation. **Recommendation:** Combine this with #5. Define "medical experimentation" to include medical procedures that have not undergone double-blind, inert placebo-controlled randomized clinical trials.
15. **Legislation: Outlaw the creation or storage of biological weapons.** Implement strict prohibitions on the creation, stockpiling, and deployment of biological weapons, without loopholes and including an absolute ban on gain of function (GoF) research. **Recommendation in addition:** Because the legislature has control over it, prohibit the use of state funds and resources (colleges and universities) for GoF.
16. **Legislation: Prohibition of mRNA Gene Therapy Products.** Ban mRNA vaccines for humans; ban pseudouridine; ban self-replicating (self-assembling) mRNA; ban mRNA vaccines in food supply (animal livestock, produce, etc.).
17. **Legislation: Pharma Advertising Restrictions.** Permanently revoke advertising rights for pharmaceutical companies who fail to fully disclose ingredients or risks not meant for human use. The U.S. is one of only two countries that allows direct-to-consumer pharmaceutical advertising - prohibit it completely.
18. **Legislation: Prohibit LDH from advertising pharmaceutical products or medical devices, especially to minors.** Rep. Billings' bill specifically required LDH to follow federal regulations when advertising. Banning it is another alternative.
19. **Legislation: Penalties for Restricting/Violating Constitutional Rights.** Establishes state-level penalties (fines, etc.) for violation of Constitutional rights (freedom of assembly, travel, speech, religion). Also, consider not funding constitutional violations. The only

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people who can possibly violate constitutionally protected freedoms are state employees or agents of the state or local municipalities. Example: The State Fire Marshal won't get funding if they violate the law, for example, shutting down a business that is following the law.

20. Legislation: Removal of Legal Protections for Pharma. Removes pharmaceutical company legal liability protections for vaccines or any other products or treatments, even during a declared emergency. Repeal blanket PREP Act immunity, especially when it infringes on parental, patient, or constitutional rights.
21. Legislation: Ban Intentional Release of Genetically Modified Insects and Animals. Ban the intentional release of genetically modified insects such as mosquitos.
22. Legislation: Prohibit Pharmacy Override of Prescription Fulfillment of Certain Types of Drugs. Modifies Louisiana law that gives pharmacists the right to refuse certain prescriptions (i.e., abortion drugs) and ensures that prescriptions for anti-viral or other non-life-threatening drugs must be fulfilled. Recommendation: The statute already provides a right of conscience for not filling prescriptions for abortifacients, and physicians have the right to prescribe off-label. The interference in filling of prescriptions came from LDH. Limit LDH's ability to interfere with what prescriptions are and are not filled.
23. Legislation (possibly HCR): Incentivize domestic production of medicine, via a task force to study ways to create medicine in our state.
24. Legislation: Make Budesonide via inhaler and ivermectin over-the-counter medications.
25. Legislation: No funding for censorship. Outlaw any use of public or private dollars, grants, or otherwise that works to suppress any speech or communication.
26. Legislation: No retaliation to people over testifying at committee hearings, specifically doctors and professionals (whistleblower law for witnesses).
27. Legislation: Amend the statute that provides immunity from civil liability for healthcare workers during a public health emergency. Streamline it so that it is only pertinent to the declared emergency.
28. Legislation: Make vaccine databases like LINKS an opt-in and ensure the vaccine data is only used for research.
29. Legislation: Amend the state's Products Liability Act to include liability-free medical products.

APPENDIX B: REPORT FROM BESE/LDOE AND THE BOARD OF REGENTS

1. Provide a review of the onset/initial stages of COVID---how the 4 x Higher Education Systems and the Board of Regents initially reacted to the news of and realities of the pandemic.
 - a. Review/provide analysis of key interactions and directives from the Executive Branch, and how the actions of the Division of Administration and Legislature were received, interpreted and acted upon;
 - b. Provide a review of decisions and actions taken related to masking, vaccination requirements, social distancing, and any other measures related to COVID response.
 - c. Provide a review of decisions related to attendance and admittance decisions related to COVID and the pandemic
2. Review decisions and actions taken related to closing or modifying the class schedule and overall operation of higher education institutions around the state (timelines, sources of guidance/direction, lessons learned). Please provide:
 - a. Representative actions taken by the 4 Systems in the State of Louisiana in response to the pandemic
 - i. Discuss preparation/execution for distance learning when the pandemic began.
Response should include:
 1. Overall capacity of students to manage a distributed instruction paradigm;
 2. Capacity of the 4 x Systems to deliver instruction (sufficient or insufficient)
 3. State-wide infrastructure to handle transition to distance learning
 - ii. Lessons learned
 - b. Actions taken by Regents and the Systems to return to in-person school settings
 - i. Challenges. Include discussions on masking, vaccine mandate implementation, guidance from State to Systems, and any confusion about State law which may have occurred
 - ii. Successes.
 - iii. Lessons Learned
 - c. Impacts of and lessons learned in the context of guidance and direction to the Systems from the Division of Administration, The Legislature (i.e. Act 9 of 2020 Legislature, etc.), Regents, federal entities
 - i. Challenges
 - ii. Successes
 - iii. Lessons Learned
 - d. Learning outcomes: Assessments related to learning loss or decrease in scholarship activities during and in the years since the State-wide Health Emergency was ended
 - e. Effect on Enrollment and Fiscal Stability: Provide observations on enrollment and how COVID affected the System
 - f. Does the Regents have a plan to manage future crises?
3. Other items of concern or importance Regents/Systems would like the legislature to be aware of, including recommendations for creation or deletion of statutes, other legal or regulatory guidance

APPENDIX C: LABI/NFIB MEMBER SURVEYS

LETTER OF INTENTION:

FROM: Representative Charles Owen, Vice Chairman, House Select Committee on Homeland Security, on behalf of Chairman Jay Galle
SUBJECT: House Resolution (HR) 133 Request for Information for LABI & NFIB
TO: Mr. Will Green, Chairman of Louisiana Association of Business and Industry (LAB) and Ms. Leah Long, Director of Louisiana's Chapter of the National Federation of Independent Businesses (NFIB)

EMAIL ADDRESSES: masked

Pursuant to House Resolution 133 of the 2024 Legislative Session, the House Select Committee on Homeland Security is conducting a review of actions of State government during the COVID Pandemic. We have gathered information from Health and Hospitals and the education community (K-12 and Higher Education).

Our task now is to pulse the private sector business community in Louisiana. We are seeking your observations and recommendations for both how the COVID-19 Pandemic was handled and how the business leaders of Louisiana would recommend future events be managed from the perspective of government support to the business community.

We are asking you, as leaders of LABI and NFIB to pulse your members and/or to provide your institutional perspectives on how we as a state can be best prepared for future crises. We would ask that you provide a written/email summary to the Committee no later than 1 April, 2025. You are obviously free to respond or not, but we hope you can help us get a good reading on the needs of our state's business community.

Below is a list of questions we would hope you can use to frame your report. We believe the perspective of our business community is critical to being prepared for the future.

Questions

1. How would rate the overall performance of the government of the State of Louisiana during the initial stages of the COVID pandemic (from the first announcement of a pandemic through the next three months---March through the end of May 2020)? A. Outstanding; B. Acceptable; C. Marginal; D. Poor
2. Do you think the government of the State of Louisiana was even-handed in its decisions to force the closure of some businesses while allowing other businesses to stay open during the early phases of the pandemic? A. Yes. B. No. C. Not sure
3. Do you think the government of the State of Louisiana was even-handed in its decisions to force the closure of some businesses while allowing other businesses to stay open during the entirety of the pandemic? A. Yes. B. No. C. Not sure
4. In your opinion, was your business or industry treated fairly by State government during COVID? A. Yes, B No; C. Prefer not to answer

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5. Was your business or industry affected by any government-imposed vaccine mandates? A. Yes; B. No; C. Prefer not to answer.
6. Has your business or industry recovered from the effects of the COVID pandemic? A. Yes; B. No; C. We were not effected by COVID
7. Could the State of Louisiana have done more to help your business survive or thrive during the COVID pandemic? A. Yes; B. No; C. Not sure If your answer is Yes, and would like to provide recommendations, please do so in the space below.. If the space below is insufficient, please send a separate document.
8. Are you aware of laws (statutes) that you believe should be changed or created to help your business navigate through future health pandemics? A. Yes; B. No; C. Not sure. If your answer is yes, please provide in the space below.
9. Other Recommendations: If you are inclined, please provide any other observations you would like relayed to the House Committee on Homeland Security.

Individual inputs will remain anonymous, but will be merged into a larger report for the House of Representatives. Cumulatively, all inputs will be used to make recommendations for the creation or elimination of policy or statutes for the State of Louisiana. This report will be shared with the Senate and Governor, of course, and will be made public.

Your help is appreciated. We wish to learn lessons and help our state be better prepared if, God forbid, another health crisis comes our way. Thank you for your time.

Please send all email responses to hse030@legis.la.gov. If you have any questions, please call me at 337 396 7808. Again, thank you very much.

CHARLES A. OWEN, LtCol (ret), USAF, Ph.D.

State Representative, District 30

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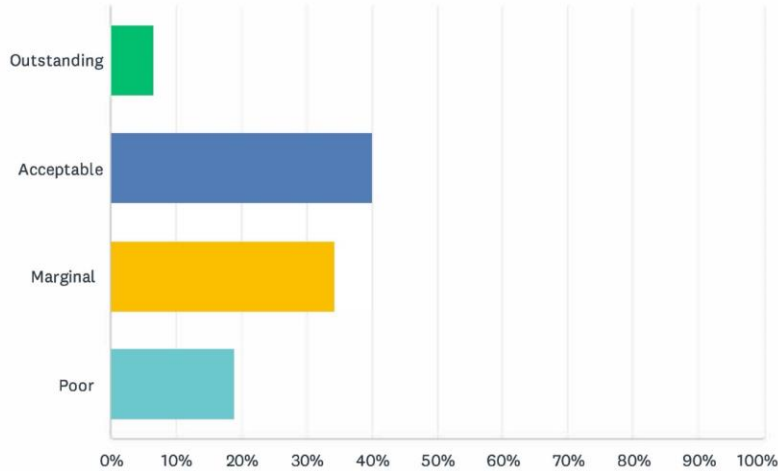
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LABI MEMBER SURVEY TABLE 1

LABI Member Survey - 2025 Policy Outlook

Q3 How would you rate the overall performance of Louisiana's state government during the COVID-19 pandemic?

Answered: 105 Skipped: 0



ANSWER CHOICES	RESPONSES	
Outstanding	6.67%	7
Acceptable	40.00%	42
Marginal	34.29%	36
Poor	19.05%	20
TOTAL		105

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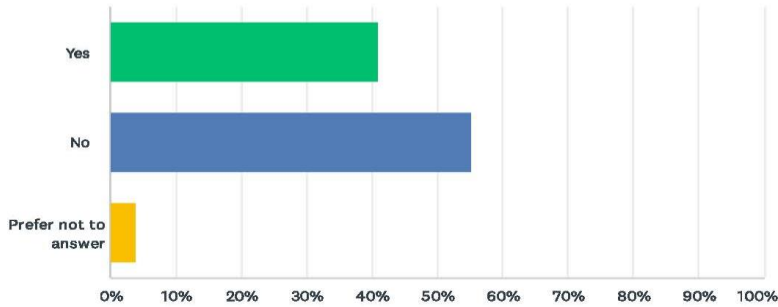
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LABI MEMBER SURVEY TABLE 2

LABI Member Survey - 2025 Policy Outlook

Q4 Was your business or industry affected by any government-imposed vaccine mandates?

Answered: 105 Skipped: 0



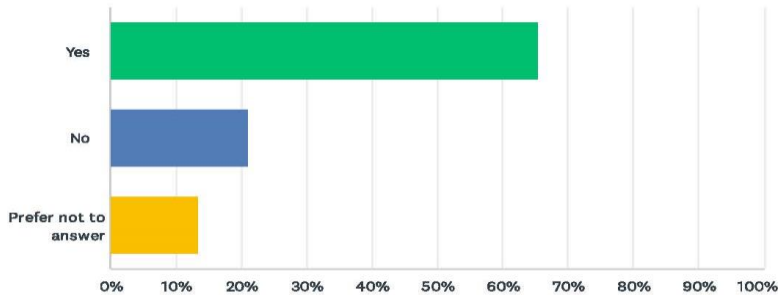
ANSWER CHOICES	RESPONSES	
Yes	40.95%	43
No	55.24%	58
Prefer not to answer	3.81%	4
TOTAL		105

LABI MEMBER SURVEY TABLE 3

LABI Member Survey - 2025 Policy Outlook

Q5 In your opinion, was your business or industry treated fairly by Louisiana's state government during COVID-19?

Answered: 104 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	65.38%	68
No	21.15%	22
Prefer not to answer	13.46%	14
TOTAL		104

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LABI: Member Survey Responses - COVID-19

How would you rate the overall performance of Louisiana's state government during the COVID-19 pandemic?		Was your business or industry affected by any government-imposed vaccine mandates?		In your opinion, was your business or industry treated fairly by Louisiana's state government during COVID-19?	
Response	Comments	Response	Comments	Response	Comments
Marginal		Yes		No	
Marginal	A shutdown of that magnitude was unwarranted. Furnish people with appropriate, real information and let them make their own life decisions.	No		Yes	The construction industry was one of the few that was allowed to continue operating.
Outstanding		Yes		Yes	
Marginal		Yes		No	
Acceptable		No		Yes	
Marginal		Yes		No	
Acceptable		No		Yes	
Marginal		No		No	
Poor	Imposing masks, social distancing, shutting down businesses by sales category. Created an economic catastrophe we'll never be able to fully realize.	No	N/A	No	Social distancing and mandatory mask + contact tracing made it difficult to keep staff available to meet customer needs.
Marginal		Yes		Prefer not to answer	
Poor		No		Yes	
Poor		Yes		No	
Acceptable		Yes		Yes	
Acceptable		Yes		Yes	
Outstanding		No		Yes	
Acceptable		No		Yes	
Outstanding		Yes		Yes	

Acceptable	The "free money" being thrown around by the Federal Government made it extremely difficult and costly to attract and maintain a workforce to continue operations.	No		Yes	We were able to designate as an essential business and remain open. Had we had to close for more than a week it is highly unlikely we would have been able to reopen.
Acceptable		No		Yes	Energy was considered "essential", therefore mandates did not affect my company.
Acceptable		No		Yes	
Acceptable		Yes		Yes	
Poor		No	It's appreciated that the Supreme Court stopped the determination of the totalitarian Biden Administration to force vaccinations as a requirement for employment.	Prefer not to answer	
Marginal		Yes		Prefer not to answer	
Acceptable	There was no benchmark or experience to grade ourselves, at the end we pressed forward	Yes	We work in the global marine business, as such we had to adjust not only to the state, but other states and countries.	Yes	
Marginal		No		No	
Poor		Prefer not to answer		Prefer not to answer	
Marginal		Yes		Yes	
Marginal		Yes		Yes	Somewhat subjective - we work directly with and inside of healthcare facilities - so much of what we dealt with was being mandated by Federal guidance.
Marginal		No		Yes	
Acceptable		Yes		Yes	

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Acceptable		Yes	Gaming related income was highly effected with the facilities closures	Prefer not to answer	
Marginal		Yes		No	
Poor	No reason to shut down world, national, or state commerce!	Prefer not to answer		Prefer not to answer	
Marginal		No		Yes	
Poor		No		No	
Poor	Was more concerned about giving a vaccine than helping businesses survive and the people	Yes	If we didn't take the vaccine where I worked they fired us.	No	Didn't get anything to help.
Acceptable		No		Yes	
Marginal		Yes		Yes	
Acceptable		Yes		Yes	
Acceptable		No		Yes	
Marginal		No		No	
Poor	Not a lot of oversight with handouts given by the government - lot of fraud...	No		No	
Marginal		Yes		Yes	
Marginal		No		Yes	
Acceptable	balanced competing info about Covid	Yes	but not as much as others courts closed and discovery in civil matters slowed to a crawl	Yes	
Marginal		Yes		Prefer not to answer	
Marginal		Prefer not to answer		Prefer not to answer	
Acceptable		Yes		Yes	
Acceptable		No		Yes	
Acceptable		Prefer not to answer		Prefer not to answer	
Acceptable		No		Yes	
Acceptable		No		Yes	

Poor	Beholden to the Federal Government, no courage or leadership and complicity in keeping everything shut down.	No		No	
Acceptable		No		Yes	
Marginal	Less government less regulations, the insurance in Louisiana is way too high fuel for trucking companies is way too high to workforce is nonexistent due to the fact that the government gave out too much money.	No		Prefer not to answer	
Poor		Yes		No	
Acceptable		Yes		Yes	
Acceptable		No		Yes	
Acceptable		No		Yes	
Poor	Unnecessary closings of businesses and schools - some for over a year - some forever. Particularly getting kids back on grade level so that they can enter the workforce on time.	Yes		No	
Outstanding	LA stayed open for business when other states weren't. Absolutely the best decision!	No		Yes	
Marginal		Yes		No	
Outstanding		No		Yes	
Marginal		Yes		Yes	
Acceptable		No		Yes	
Marginal		No		Yes	
Acceptable	Edwards addressed this much better than other states.	No		Yes	

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Poor	Schools were shut down. Women in accounting had to pause careers to take care of children. This financially impacted families worse than COVID.	No		No	There was no concern about workforce when schools shut down.
Poor		No			
Poor	This administration is far too engaged in culture wars than it is in the advancement of Louisiana business and industry. That harmed the state's COVID response.	No		Yes	
Marginal		Yes		Yes	
Outstanding		No		Yes	
Acceptable		No		Yes	
Marginal		No	Private business - no mandate	Yes	We are essential so no shut down for us
Acceptable		Yes		Yes	
Acceptable		No		Yes	
Acceptable		Yes		Yes	
Marginal		No		Yes	
Marginal		Yes		Yes	
Acceptable		Yes		Yes	
Acceptable		Yes		Prefer not to answer	
Outstanding	Great! Lots of contracting from government sources.	No		Yes	
Marginal		Yes		Yes	
Marginal		No		Yes	
Acceptable	They did the best they could with the information available to them. It's too soon to be playing the blame game.	No		Yes	
Poor		Yes		No	

Poor	We could have been a leader is keeping things open - like Florida. Our previous governor chose a different path.	Yes		No	Our State made it too onerous on everyone.
Poor		No		Yes	
Marginal		No		Yes	
Acceptable		No		Prefer not to answer	
Acceptable		No		Yes	
Marginal		No		Yes	
Marginal		No		No	
Marginal		No		Yes	
Acceptable		No		Yes	
Acceptable		Yes		Yes	
Acceptable		Yes		Yes	
Acceptable		No		No	
Marginal		Yes		Prefer not to answer	
Poor		No		No	
Poor		No		Prefer not to answer	
Marginal		Yes		Yes	
Acceptable		No		Yes	
Acceptable		No		Yes	
Marginal		Yes		Yes	