CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON HEALTH, GOVERNMENTAL OPERATIONS AND PUBLIC SAFETY

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June 11, 2009
Start: 2:20 pm
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HELD AT: Council Chambers
City Hall

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CHAIRPERSON SEARS: Good afternoon everyone. My name is Helen Sears and I'm Chair of Government Operations Committee. And I'm joined by my colleagues. This is a Co-Chaired Hearing today. We're co-chairing, my colleagues Peter Vallone for Safety and we have Joel Rivera for Health and Mental Health and I as Chair for Governmental Operations.

I would also like to acknowledge our staff that's here today. To my left is Matt Gewolb, Counsel to the Committee and Josh Gerber the Policy Analyst to the Committee. I will introduce our colleagues. We have Helen Foster from the Bronx, Rosie Mendez from Manhattan and we have Simcha Felder from Brooklyn and others will be joining us today. We have a lot going on. And some of us have to get to budget negotiations, Joel Rivera does, I do. And our very faithful Peter Vallone has agreed to chair the rest of the hearing. So with that we will commence and say that our hearing today has had a lot of notoriety, it's had a lot of press. And today we're going to hear from the Administration, the public and various other labor unions and interest groups on

the City's response to the ongoing H1N1, commonly known as swine flu outbreak.

Protecting our residents from biological hazards such as this virus is one of the most important functions of our municipal government. And we are eager to better understand the measures that our City agencies have undertaken to combat the current outbreak. The information that we expect to hear today will help us, the public and my colleagues, their representatives, to ensure that the health and well-being of the people of this City is being protected.

We're looking forward to hearing from a variety of agencies today that have and will continue to play an integral role in controlling the current outbreak. We are also interested in hearing from various advocates and other members of the public on the City's response to the outbreak and how its performance and procedures might be enhanced in the future.

Finally I know I speak for all my colleagues when I say that we have been deeply saddened by the H1N1 related deaths that have

occurred here in the City in recent weeks. And I would like to extend our most sincere condolences to the families of those who have passed away.

There has been--and just a final comment, there has been a lot that has been talked about. I've heard from schools wanting the schools to be closed. I've had schools in my District that have been affected by this. I've had calls from parents, all of us have been involved, all my colleagues, in hearing from the public and something that they didn't quite understand, but they knew that it was something that when it was attacked could have dire consequences.

It also caused confusion among the public, parents in the schools, as to exactly what do you do and how do you do it. And this is an opportunity for all of us to somehow get a handle on being reasonable, patient and not to hasten to do things that are not the right thing to do.

I heard this morning the CDC has declared this virus an endemic. With that I'm going to call upon my co-chairs, Peter Vallone first for his opening remarks. And then I know my

colleague Joel Rivera will have his and then we will proceed to--

[Interposing] [Off mic]

CHAIRPERSON SEARS: Hum? Oh, oh I've just found out that B and T [phonetic] is finished, that's what happens when we're not there. That means that they can't go on so with that we will stay for some of the time. With that, Peter?

CHAIRPERSON VALLONE: Thank you. It's an honor to chair this hearing with Chair Sears and Chair Rivera. Now that the crisis seems for the most part to be behind us, I think the time for spoonfuls of sugar to help the Tamiflu go down is over. At least 15 have died, we just found out 3 more just today from the swine flu. And the WHO informs us today that they have raised the level of the pandemic level from 5 to 6, you can't go any higher than 6.

15 New Yorkers have died. And whether or not they had pre-existing conditions, they were our most vulnerable. And they would still be with us if not for the swine flu. A question we can address today, although the

Federal government should, is how was this allowed to happen. Why did the Federal government know in March, March that this was occurring in Mexico? And in early April, actually late March, a case in San Diego. And yet our kids were allowed to go to Mexico for Spring Break with absolutely no travel advisories, no warning and bring the swine flu back to St. Francis Prep. That's a question for the Federal government.

I have lived through this entire crisis, as I've been as involved as anyone else. The worst part for me as the father of a daughter who was at St. Francis Prep the day before the school was closed was Saturday, April 25th when the Health Commissioner got on TV and myself, as well as other parents from St. Francis Prep were gathered around the TV, and we heard our worst fears confirmed that it was in fact swine flu.

At that point our kids were sick, mine too, and we didn't know anything about this. We did not know that it was going to turn out to be a mild strain. We knew people were dying in Mexico. And it was a very, very scary period.

We're going to ask questions today

of all the City agencies that are here to answer them. The Health Department will be here to discuss with us their actions. The DOE is here to answer questions. The OEM Commissioner is here to answer--talk about the City's response. We have a lot of questions. One of the top on my mind, as I said my first daughter was at St. Francis Prep, my second one at a school that was closed a few weeks later.

First question on my mind as a parent is why were some schools closed a week before parents were given guidelines on how this decision was made. That's something that we're going to need answered. Correction is not here although we asked for them to be here. But we are told that the people here will be able to answer questions about what happened at Rikers Island. The purpose of today's hearing is to get those answers. We want to know how the City reacted to this crisis. We want to know what mistakes were made and most importantly what we learned in order to prepare for a worse strain of this virus in the future. What we learned and how we can react better. That's the purpose of this hearing.

And with that I'm going to turn it over to my third co-chair Joel Rivera. Thank you.

CHAIRPERSON RIVERA: Thank you very much. Ladies and gentlemen, thank you very much for joining us here this afternoon. My name is Joel Rivera. I'm the Chair of the City Council's Health Committee. And today as you've heard we are discussing the swine flu H1N1. And we're joined by the Government Ops Committee and by the Public Safety Committee.

Novel Influenza A, H1N1, more commonly known as the swine flu is a strain of the flu virus that was first detected in April 2009 in Mexico. H1N1 is a respiratory infection caused by Influenza Type A virus that traditionally infects pigs. Until this recent period, H1N1 was limited to individuals who had direct contact with pigs. Now though the virus is believed to have mutated and is now transmittal by human to human contact. The virus spread through the coughs and sneezes of people who are infected.

New York City's outbreak of H1N1 began on April 25th when nearly 150 students at St. Francis Preparatory School in Queens reported

experiencing flu-like symptoms after some of the students visited Mexico. The City Department of Health and Mental Hygiene and a US Centers for Disease Control and Prevention confirmed the students had H1N1 virus. According to the CDC, individuals will not have immunity to this new strain of virus, but fortunately the symptoms have been relatively mild thus far.

Despite this, 15 New York City residents have lost their lives as a result of the H1N1 infection. While there is nothing that can be said to console the loss of life, it is important to remember that each year more than 1,000 people in New York City die in New York City as a result of the seasonal flu. As a City we must remain calm but also be vigilant and adequately prepared.

In 2006 the Department of Health and Mental Hygiene created a Pandemic Influenza Preparedness and Response Plan. The goal of the plan is to ensure that the City is able to respond to the event of an influenza outbreak by controlling the spread of the virus; partnering with the healthcare organizations that provide

care and surveillance, maintaining necessary services and providing information to the public.

We expect to hear more about the City's multifaceted Pandemic Influenza Preparedness and Response Plan today. We also expect to hear more about the current state of H1N1 infection in New York City and see what we are learning from our partners in State, Federal and the International community.

I'm also encouraged because we do have our newly minted Commissioner, Health Commissioner Thomas Farley who is here who is a specialist in this type of field and brings a wealth of knowledge and information. Also before we move on, we received a letter from the head of CDC who you may be aware of who that it, thanking us for the invitation to be here today but unfortunately he's not able to since he is, you know, on the national stage now but he did want to send his regards and thank us, you know, for having this hearing today. So and that is from former Commissioner Thomas Frieden.

At this point in time I guess we'll begin with the testimony.

CHAIRPERSON VALLONE: Before we do, we've been joined by Council Members John Liu, Council Member Brewer, Council Member Mitchell, Council Member Garodnick, Council Member Recchia, and Eugene, and oh, Stewart just came in. Anyone else that I missed? No. DeBlasio, how did we miss him? Oh he was here, he left, okay. I think this has been said but we'll have two Commissioners giving testimony, that's Joe Bruno from the Offices of Emergency Management. And for the first time before the City Council, Dr. Tom Farley from the Department of Health.

We have others here to answer questions from the Department of Health, Dr. Adam Karpati; from the Department of Education, Kathleen Grimm, Deputy Chancellor; and Susan Mannis [phonetic] and also from the Health and Hospitals Corporation actually will be able to answer questions from any Council Members who may have them. So that being said, we welcome both of you. Commissioner Bruno you've testified many times before the Public Safety Committee but Commissioner Farley it's an honor to have you with us. Our reporter asked me well shouldn't Tom

Frieden be here, he's the one who, you know, went through this with the City. And I said no this hearing is looking to the future. It's looking to see how we're going to be prepared to deal with perhaps a worse outbreak in the future. And there's no one better to tell us about that and hopefully to lead us through that than you. So we're happy to have you here with us.

So in whatever order you've determined, you may begin.

COMMISSIONER JOSEPH F. BRUNO: Well thank you very much Peter. And thank you Joel Rivera and Helen Sears. We're happy to be here today. I'm Joe Bruno. I'm the Commissioner of OEM. And maybe it's good for me to start out by just trying to give you an overview of where we have been and where we are in this incident and perhaps some of what we see as we go out from here.

Today I will be discussing OEM's role in the recent H1N1 incident in New York City, including the steps we took to support the Department of Health and Mental Hygiene's response, the steps we are taking now to prepare

the City for the future, and how we are communicating with the public and with the private sector so that they can prepare themselves as well.

Virtually all aspects of OEM's mission came into play when the H1N1 virus was first detected in New York City. Under CIMS, the Citywide Incident Management System, DOHMH is the Incident Commander for public health incidents along with New York City Police Department and Fire Department. Based on the nature of this incident the DOHMH took the lead and handled the majority of the issues. OEM supported DOHMH response alongside representatives from many other City agencies and coordinated information with other State and Federal agencies, as well as not-for-profits and the private sector.

Before I get into the specifics of the incident, I want to provide you with some background on the work we have done to support DOHMH in planning for a pandemic flu event. The Citywide Pandemic Flu Plan was created by DOHMH. As a member of their Pandemic Flu Planning Task Force, OEM has worked to formulate policy,

strategy and tactics related to this type of event. We have supported DOHMH in planning with specific non-medical preparedness projects including the following: Working with DOHMH and DOE, the Department of Education, we researched issues surrounding school closures. Working with DOHMH, the MTA, Amtrak, Port Authority and New Jersey Transit, we identified a range of social distancing strategies for public transit in New York City that could be implemented during an influenza pandemic.

Working with COSH, which is part of DCAS, it's the Citywide Office of Occupational Health and Safety and others we formulated strategies to identify and mitigate the risks to New York City employees from pandemic influenza. And lastly working with DOHMH we conducted pan flu-specific preparedness outreach to the public and private sector.

We became aware of the H1N1 virus a few days before it was detected in New York City. We were then notified by DOHMH of its investigation at St. Francis Prep in Fresh Meadows, Queens. By the next day DOHMH had

activated its Department Emergency Operations Center, called the DEOC, and we sent a representative there in support of its operations. We have stood beside DOHMH throughout this response and that support continues today.

Within just a few days of the DEOC activation, we understood that the situation in Queens was growing and we subsequently made the decision to activate our Situation Room at OEM headquarters. We had representatives from the Police Department, Fire Department, DOHMH of course, and DOE who joined us in the Situation Room.

During our Situation Room activation we increased our support to the DOHMH response with focused planning and interagency coordination. This work centered on a few main areas including logistics, school closures, workplace sick and leave policies, legal issues, regional coordination, worker health and safety and continuity of New York City agency operations, or COOP as it's called.

I'm going to describe a few of the things that we did in these areas. First is

Targeted Outreach to Special Needs Population: We reached out to our special needs population with targeted messaging through our Advance Warning System Conference Calls. We did this with key agencies including all these who serve special needs clients. They are the American Red Cross, the Department for the Aging, the Department of Homeless Services, the Department of Education, Department of Health, the Health and Hospitals Corporation, the Home Based Care Task Force which includes the visiting nurse service which is a very large provider, the Human Resources Administration, the Mayor's Office for People with Disabilities, MTA Para-transit operations, the ESRD which is the End-Stage Renal Disease Network, and the Salvation Army. These calls focused on situational awareness and developing long-term objectives to ensure continuity of services to our most vulnerable residents and visitors.

In the area of Workplace Sick and Leave Policies, as we faced a situation where City workers may be unable to come to work due to their own or a family member's health, we met several times with the Office of Labor Relations, DCAS,

the New York City Law Department, the Department of Health, the Department of Environment, the Department of Education and the Comptroller's Office to identify changes to the labor agreements and workplace policies that would be required by this event. The group agreed that existing agreements and policies were sufficient for the incident at that time.

Our considerations covered the following areas: potential suspension of the illness documentation requirement; compressed work schedules; supervisor direction to identify and address sick employees; and telecommuting. As a result of these discussions, DCAS drafted a directive to City agencies reiterating the standard time and leave policies, including the Department of Health's Frequently Asked Questions on H1N1 and the workplace.

We looked at Legal Issues. We convened legal experts and agency counsels from the New York City Law Dept, the Department of Health and Mental Hygiene, OEM, the New York State Health Department, the State Emergency Management Office, Nassau, Westchester and Suffolk Counties

to identify any changes to local laws, regulations or licensing as well as any Executive Orders that would need to be created to assist in the response. This group met several times to discuss these issues as well as general legal issues surrounding public health emergencies. The group concluded that existing agreements and policies were sufficient for the incident at that time.

In the area of Worker Health and Safety we worked closely with a number of City agencies, including DCAS and COSH and the Department of Health and Mental Hygiene to review Worker Health and Safety policies and provide guidance to City agencies about how to identify at-risk employees. It should be noted that we at OEM believe it is our job to convene the stakeholders and experts to take a hard look at these key issues in order to solicit advice about the actions that should or could be taken.

In the area of Continuity of Operations Planning, known as COOP, our OEM COOP staff, which is dedicated to this program, met daily throughout the event and communicated regularly with all our agency COOP

representatives. There are 43 agencies involved in this program.

On May 7th, I sent a memo to all agency heads in regards to the key objectives related to their progress in continuity planning and integrating the H1N1 challenges and assumptions into their current methodology. These key objectives are protection of employees, maintenance of essential services, and communication with employees and critical agency stakeholders.

On Monday, May 18th, we hosted a Special Session on Pandemic Planning at OEM headquarters with agency COOP representatives to go over continuity planning and the recent event. The session provided a forum for agencies to speak about events from the past month and OEM provided guidance related to continuing the development of their COOP planning while incorporating elements specific to pandemic influenza.

OEM, DOH, and DOE gave very comprehensive presentations to the group. In particular all agencies were asked to deepen their existing and ongoing planning assumptions related

to staffing and other issues that may arise during a pandemic.

In the area of Logistics, our logistics team was highly engaged during this incident, and continues to work on resource management issues, including prioritizing and fulfilling resource requests. We modified a security plan for the Strategic National Stockpile and working with the Police Department and our regional partners, coordinated security for the SNS storage facility. Logistics also identified scarce resources related to the incident and is planning for possible future resource needs.

As you are well aware, resources and supplies are a critical piece of pandemic flu planning and response. And we are working to ensure that we have the right resources in the City where we need them. We canvassed vendors and distributors for availability of key resources and identified an emerging scarcity of N95 respirators. We drafted a Resource Request and the Mayor authorized the purchase of an additional 1.2 million N95 respirators to ensure a continued supply in the event they would be needed.

With respect to School Closures, with the Department of Education personnel we identified coordination and resource requirements necessary to maintain the primary mission of the agency: continuity of education.

On Regional Coordination, we also used this incident as an opportunity to activate our RELT program, our Regional Emergency Liaison Team calls. This group includes me, as the Emergency Management Commissioner of New York City along with the Commissioners of my similar agency in Nassau, Suffolk, Westchester, and we included the State of New York, as well as FEMA in those calls.

The RELT provides an important forum for sharing situational awareness and resolution of critical issues. These daily discussions allowed us to discuss emerging experiences in our counties and areas and resolve some key policy issues including resource distribution and the use of respirators by workers.

As the incident continued, we supported DOHMH through interagency coordination. As more cases emerged, we worked with City Hall to

convene and continue to hold daily conference calls with senior staff at DOHMH, the Department of Education, the Department of Corrections and the Health and Hospitals Corporation to assess the situation and discuss next steps. Our staff meets regularly to implement next steps and discuss possible future scenarios.

We are working with the Office of Management and Budget to calculate the cost of this incident to New York City and to seek potential reimbursement from funding that has been identified by the President and the Federal government.

Another major focus was the impact of the incident on hospitals and EMS. At the request of the Department of Health and Mental Hygiene, we convened a task force of key healthcare agencies, including the Fire Department EMS branch, HHC, the Greater New York Hospital Association, and the New York State Department of Health to identify a range of strategies to address the surge at hospital emergency departments and for EMS for ambulance service.

These strategies included revised and expanded public information and working with the New York State Department of Health to suspend some of the hospital data reporting requirements to alleviate this added burden on already overworked hospital staff.

Let me talk a little bit about Community Outreach, a very important piece of this incident. While all of the planning and response work was taking place, OEM was working closely with DOHMH to provide the public with much-needed information. OEM and DOHMH had been working on a Pandemic Flu Ready New York Guide which was fortuitously approved for production two days before H1N1 was detected in New York City.

As a response to these incidents we immediately posted the guide on NYC.gov the morning of Sunday, April 26th and expedited printing to receive the physical guides in early May. As you know, we print our preparedness guides in many languages, and we originally planned to print this pandemic flu guide in 14 languages. In addition to expediting the translation of those 14 languages, we translated

the guide into 9 additional languages. As such, the guide is now available in print in 14 languages and online to be downloaded in 23 languages.

They are: English, Spanish, French, Chinese, Italian, Russian, Polish, Greek, Korean, Urdu, Haitian Creole, Portuguese, Japanese, Yiddish, Bengali, Arabic, Tagalog, Hebrew, Hindi, Albanian, Romanian, Czech and Vietnamese. And the list I've given you is in the numbers that have been downloaded.

As of June 9th the guide has been distributed widely at all of OEM Ready New York events and has been downloaded almost 15,000 times in 23 languages. Our first guide printing consisted of 200,000 English guides, 30,000 each-- I hope I said 200,000 English, 30,000 each of Chinese, Russian and Spanish and 5,000 each of 10 additional languages. We have since identified additional funding to print 100,000 more English guides and are working with DOHMH to identify funding to print the guides in more languages.

In order to ensure that residents were getting the preparedness message, OEM and

DOHMH mailed to each of the City's elected officials, City, State and Federal, and all 110 consulates in New York City a package in which we included 50 English guides and a fax-back form to order additional guides. Many of your colleagues in the City Council have requested additional guides, and we are happy to make them available upon request.

For those of you who have not seen the guide, I have brought some with me today if you'd like some copies and I'll give those to you at the end. We have also mailed 37,500 guides and the fax-back form to senior centers, medical centers, to Citizen Corps Council member agencies, CERT teams, more than 55 in the City today, to the City's human services agencies, and others. As a result of these mailings, organizations across the City have requested more than 76,000 additional guides.

We have also given several thousand guides to the American Red Cross for it to distribute when it makes its presentations and we are distributing these when we hold events around the City. As hospital communication to the public

is clearly a vital piece of the outreach program, OEM is also working with DOHMH, HHC and the Greater New York Hospital Association to schedule pandemic flu presentations in each of the City's hospitals.

We are also working with the private sector and in addition to holding conference calls with our industry partners on a regular basis to provide updates; we are scheduling presentations for them. On June 5th, OEM, Small Business Services and the Department of Health held a briefing with the Downtown Alliance for Lower Manhattan businesses on this topic and will be scheduling more as the days go on.

We are also in the process of creating advertisements to publicize the Pandemic Flu Guide, which will run over the summer, as well as posters for agencies and businesses to post in their places of business.

Finally, as you may have heard, we launched the citywide pilot of Notify NYC on May 28th. One of the options for people who select school notifications and we have already used this service a number of times, is to obtain

information and messages regarding school closures. 311 is also available to provide that information.

Let's talk a bit about Lessons Learned. The presence of H1N1 in New York City served to highlight some of our critical planning assumptions related to pandemic preparedness. Public outreach, access to information, and frequent communication are essential parts of every emergency plan. Agencies working together to provide the shared expertise and resources of the City of New York inform this process.

New York City does not stand alone during an event of this kind. This particular event occurred simultaneously throughout much of the United States and the world. And a perception of need for the same resources at the same time emerged almost immediately. We saw this in the first days of the event when N95 respirators were not available at any price. We were reminded that the sharing of critical assets between surrounding Counties and States that usually occurs in response to other disasters might not occur here

and these resources might be scarce or unavailable.

I can tell you that we are working hard to be prepared for the future and bringing to bear the best thinking and resources that we have available. A pandemic event of any severity affects everyone. There are 8.2 million people who live in New York City. There are more than 200,000 businesses in this City and 800,000 people who travel into the City every day. I cannot stress strongly enough how important it is that individuals, families, businesses and organizations understand the issues and prepare for the event. Every business needs to consider the impact of potential high absentee rates on its critical operations and how to identify and protect at-risk employees. Families, and this is very important, need to be prepared and educated about disasters and emergencies of all kinds in the event that services they rely upon, for example transportation and schools, are disrupted.

We have a suite of Ready NY Guides addresses many of these issues. Minimizing the disruption in day-to-day business, services and

activities, and working toward protecting the health and safety of all New Yorkers is our top priority. We had been working on these issues before the H1N1 occurrence, and we continue to work on them throughout the coming weeks and months. I thank you for your time. And I'll turn it over to Tom.

COMMISSIONER THOMAS A. FARLEY: Good afternoon Chairpersons Rivera, Sears, Vallone and members of the Committees. I am Dr. Tom Farley, New York City Health Commissioner. Thank you for the opportunity to testify regarding the City's response to H1N1 influenza and overall influenza preparedness.

Influenza is a serious viral disease. There is seasonal flu every year in the United States, and an average of 5% to 20% of the population gets the flu, more than 200,000 people are hospitalized from its complications, and about 36,000 people die. On average 1,000 New Yorkers die from influenza each year, the vast majority of whom are over the age of 65.

The new strain of the influenza virus, H1N1, was first recognized in Mexico in

April and has since caused outbreaks of illness in the United States and in many other countries around the world. The Health Department first detected the virus in New York when a large number of students from St. Francis Preparatory School in Queens presented to a school nurse office over a 2-day period with symptoms of influenza-like illness or ILI.

At that time we knew little about how easily the virus would be transmitted, the severity of the illness it might cause, and who amongst the New York City population was most at risk for infection or for severe illness. Under the Citywide Incident Management System, the Department of Health and Mental Hygiene is the lead agency in responding to public health emergencies, including pandemics.

In preparation for such an event, the Department developed a Pandemic Influenza Preparedness and Response Plan. The plan is grounded in the reality that we will not be able to prevent pandemic flu from entering New York City once it emerges anywhere in the world, and that once it arrives we can try to slow its

transmission, but will not be able to halt it. A key priority of our plan, which is very relevant in our current response, is minimizing severe illness and death by identifying and treating those New Yorkers who are most at risk as early as possible in the pandemic.

In response to the initial H1N1 outbreak at St. Francis, the Department activated its Incident Command System or ICS, a set of agency-wide on-call teams established to draw on all needed agency resources and provide the highest level of coordinated response. Since then, the ICS leadership has been meeting several times daily to execute our plan. During the height of the outbreak more than 200 Health Department staff worked 12 to 18 hour days and I'd like to acknowledge and thank them for their hard work and dedication.

The Health Department constantly monitors ILI activity in community and health care settings using a variety of surveillance methods, and we immediately scaled up our efforts in response to the St. Francis outbreak. We track hospital emergency department visits, pharmacy

sales of antiviral and other medications, school absenteeism and primary care visits, among other indicators, to monitor trends and identify clusters of influenza-like illness.

From the start, because H1N1 was a new virus and little information on its clinical and epidemiologic characteristics were initially known, our priority for surveillance was monitoring for more severe illness and death. In partnership with the healthcare community and the Office of the Chief Medical Examiner, we established enhanced surveillance in order to track the number of persons who were hospitalized and had died with influenza-like symptoms.

We actively worked with the healthcare providers reporting suspect cases to arrange testing for H1N1 in our laboratory. The Department's Public Health Laboratory provides a wide range of clinical and environmental laboratory testing services. During the early period of the outbreak, the Lab was able to determine that the ILI at St. Francis was probable H1N1, and we recently acquired the technology

necessary to perform confirmatory tests for the new H1N1 influenza.

Our Lab was one of the first nationally to receive this test and having this capacity locally improved our ability to obtain timely information about the virus. The development and distribution of such a test in such a short period of time is a remarkable feat, and we appreciate the support we've received from our partners at the CDC.

We observed some important patterns about this new H1N1 influenza virus from our early investigations. First, the virus appeared to spread easily in particular settings, most notably schools. Second, in spite of this, the elderly were generally spared, in contrast to seasonal flu. Third, nearly all of the younger people who did become ill had mild symptoms, with most recovering completely in two to five days.

The Health Department continues to survey New Yorkers to determine what proportion of the City's population has experienced flu-like illness since late April, and what types of symptoms people have experienced. We surveyed

students, teachers and parents at St. Francis to learn more about the particular circumstances surrounding the outbreak at that school and to understand the patterns of transmission of this new virus.

In late May we conducted a random digit-dial telephone survey of 1,000 New York City residents. Of those surveyed, 6.9% reported having fever accompanied by sore throat or cough in the previous 3 weeks. We are still refining our estimates, but the survey suggests that many thousands, perhaps hundreds of thousands, of New Yorkers have had influenza-like illness.

DOHMH recently released an analysis of H1N1 hospitalization data, which found that the most common risk factor for complications due to H1N1 in New York City thus far has been asthma. We also observed that individuals who are younger than 2, over 65, pregnant or have a weakened immune system, diabetes or cardiovascular disease are at elevated risk during the current outbreak.

As with seasonal flu, the H1N1 flu has claimed lives, 15 so far in New York City since the outbreak began. While most of these

deaths have involved people with risk factors for flu complications, influenza is sometimes fatal in otherwise healthy people. These deaths are tragic, but not unexpected. That is why it is important for anyone who has the risk factors mentioned previously or chronic underlying health problems to consult a health care provider when experiencing flu-like illness.

It is important for all New Yorkers to take measures to protect themselves from flu, including avoiding close contact with people who have influenza-like illness, and washing hands often with soap and water.

Armed with a basic understanding of the virus, a recognition that novel H1N1 transmission and symptoms were similar to seasonal flu, and the capacity to test locally for H1N1, the Department's main objective has been to minimize the impact on high risk individuals. The community control and response portion of our Pandemic Influenza Preparedness and Response Plan calls for the Department to assess epidemiologic, clinical, and behavioral characteristics of the pandemic strain and make recommendations for

containment measures to limit spread, morbidity, and mortality, while minimizing social disruption and cost.

School closures and the distribution of public health messages such as cover your cough are examples of measures that the plan suggests could be taken, if indicated. To date, more than 59 schools have been recommended for closure due to the new H1N1 influenza, all of which have already reopened without incident. In the case of the H1N1 virus, the main goal of school closures is to protect those at highest risk of complications from flu by slowing transmission in that particular school community and reducing exposures among those with underlying conditions.

School closure is not done with the expectation that it will interrupt the spread of flu in the city as a whole. The Health Department and the Department of Education are working together to monitor influenza-like illness in New York City schools in response to this outbreak. Information is collected daily from school nurses and school administrators and evaluated by the City's Office of School Health. School nurses

notify the principal and contact the City's Office of School Health if there are five or more children who come to the medical room with influenza-like illness.

The Health Department reviews this data along with absenteeism over the past week, looking for a sudden or a sustained increase in flu-like illness. To be clear, high absenteeism, by itself, is not a basis for closure; there is no single number upon which school closures decisions are made. In deciding whether to close a school, the Departments of Health and Education seek to balance definite harm, lost education, parental wages, school nutrition programs and possible unsupervised children, with a possible benefit.

The Health Department carefully evaluates the circumstances occurring at each school and pays closest attention to schools in which a certain percentage of the student body comes to the medical room on a given day with fever and cough or sore throat. This indicates that a significant number of students are ill while at school and may be spreading infection to those at risk.

One of the greatest challenges facing the Department during a pandemic is to provide quick, clear, consistent, and frequent emergency information to the public. Central to our communications strategy is the use of the news media to keep New Yorkers well informed about the progress of the outbreak and about what measures they can take to protect themselves. The Department's recommendations to New Yorkers remained consistent since we first detected the virus: stay home from work or school if you are sick; cover your mouth when you cough; avoid close contact with people who have influenza-like illness; wash your hands often with soap and water or alcohol-based cleansers; seek health care and treatment for severe symptoms; and for individuals at high risk of complications from influenza, seek preventive treatment from a health care provider and contact your provider immediately if you develop flu symptoms.

The Health Department issued 23 press releases and held 11 press conferences and briefings, generating thousands of media stories. This method of communication is effective and

efficient, and allows us to reach the maximum number of people with the latest and most up to date information. The Department also issued a wide variety of fact sheets, brochures, posters and pamphlets targeting various populations, including the school community, employers, and faith and community leaders.

We translated these documents into up to 12 languages, and developed low literacy materials. All of these materials are available on a dedicated H1N1 page on the DOHMH website. To assist us with our outreach to the public we partnered with elected officials at the City, State and Federal levels. We held briefings for the City Council, State Assembly and Senate, the City's Congressional delegation and all five Borough Service Cabinets. We made an effort to personally notify every elected official in advance of any school being closed in his or her District, and provided the information necessary to respond to questions from his or her constituents.

We thank the City Council for your assistance and appreciate your feedback on our

messaging and outreach plan. In addition to proactively distributing information, the City was well prepared to handle the unprecedented volume of incoming requests for information. Since the outbreak began, we responded to more than 54,000 calls to 311 and our DOHMH call center regarding H1N1. Customized scripts were developed to assist call-takers respond to inquiries. As of June 10th, we distributed more than 21,000 educational posters and brochures on H1N1 and general prevention measures, including respiratory and hand hygiene, to callers upon request.

Equally important to our ability to communicate with the public is our ability to distribute important clinical information to health care providers. With more than 30,000 subscribers, our Health Alert Network provides an opportunity to get clinical recommendations and treatment guidance directly into the hands of providers with the click of a button; we sent out 11 health alerts, as well as multiple clinical guidance documents and treatment recommendations during the past 6 weeks providing physicians with the latest information on novel H1N1 activity in

New York City. Our Provider Access Line, staffed by Health Department and Medical Reserve Corp personnel, fielded nearly 5,000 requests for assistance since the beginning of the outbreak.

Before closing, I would like to recognize two challenges. The first is funding. Our estimate is that the DOHMH response to the H1N1 outbreak will cost approximately $4 million this Fiscal Year. Be assured the Department is capable of sustaining our response and we are very well prepared. However as we continue to prepare for flu season and the possibility that a more severe H1N1 strain virus will return, it is critical that the Federal government sufficiently support our activities.

Our Federal Public Health Emergency Preparedness grants decreased by more than $6 million over the past 4 years, and we are expecting another $1.5 million cut in the upcoming Federal Fiscal Year. President Obama and Congress have both indicated they intend to make supplementary funds available to address the H1N1 outbreak and prepare for the upcoming flu season,

and we are hopeful that New York City will receive its share of this funding.

Perhaps the greatest challenge we face—one that is common to pandemic planning and response—is the need to respond and make policy decisions in the face of medical and scientific uncertainty. Influenza can evolve in unpredictable ways; it is impossible to know whether the novel H1N1 influenza virus will dwindle, remain the same, or surge in coming weeks; whether the illness caused by this virus will remain mostly mild; and whether the virus will return in the fall or the expected winter flu season. The Health Department will continue to monitor this situation closely and make policy decisions based on the best information available to us at that time. Thank you again for the opportunity to testify. I'm happy to answer your questions. I'm here with Deputy Commissioner Adam Karpati who's been coordinating the Department's response.

CHAIRPERSON VALLONE: Thank you Commissioner. You testified on page 2 that as with seasonal flu, this flu has claimed 15 lives

so far in New York City, while most of these deaths have involved people with risk factors for flu complications, influenza is sometimes fatal in otherwise healthy people. Why are we forced to, in essence, take your word for it? Why is the information regarding the people who have succumbed to this flu being kept top-secret?

COMMISSIONER FARLEY: The--we have to separate what's important for the public to know and their planning, and contrast that with the need for privacy for people who have medical conditions that shouldn't be made public. The public does need to know that this infection is severe in people with certain underlying conditions. They need to know that, for people who have those conditions that they need to take precautions, but specific medical information about an individual case will not change how an individual or an organization responds.

CHAIRPERSON VALLONE: Yes it will actually. Because we would know what underlying conditions existed? First of all, it's hard for any of us up here to believe that everyone who has died from this disease has taken this cloak of

privacy. People die from diseases all the time. People are murdered from heinous crimes all the time. Nobody, rarely does anyone say we are not going to make this name public because of privacy concerns.

I doubt anyone who may have had diabetes and died from the swine flu would be all that concerned about having their name made public, very, very hard to believe. We're adults here. We'd like to make our own decisions about what underlying conditions complicate the swine flu.

So you're telling us that every person on their own, who has died from swine flu, has asked you to keep their name private, the families have?

COMMISSIONER FARLEY: No, what I'm saying is that the information that the vast majority of people who have died have had underlying conditions, it's important for people to know, and that we have provided information about the frequency of underlying conditions that are important.

CHAIRPERSON VALLONE: What are some of these underlying conditions that we will have to take your word for existed in these deaths?

COMMISSIONER FARLEY: Asthma, diabetes, heart disease, immune deficiency, Adam would you like to?

DR. ADAM KARPATI: I'd also just like to add that the--

CHAIRPERSON VALLONE: [Interposing] Please identify yourself for the record please?

DR. KARPATI: I'm Dr. Adam Karpati, I'm a Deputy Commissioner at the City Health Department. That the information most useful to the public to make decisions about whether they should seek care is information that is, that comes not only from the fatal cases but from hospitalized cases as well. Because ultimately, as Dr. Farley mentioned, the goal is to prevent serious complications from influenza which include both hospitalizations and fatalities. And it's really the totality of that experience that provides the information necessary to make decisions. And we have analyzed and have made public the leading underlying risks associated

with the group of people who have been hospitalized and who have died.

And as Dr. Farley mentioned, those are certain characteristics of individuals, namely, age under 2, age over 65, or pregnant women, and people with particular health conditions such as asthma, diabetes or a compromised immune system.

CHAIRPERSON VALLONE: 15 people have died. I mean for all we know 14 of them could have had diabetes. And before you said this is a disease that affects the young not the old, now you're saying that perhaps some of these who have died were elderly. You know, I'm a former prosecutor. This smells like cover-up to me. I don't know why and we're going to continue to try to get to the bottom of this but I don't know why we're not able to make our own decisions. We're adults in this City. We're adults in this room. We need the information on which to base our oversight, here on the City Council, and the public needs this information in order to take action.

Let me move on 'cause we're going to have a lot of questions. I'm going to try to stay quick. Dr. Farley, when did the City first become aware of the existence of swine flu? The first case in Mexico was March 17th. The first case in San Diego in the United States was March 30th. The first time it was diagnosed at St. Francis Prep was April 25th. When we were first made aware of the existence of this strain of the virus in, perhaps in Mexico? When were we made aware?

COMMISSIONER FARLEY: The information about the transmission, the emergence of this novel virus really coincided with our, with the emergence of the outbreak at St. Francis Prep. And it was really the fact that at the same time as we were hearing through publications, from CDC and elsewhere, about the emergence of this virus and almost coincident with that, seeing the outbreak at St. Francis Prep, is what precipitated our aggressive investigation of that outbreak and then the establishment of the Citywide effort to track and to identify severe cases.

CHAIRPERSON VALLONE: It concerns me because the CDC's own website said that they were

receiving information from Mexico, from the Mexican government about the deaths that were occurring in Mexico. So you were not informed prior to St. Francis Prep about the existence of this flu in our neighboring country?

[Pause]

CHAIRPERSON VALLONE: Please state by identifying yourself.

DR. MARCI LEIGHTON: Sure. My name is Dr. Marci Leighton; I'm the Director of Communicable Diseases at the Health Department and sort of led the initial investigation at St. Francis Prep. Just to put sort of the timeline a little bit in perspective, the first information about H1N1 virus actually came from the CDC around sporadic cases in California and Texas. There were a few cases in each of those States that were published in an MMWR, a publication by CDC.

In response to that we actually did start doing laboratory, active laboratory surveillance to monitor for the presence of H1N1 in New York City and that was April 22nd that we started that. We were on a conference call with CDC on April 23rd when we heard about not only the

initial cases in--we knew about the initial cases in California and Texas but on April 23rd, the CDC announced in a conference call that there was evidence of person to person transmission of the H1N1 virus.

On that conference call we became aware that there was an outbreak in Mexico of what was unexplained, severe respiratory illness. There was not yet confirmation that it was H1N1. The firs that we heard that there was confirmation of H1N1 related to Mexico was the next day, the 24th when a traveler from Mexico who was in Canada was diagnosed with H1N1. So the understanding that this outbreak of severe respiratory illness in Mexico was H1N1 was related to the identification of that case. Soon after the CDC was able to confirm that, around the same time, that we were actively investigating St. Francis, that that was the cause of that outbreak.

We heard about the St. Francis outbreak on April--that Thursday, April 23rd, so around the same time when we were on that conference call. It was initially reported to us as an outbreak of sore throat but it was in a

dramatic number of children presenting to the school nurse. We sent teams out to the school the next day 'cause we heard about it late in the day, to swab the throats of those children. And it was that same day that we heard about the Mexican connection to H1N1 because of the report from Canada.

So we basically, the link to Mexico and the recognition of the school outbreak and the fact that this virus was being transmitted person to person all happened basically within 24 hours. And we had already started our citywide surveillance looking for this virus. The finding of the outbreak at the school prompted us to do much more active surveillance for the presence of this virus in the City that we literally started that weekend, once we had confirmation that H1N1 was in the City, actively reaching out to hospitals every day to identify every potential case in the City.

Though initially all the cases in the City were associated with St. Francis, there were a few cases related individually to travel to Mexico. And then as has become apparent since

that time we've continued to see ongoing transmission in the City.

CHAIRPERSON VALLONE: Okay. Thank you. I need to get my Palm Pilot out to deal with all those dates. Again though the CDC apparently knew well before you knew. Their own website said they were getting information from the Mexican government about these cases, a little bit after March 17th. Was there--how do you characterize the characterization--characterize the interaction between yourself and the CDC when it comes to swine flu? Were there any improvements you think should be made?

DR. LEIGHTON: Like I said, there was--the recognition that there was an outbreak of severe respiratory illness in Mexico, I can't comment on when CDC first knew that. What I do know is that the recognition that that outbreak was due to H1N1 required getting samples from patients, both in Mexico and travelers from Mexico which is how Canada made the connection to Public Health Reference Labs.

My recollection is that CDC's ability to confirm that the Mexican outbreak was

H1N1 occurred after actually we recognized the St. Francis outbreak. It was around the same time that weekend that--

CHAIRPERSON VALLONE: [Interposing] Well gee, I think I figured it out before the CDC then. And after St. Francis Prep, that's when the CDC realized the swine flu was here--

DR. LEIGHTON: [Interposing] No I'm saying laboratory confirmation that, you know, they knew--there were rumors of a severe respiratory illness that was being investigated but identifying the actual cause of it as H1N1, it was an unexplained severe respiratory illness that was being investigated. Getting samples from those patients and confirming them as H1N1 occurred simultaneously by the Canadian authorities due to travelers from Mexico and the CDC was able to get samples I think that same weekend. But--

CHAIRPERSON VALLONE: [Interposing] So who figured it out first, Canada or us?

DR. LEIGHTON: I can't comment. I mean my--

CHAIRPERSON VALLONE: [Interposing] Okay.

DR. LEIGHTON: --recollection is Canada.

CHAIRPERSON VALLONE: All right. Well I'm not saying your wrong; I'm saying that's at odds with what the CDC's website said. As a parent I'm going to jump to this question because it's the main one on my mind. The Health Department was very helpful to me as a parent and as a Council Member when I asked questions about my daughters' schools, about schools that my constituents were calling me about. We were all getting calls from people. Why are my kids going to school? Why is this school closed? Now it was diagnosed as you said around April 25th at St. Francis Prep--on April 25th.

The first schools were closed on May 14th. The first information that you gave to parents regarding the criteria used to shut the schools, and you just went through that, was May 22nd. Now why was that? Why were parents allowed to agonize for a week over whether or not they should send their kids to school? The question I

was asked constantly is why is the neighboring school closed while my school has 90 kids out but it's still open.

And I had the answer. I could go to that person because you were very good with the elected officials but the parents did not have that answer. And the answer would go a long way to assuaging their fears but they didn't have it for well over a week. Why is that?

COMMISSIONER FARLEY: When we began the policy of closing schools, we, in order to execute that police, we needed to build a system wherein we were actively monitoring and actively tracing cases of influenza-like illnesses in the schools on a daily basis. And that process is a very intensive one that involves frequent interaction between our Office of School Health and school nurses all around the City.

And we didn't have and still do not have a absolute set of criteria by which you can sort of go down the list and check different things off and then determine whether a school would be open or closed. It was a and continues to be a very intensive process of assessing the

influenza-like illness at the school and other factors that relate to it. The trajectory of that, whether it's going up, whether it's going down, combined with absenteeism, particular aspects of the school like the student population and whether they have a high proportion of medically--kids with underlying risks. So it's not a process that's easily articulated nor did we want to make the point that there was a formula to it.

But what we did eventually, but what we did do, eventually, was to post our guidelines, our thought process about how we approached individual schools. And at the same time we needed to get to a point where we had our data system on all these hundred of schools that we had continued to follow and actually post that data on the web every night. And that system was available to produce that data in a reliable form only about a week after the process started.

So I will say that I recognize the point you're making that the decision-making process as nuanced as it is, is still something that people want to hear about, need to hear

about. And I appreciate the point that you're making and the feedback you're making about the timeliness of how we get that information out.

CHAIRPERSON VALLONE: Well I appreciate the fact that you understand that. I do have to say though that the information regarding the guideline criteria existed well before it was given out to parents and it should have been given out to parents immediately. As a parent I can tell you the hand wringing and the agonization that went on, that's a word too, to decide why the school down the street was closed but your daughter's school wasn't closed. And then it was closed the next day. So why did they go to school for that extra day? A lot of that could have been avoided had information been released.

Now this was a very mild strain. And I think the question in everyone's mind is as follows. This was a mild strain that hit New York City. And despite that, our emergency rooms were swamped. There was talk of closing the biggest prison in the world. The lack of information to the public which we just discussed. Are we

prepared for a much more serious strain which could come in the future?

COMMISSIONER FARLEY: I'll just say that pandemic influenza, if it comes, with a more severe strain, it certainly will be a problem here. It will be a problem anywhere. I can understand that people would be worried about that. During this particular epidemic wave we've learned some things. We, a part of our plan was to try to have people who did not need to be in emergency rooms not go to emergency rooms so that--

[Off mic]

COMMISSIONER FARLEY: Excuse me? Not go to emergency rooms so that those emergency rooms weren't overwhelmed with patients. We've done our best to communicate about that. In spite of that there's been heavy use of emergency rooms. They have handed that. Nonetheless that's something we need to do better for any future epidemic wave, should it be a more severe strain or a less severe strain.

CHAIRPERSON VALLONE: But in this instance, the answer was telling people not to go

because it was not necessary. What if it was necessary?

COMMISSIONER FARLEY: You want to talk about - - ?

B: In this case the pandemic plan that has been developed and that has been worked on for many years is really one that does address that particular question of the difference between this situation where there were high emergency department visits but not a high admission rate. The high admission rate meaning more severe illness, requiring medical care, especially intensive medical care and ventilation and things like that, is part of the City's pandemic plan and it has been the source of a significant amount of resources and collaboration between the Department and many other partners.

I think that is actually the scenario that we have been planning for, for a long time. And I think we can feel confident that we, between al the work that has been done to date and the lessons we've learned from this experience about the mild, the milder form, that we are in a good position for the fall.

CHAIRPERSON VALLONE: What is your prediction for this summer and the fall both when it comes to summer schools and the reopening of the schools and the crisis in general? Are we; is the worst part behind us? Are we prepared for a reoccurrence? What are your expert opinions?

DR. KARPATI: What we can say now is this, that the number of cases--the number of people who are coming to emergency rooms with symptoms consistent with influenza appears to be declining. The number of people who are hospitalized with severe influenza appears to be declining. What will happen after that is impossible to predict. We could have a new wave that starts up over the summer. We could have a new wave that starts in the fall when school reopens. This virus could fold into becoming part of the average and part of the normal seasonal influenza that occurs next year.

It is certainly our hope that this epidemic wave will end soon and that we will not see much of it but the Department is going to be vigilant about this and maintain heightened surveillance for it and adjust our plans as we see

what happens. And as we are--there are other possibilities too. The virus could change to a more severe form. There is a vaccine that is underdevelopment. It's unclear at this point whether that vaccine might be available at the time that any future epidemic wave might occur.

So I think the most important lesson here is that we simply need to be prepared for a variety of different scenarios. And the Department is beginning now to take the lessons we've learned from this and lay out what are the possible scenarios and see what our plans and policies will be for the remainder of the summer and the fall and winter, based upon which of those scenarios plays out.

CHAIRPERSON VALLONE: Well let me follow up on my last question. Is there some one from Hospitals here? To answer questions? Okay. As I said the emergency rooms were swamped with people who didn't actually need, didn't actually need treatment. What if they did need treatment? Is our system capable of handling a more severe strain of virus than the one we had?

MS. SUSAN MANNIS: For this one crisis we were able to handle--

CHAIRPERSON VALLONE: [Interposing] Can you please identify yourself?

MS. MANNIS: Oh I'm sorry, Susan Mannis [phonetic] [skip in audio] with New York City Health and Hospitals Corporation. During this crisis our emergency rooms were extremely swamped, not just at HHC, but I assume all the other emergency rooms. If this continued on much longer at the severity it did because everything--the emergency room visits are decreasing, we would be experiencing staff shortages 'cause staff themselves also got sick.

I think there would have to be a larger Citywide effort to handle this type of crisis in the fall if it got worse. We'd probably have to pull in resources from other State, that type of thing.

CHAIRPERSON VALLONE: Okay there's about 1,000 questions I could ask about that--

MS. MANNIS: [Interposing] Yeah.

CHAIRPERSON VALLONE: --but I don't want to--I've got two more Chairs and a lot of

Council Members who need to ask questions. So I'm sure they will or I will come back to follow up on a lot of what you discussed, and discussed including the availability of Tamiflu and the Rikers Island situation. If we don't get to it, I will get to it. But so we'll move now onto, I guess, Chair Sears. And we're going to ask that other than the Chairs, everyone limit themselves to five minutes. We'll come back for a second round if we can.

CHAIRPERSON SEARS: Thank you Mr. Chair. And welcome Dr. Farley. This may be your first hearing before the City Council--

COMMISSIONER FARLEY: [Interposing] It is.

CHAIRPERSON SEARS: --it is? Well congratulations. You see we don't let you take too long before you come before us. And I must say that I wish you all the very best.

I have very few questions because we'll go onto Chair Rivera. But you had stated that this was a very intensive process and why it was difficult to establish criteria. Can you tell us what is different from this as from the avian

flu and why there seems to have been a faster reaching out to the public with the avian flu? And we also had a hearing here I think on that. Just--and that you were not able to really develop some criteria 'cause I could put together in one question all the consequences of the slowness. And I realize that you are coming on at a time when so much has been in place so it's difficult for you. But the consequences of the public not realizing or knowing, resulted in the HHC being enormously overworked, overcrowded, understaffed and the staff that was there working 15, 16, 17 hours a day. In Elmhurst Hospital which is in my District, there were over 300 pediatric visits, unheard of in 1 day.

So what I would like to know is that today the World Health Organization declared this pandemic at a Level 6 which is the highest that they can do. What will you do now that today we get it is Level 6 that hasn't been done to prevent 'cause I don't believe and I'm certainly not a forecaster or a doctor, but I'm not so certain that we have seen the end of it because I keep getting calls that more and more people are

getting sick. Some with the flu, some with this flu. So can you just tell us what measures are in place now?

COMMISSIONER FARLEY: Just.

CHAIRPERSON SEARS: [Interposing] That we have reached this level?

COMMISSIONER FARLEY: There's a few things to touch on here. As far as the World Health Organization announcement today, that has to do with how widespread the virus is--

CHAIRPERSON SEARS: [Interposing] I understand.

COMMISSIONER FARLEY: --around the world.

CHAIRPERSON SEARS: Um-hum.

COMMISSIONER FARLEY: And it now a global infection. And the WHO Pandemic Plan sets those levels based upon how widespread the infection is, not on how severe the infection is. And what was different about this, what was not really worked into the original Pandemic Plan is that we may have viruses that have different levels of severity.

So we have here a virus that appears to be spreading very rapidly but that overall has a very low severity, has a case fatality rate, the percentage of people who are infected who die or get severely ill that is as low as seasonal flu or perhaps lower than seasonal flu. So that the World Health Organization simply indicates that it's now spread around the world which is not surprising to us.

It doesn't change anything that we are doing here in New York City because the virus is already here. As I testified earlier, we estimate that there are probably hundreds of thousands of people in New York City who have been infected with this virus. It's a very widespread problem. A very small percentage of those people, a very small percentage of those people have developed severe illness or have died. Each of those deaths is a tragedy. Each of those deaths is a tragedy. But taking the infection as a whole, this is a mild form of influenza, relative, certainly, to the avian flu that everyone feared.

Should the avian flu come and we have much higher case fatality rates, then our

response would be entirely different. It would have to be a much more intensive response.

CHAIRPERSON SEARS: What media means would you use that haven't been used? Because I've heard from Mr. Bruno of all of the literature that had been put out, reaching, you know, several hundred thousand and so on. But we also, with the population of the City of New York that the media is really a very fine way of doing it. And I think the HHC has done a wonderful job on throat cancer and so on and very effective, but I don't believe that I have seen, and none of us really wanted the TV too much, have seen the media on really advising, which would be a very fast way to reach the parents, to reach the entire public. And I don't think much of that was used and maybe you can explain why?

COMMISSIONER FARLEY: Our communication strategy used the media to the extent that we can. We had extensive press conferences and press briefings. We used the internet. We distributed brochures widely. And we felt that in general, using the mass media as a way of getting messages out was the most important

approach and that was part of our Pandemic Plan. Because the information about these sorts of problems can change very quickly.

CHAIRPERSON SEARS: Um-hum.

COMMISSIONER FARLEY: And to make sure that it is accurate and up to date, the most quickest way to get it out is through the mass media. So we have used all forms of media as much as we can. That doesn't mean that every single person in New York City has received those messages. But we felt it was the best, most effective way to get our messages out.

CHAIRPERSON SEARS: Now when something like this--

COMMISSIONER BRUNO Councilwoman, could I just add one thing?

CHAIRPERSON SEARS: Sure.

COMMISSIONER BRUNO One thing we did and the Health Department informed this process is 311. You know most anyone and everyone in the City knows if you need information you can go 311. And DOHMH, one of the key elements of outreach was to provide the information for 311 so they could handle that. And also to move inquiries to proper

areas if necessary. But it's a very large part of the outreach. And the public knew if they went to 311 they could get answers on school closures. They could even get into a line through the DOH to get information medically if they needed it as to what was happening with that flu itself.

That's something that's--I know we don't call it absolutely media but that is a big outreach tool. The other thing is we do have now, Notify NYC which continues to build now, it's a new notification system. And school closures and information along these lines will be part of that system. And people register for it can get it. We're also moving into areas like Twitter and Facebook and other areas where more information will go out, or certainly to link to get more information will be there. So there is a lot happening. And I think it will grow a lot more based on our experience here over the last couple of months.

CHAIRPERSON SEARS: If I can just go to money for a moment. All the agencies have had sever cuts for the '09 year and we're certainly looking at more for '10. And I know that your

agencies have had major cuts 'cause I sit on Finance and I'm also on the Budget Committee.

How have you been able to handle what you've had to do which involves dollars and cents when you have had major cuts clear across the board which left you not in very good shape? So what has happened to your budget and how have you been able to handle this?

COMMISSIONER FARLEY: I would say that the Department we feel was prepared and is prepared to respond to an outbreak of this type. Resources are tight as you know. And that is why I mentioned earlier in the testimony that we understand the Federal dollars may be available for this and we think it's important for us to try to access those dollars to be better prepared for the fall.

CHAIRPERSON SEARS: Has there been--

COMMISSIONER BRUNO [Interposing] Chairwoman, can I add just one thing? To show the level of support that we are getting for this particular incident, when we recognized that N95 respirators that I talked about in my testimony might be unavailable, in a matter of one day we

had approval from the Mayor to expend well over $1 million so we could get a supply and have those available for New York City. So there's a recognition and certainly the Mayor's Office and OMB certainly and DOH and OEM and the other agencies that this is a priority for New York City. We recognize it. It's a serious matter. We're taking it seriously and have from the very--from day one and continue to today. Daily conference calls, daily communications, and good support. There's no question we're in an economic crisis here, all over the country and New York City is feeling it but this is the place where we're putting resources.

CHAIRPERSON SEARS: When you approach the Federal government as you have in the past, do you have an instant infusion of those dollars or must you wait for some time and sort of play on the so-called float a little bit?

COMMISSIONER BRUNO With respect to the Federal government they have isolated out a substantial amount of money, close to $2 billion for vaccine development. They have then indicated approximately somewhere between $300 million and

$400 million for support for local government. We have put together already for, to date, without some of the important agencies in there yet, more than $10 million expended by New York City, to date, from April until today. And we estimate, we're estimating out for future expenses in excess of $100 million.

Now we'll add to that and we'll build it out. I believe, our position is that New York City being at the epicenter for the United States of this, should get a good deal of that money and it will. That's my estimate. Whether it will or not we'll certainly fight for it but we're going to go for it. And we're being very, very careful. I know we have this job right now and one of their jobs is to determine what the cost is to date and what does it look like out. So we're going to be very aggressive. There's no money coming in yet, I can tell you that much.

CHAIRPERSON SEARS: I knew that and I was just wondering how on earth you were going to meet what has happened and also to have that, you know, extra in that little budget so that you can handle the rest of it, particularly at this

time. This is not a budget issue but it is important to us, so with that I will go on to my colleague Joel Rivera. And thank you very much.

CHAIRPERSON RIVERA: Thank you very much. First I want to thank my two colleagues because obviously, you know, this is a Joint Hearing today and we are all very interested in what, you know, the situation and the outlook is. I want to thank you gentlemen for being here.

One of the questions that I have is, you know, obviously we live in a very small world today because of all the travel that takes place. And we have 8.2 million people in the City of New York and 800,000, you know, that travel in and outside of the City. So obviously you just stated Commissioner, you know, stopping and halting the introduction of the swine flu is virtually impossible.

Now I think what settles in is a tremendous amount of panic because of the information or lack thereof in the beginning process, you know, people--that's why people have swarmed to the HHC and to the hospital and to the private physicians. Now, you know, we in the City

of New York have dealt with similar issues whether it's the West Nile virus, the avian flu, and now the swine flu. So every couple of years we get something that, you know, gets on our radar and, you know, really, pretty much scares, you know, scares us into tremendous panic.

So what have we learned from all of these different situation that have come to the City of New York that puts us in a better position to prevent future spreads of these types of flu?

COMMISSIONER FARLEY: A few things you mentioned. New York City, being a large city that has an awful lot of travel in and out, tends to be on the leading edge of infectious disease epidemics that are moving around. So we were pretty much second to receive this problem after Mexico. And it's likely that we will also be first to get many other sorts of infectious disease problems.

And also as you mentioned, there are many different types of infectious disease problems and epidemics that we've seen. Each one is different. Each one is new. Each one we have to establish policies and responses as we go.

And the main lesson to be learned form that is that we need to have surveillance capacity so that we can identify these problems early, and the capacity for rapid and rapidly changing response. The Department not only has a Pandemic Flu Plan but it has an entire emergency structure with the Incident Command System so that it is prepared to handle any emergency. And we're pleased that we have the ability for that system to adapt to any emergency that we see.

CHAIRPERSON RIVERA: Okay and now when we first--

COMMISSIONER BRUNO [Interposing] Chair Rivera--

CHAIRPERSON RIVERA: [Interposing] Yes.

COMMISSIONER BRUNO --can I just make another point. Clearly one of the most important things is communication. I think we've learned that. And we've seen from the very beginning here, with Tom Frieden and the Mayor, saying what we know and what we don't know. So clear communication I think early on in this was very helpful. And while, no doubt, people do

panic, I think what we recognize is that we have to continue that. We have to reach out, speak to the public, get out in as many ways as possible, with community information.

And so I think we've done that fairly well. And I think it's just strengthened the belief that that's required. What we know and what we don't know, and I think that's pretty much was the theme of almost every press conference that I was standing behind the Mayor's left or right shoulder.

CHAIRPERSON RIVERA: Okay. Now we've spoken about the 15 fatalities, unfortunately fatalities that we've had in the City of New York. And my colleague, Council Member Vallone asked what are the underlying risk factors that caused them to pass away. And obviously there's limited information besides the fact that maybe they had asthma, diabetes or other, you know, conditions that would exacerbate the situation.

Now there are 820 confirmed cases within the City of New York and those are obviously people who have survived, you know, the

swine flu. Now have you taken and done an analysis on, you know, what allowed peoples' immune system to deal with the swine flue? What underlying factors or conditions was it, you know, that these were generally healthy individual who, you know, exercised frequently? Were these people whose body weight was fine? I mean did younger, you know, individuals, do you have an analysis on the 820 confirmed cases of the City of New York and how and why they were able to ward off this infection?

DR. KARPATI: A few things. First of all we have as you said over 800 confirmed cases. That's people for whom we have a laboratory test that was sent to our laboratory and we were sure it was. That represents a very tiny fraction of the total number of people in New York City who've become infected with H1N1. As I said, probably in the hundreds of thousands. The vast majority of these people recovered absolutely fine.

So what determines why some people do fine with this infection and some other people can become severely ill or even die? Some of that

is there were recognized underlying medical conditions that we listed. The Department did an analysis a few days ago that said that 80% of the people who had severe infections, who were hospitalized, did have underlying conditions of the sort that we just mentioned, asthma and diabetes, heart disease. That's not all of those. So it doesn't entirely explain that.

There are some other things we don't fully understand about why some people developed a more severe infection than others.

CHAIRPERSON RIVERA: Okay. Now in terms of the technology. We did receive the technology from CDC. We did get it after the swine flu came to the City of New York and after the school was closed. Now how many--so it's only the Department of Health that has the capability to test whether or not it is H1N1, correct? It's like hospitals do not have the technology and standard laboratories don't have it. It strictly is the Department of Health, correct?

DR. KARPATI: Yeah. It's a new test that was developed by the Centers for Disease Control. Our laboratory was one of the first in

the country that was given the opportunity to perform that test from the CDC. I think--does the State Health Department have that ability? The State Health Department has that ability too. But it is not a test that is commercially available. It's not a test that other laboratories can do. So it is limited.

I will have to say though that the time from when this virus was recognized to the time this test was available at CDC and available at our laboratory was remarkably short. This was incredibly fast to develop a new test to confirm this virus. It really was very impressive.

COMMISSIONER FARLEY: Yeah I might just add that hospitals and other providers can make preliminary diagnoses, can make a diagnosis--preliminary is the wrong word. Can make a diagnosis of influenza of a particular type, the Influenza A type. It's the specific diagnosis if the H1N1 that is the unique capability of our laboratory. So it may be that people receive information from their provider or from a hospital that they have influenza illness but as I said the

confirmation of the H1N1 particular strain is the one that is done at our laboratory.

CHAIRPERSON RIVERA: Okay. So most hospitals and primary care physicians can use a process of elimination to determine if you're highly at risk or if you do have--potentially have it and that's how they ship it out to the Department of Health?

COMMISSIONER FARLEY: That's right. We're asking hospitals, for example, to report to us, hospitalized cases that have this initial diagnosis of influenza A. And then we go on to do the specific typing to the H1N1.

CHAIRPERSON RIVERA: Okay. Now in terms of the actual H1N1, we know that, you know, based on the reports we see and also the news media that it did mutate, you know, from mainly, you know, getting it from human to pig transmission to human to human. So it did mutate from that level. Has it mutated more than once from pig to human, to human to human?

DR. KARPATI: We don't have any information that the strain that is currently circulating has changed substantially since it has

arrived in New York City. It certainly could change. It could change slowly. It could change rapidly. But we don't have any evidence that it has changed yet since arriving here.

CHAIRPERSON RIVERA: Okay. And I just asked the question only because in the potential development of a vaccine, you know, how effective would it be if it mutates more, mutates again? And obviously we know where seasonal flu, it's something that is not the same flu year after year after year, it changes. So where are we in the development of a vaccine and how effective would a vaccine be if it were to mutate, in your opinion?

DR. KARPATI: It's really difficult to predict what might happen. My understanding is that they are developing a vaccine based upon the predominant strain that's circulating out there now. Certainly if that strain doesn't make a radical change then that vaccine should be effective, not 100% effective but very effective in preventing infection. And it would be more effective in preventing severe disease.

Should the virus make a radical change then that vaccine might be less effective. If the virus changes slightly then the vaccine is likely to have partial effectiveness and still would be very valuable.

CHAIRPERSON RIVERA: Okay. And in terms of, you know the Tamiflu and the Relenza, and we've heard people, you know, either stockpiling it or, you know, just making sure that they have a ready supply of it. Now correct me if I'm wrong, Tamiflu and Relenza does not cure H1N1, it only relieves you of the symptoms, correct? Does it give you a better shot at healing or does it just relieve you of the symptoms?

DR. KARPATI: If taken early, Tamiflu can reduce the severity of the illness and shorten the duration of the illness. So it is not an antibiotic like penicillin that can simply kill off that virus or kill off the infectious agent and cure you but it definitely can reduce the severity and duration of the illness if taken early.

CHAIRPERSON RIVERA: Okay--

DR. KARPATI: [Interposing] It also, I should add, if, for people who are at very high risk who are exposed, it can also be used to prevent an illness.

CHAIRPERSON RIVERA: Okay. And when you mean--when you say early, you mean within the first 24 hours, 48 hours?

DR. KARPATI: I believe it's the first 48 hours.

CHAIRPERSON RIVERA: First 48 hours. And where can New Yorkers get Tamiflu? From their doctor's prescription over the phone? I read in your testimony potentially you can contact your physician, they can give you a prescription over the phone and you can go to a pharmacy? How does that work?

DR. KARPATI: Yeah, my understanding it's like any other medication that physicians prescribe it and it's available in pharmacies throughout the City, yes.

COMMISSIONER FARLEY: And we've been monitoring and in close contact with manufacturers, the distributors, pharmacy associations, it's part of our response has to

been to keep a close eye on the supply in the City. There is adequate supply. We have heard about and have detected occasional spot shortages of antiviral medication. However--and in those cases we have acted to encourage the distributors to make it more available to the particular pharmacies that might be short. But overall there isn't a shortage of antiviral medication in New York City.

CHAIRPERSON RIVERA: There is no shortage.

COMMISSIONER FARLEY: No.

CHAIRPERSON RIVERA: Okay. And, you know, we've received a lot of reports, we've seen a lot of news coverage like you stated, there's been thousands and thousands of press releases that have been put out about it. Now in your opinion why is it that the swine flu has not reached the same fatality level as the standard influenza?

DR. KARPATI: The infection appears to be affecting younger people more than it's affecting adults or the elderly. There is speculation as to why it is that there are lower

infection rates in adults, and in the elderly and the children, but no one really knows for sure. But young people in general don't get so severely ill with influenza. And it appears with this strain of influenza that's as true as well. So this is one of the things that was new and different about this infection is that it appears to be heavily concentrated in children.

CHAIRPERSON RIVERA: Well it can it be that the younger generation, younger population may not have the same level of immunity defense because, you know, the person has been exposed to a lot of influenza over their lifetime and duration of their life as opposed to a younger person? Would that be--

DR. KARPATI: [Interposing] That could be. And it's, one speculation is that there was H1N1 virus that was circulating back in the 1950s--

CHAIRPERSON RIVERA: [Interposing] Um-hum.

DR. KARPATI: --and so the people who are age 60 and above now would have antibodies to that from having been exposed back at that time

and that should protect them. It doesn't fully explain why people who are age 30 and 40 appear to have lower attack rates than people who are 15 to 25. But that may be part of the explanation.

CHAIRPERSON RIVERA: Okay. And does, in terms of if a pregnant mother comes down, has a confirmed case of swine flu and takes Tamiflu and Relenza, and subsequently gives birth within that small window of time, does that protection transfer over to the baby through in utero or not?

DR. KARPATI: Does the Tamiflu or does the infection--

CHAIRPERSON RIVERA: [Interposing] Does the medicine also protect the child?

DR. KARPATI: The medicine should protect the child. The pregnancy, as you've probably heard, is something that does put you at greater risk for severe illness with all forms of influenza and in particular the H1N1. And pregnant women who develop influenza-like illness should be taking Tamiflu early on to protect their health. And that should provide protection through their--child to be born as well.

CHAIRPERSON RIVERA: Okay. And now that the World Health Organization has issued the pandemic alert, what has the trend been around the world, has there been a significant decline, even though there's been an expansion of countries that have had the epidemic, or is there still in an up tick in terms of people being reported, whether fatalities or just simply coming down with H1N1. Have we reached our peak or are we still not sure?

DR. KARPATI: I don't have information for you about the trends in individual countries. I do know that it is spreading in many more countries around the world. It's in every continent, beyond that I don't have details on trends of cases by week for example.

CHAIRPERSON RIVERA: Okay. Perfect. Well gentlemen thank you very much. At this point I want to--

CHAIRPERSON VALLONE: [Interposing] I just would like to say we've been joined by Council Members Dickens, Dilan and a few others many have come in and out. For planning purposes the Comptroller is no longer coming over because of the time. So after this panel we're going to

go with the heads of some of the major unions affected by this which would be Randy Weingarten, UFT, and Norma Seabrook from the Corrections and also representatives from DC 37, Nurses Union, and Health and Safety to be followed after that by hospitals and primary care centers' representatives.

So a quick question I have. We're talking about pandemic, world pandemic levels which as you said are not all the relevant to us. Are there any city alert levels and if there aren't, should there be?

DR. KARPATI: Are there city alert levels?

CHAIRPERSON VALLONE: Right.

DR. KARPATI: My understanding is that, you know, we participate with the National Pandemic Plan but we don't have a separate alert level beyond that. I don't know…

CHAIRPERSON VALLONE: Great. Council Member Felder.

COUNCIL MEMBER FELDER: Thank you very much. I just was curious with the summer upon us and vacationing, you know, a lot of people

going away, first of all in terms of non-public schools. I had asked you predecessor the same question about how and if you are tracking the flu in non-public schools.

COMMISSIONER FARLEY: We offer consultation and guidance to non-public schools both in general about our approach to assessing influenza-like illness in schools and on individual cases if they so desire to consult with us about decisions about how to approach the infection. So we've put out our general guidance about this and have consulted on individual bases. But ultimately those decisions about how those schools handle their situation is theirs.

COUNCIL MEMBER FELDER: So in other words you would have no, you have no idea necessarily how many cases of this flu exist in non-public schools, is that true?

COMMISSIONER FARLEY: Well we in general there's a lot more cases of influenza around the City, you know, than we are tracking, you know, than we have individual knowledge of clearly. But our surveillance system for

influenza is done through our school nurses in public schools.

[Pause]

COMMISSIONER FARLEY: That's right, as Dr. Platt reminds me that we also have City nurses in over 200 non-public schools as well.

COUNCIL MEMBER FELDER: I was hoping you were going to say that 'cause those nurses are slated to be cut under the new budget.

[Pause]

DR. PLATT: That cut is not scheduled.

COUNCIL MEMBER FELDER: Well can you elaborate slightly?

DR. PLATT: There was some discussion as I understand it about reducing the coverage. It's not going to be reduced.

COUNCIL MEMBER FELDER: I'm delighted. I'm very happy. That's directly as a result of the new Health Commissioner I assume.

[Laughter]

COUNCIL MEMBER FELDER: You're supposed to take credit when you can. Anyway, the other thing is again, I'm concerned about the

vacationing, I'm delighted about the nurses especially in some communities where there are camps, people are going up, children are going away and whether or not there's some sort of system in place because as close as the kids are in school, certainly in the camps where they're going to be in sleep-away camps, they'll be in closer proximity. I don't have any ideas. I don't know what should be or shouldn't be, I'm just asking you whether you've thought about it.

COMMISSIONER FARLEY: Yeah we have thought about that and we have issued public documents and guidance about how to handle the H1N1 in various settings including schools and daycare settings. And we will also be doing so for summer camps as well.

COUNCIL MEMBER FELDER: I'm very--I appreciate your efforts very, very much. And, you know, as far as I'm concerned I think that the effort in terms of communication has been good, has been good in the communities that I represent. One last thing, in terms of the underlying condition issue again, you can't give me a detailed list but it has to be a chronic

underlying condition or anything that would weaken somebody's resistance. Somebody has a sinus infection, I mean, or does it mean that somebody has a chronic condition.

DR. KARPATI: We're certainly--the conditions that we, in our--understand well, that put you at greater risk are chronic conditions, asthma, diabetes, heart disease, etcetera. As I said there's much that's not known about why in very rare circumstances people who are otherwise healthy can have very severe infection or even die. And so there are other questions, basically that are not known. We can't fully answer that question of yours.

COUNCIL MEMBER FELDER: Okay. And I will not ask you on your first hearing whether you're in favor of medicinal marijuana. I just want you to know.

COMMISSIONER FARLEY: Thank you.

CHAIRPERSON VALLONE: Yes. Thank you Chair Felder. Now before I move on I just want to make clear that, you know, we have an oversight job to do but I don't want you to take the questioning wrong. I think I speak for all of

us when I say we have the utmost respect for the job all of you did during this event. Something we never foresaw coming and never dealt with before. And our job is to do oversight and in some respects play armchair quarterback and look to see what we could do better next time. But again the job you did and especially the people working below you in anonymity, the policy wonks and the doctors and those people, really did an amazing job. So we just want to make sure that that's clear before we move on to maybe some tougher questions.

We're going to move now to Council Member Liu.

COUNCIL MEMBER LIU: Thank you Chairman Vallone. I'm sure that you--

[Off mic]

COUNCIL MEMBER LIU: --yeah, those remarks had nothing to do with me Commissioners. But I do want to go what Chairman Vallone has said already that the purpose of having these hearings is to figure out what we've learned and how best to address this situation the next time it occurs, if it ever does occur again.

So we have seen a lot of the cases come, certainly many of the early reports centered around Queens' neighborhoods. And in fact we have had unfortunately an inordinate numbers of hospital closures in Queens. What impact did that have on the ability to respond to people coming in to various emergency rooms? And is there some kind of assessment as to how adequate the level of hospital and healthcare facilities are in Queens?

COMMISSIONER FARLEY: I said our Pandemic Flu Plan tries as much as possible to keep people who really are not acutely ill going to emergency rooms. If people with an infectious disease go to emergency rooms then they may be infecting other people who are there. And we did find that we had people who came to emergency rooms who were worried, who wanted to have checkups. And emergency rooms were stressed. There was quite a volume going to emergency rooms.

The hospitals did manage that in spite of that. As far as the impact of specific hospital closures, I'm too new here to answer that but I can't say that. But I do think for future planning, we need to think about the volume of

patients seen in emergency rooms in this particular epidemic wave and see how it can handle that differently.

COUNCIL MEMBER LIU: Well is there any kind of assessment as to how adequate the facilities were or where the facilities really need to be bolstered or even created to address a situation like this?

COMMISSIONER BRUNO I think one of the first things we've started to do is to better understand exactly why it was that different groups of folks sought care in emergency departments. What were the proportion who were not ill at all who were looking for information? What was the proportion who were ill, had mild illness, but who were there because perhaps they lacked a regular physician or who had a physician, who had a regular doctor but were not able to access that care? I think that learning about the different types of reasons why people were seeking emergency department care in such large numbers will give us very good information about how to plan for the future of these things because some of the solutions and some of the strategies need

to be driven by those particular--by breaking out those issues. And we've already started with some of those assessments.

COUNCIL MEMBER LIU: All right. So it seems like it's still too early to assess whether in fact the facilities out there were sufficient to handle, really what amounted to be a crisis.

COMMISSIONER FARLEY: I wouldn't characterize it as a crisis. I would say that the emergency departments were stressed. And I would say that this is something we need to understand better so that we can have less stress on the system should an event like this happen in the future.

COUNCIL MEMBER LIU: Well okay. I mean I think most people out there in the public would have characterized this as a crisis. Crisis, it could be real, it could be perceived. At what point did the City decide to not administer the tests for H1N1 flu any longer?

COMMISSIONER BRUNO I think you may be--are you asking to not systematically offer tests to everyone?

COUNCIL MEMBER LIU: That's correct. Well, all right. I mean look I'm not a doctor. I'm not a--

COMMISSIONER BRUNO [Interposing] Yes.

COUNCIL MEMBER LIU: --medical professional, you know, my mother still yells at me for that. But nonetheless, hearing from my constituents, one of the biggest complaints was that they're not even testing my kid.

COMMISSIONER BRUNO Right.

COUNCIL MEMBER LIU: So at what point did the City make that decision and how was that communicated to the parents and to the general public and how do you think the public took it?

COMMISSIONER BRUNO Right. As we've said previously, our main, one of our main goals, our main goal in the public health response to this situation has been to identify, to prevent severe complications, to prevent the most troubling outcomes of infection, namely those that lead to hospitalization or death. So it's in those populations, the individuals who are

developing severe disease, who are being admitted to hospitals that we focused our testing efforts.

As we said, our laboratory here in the City is the only one that is doing this sort of specific testing for the H1N1 virus. And as Dr. Farley mentioned it's likely that, you know, hundreds of thousands of people have been infected with this virus. So the approach that we've taken has been to focus our testing on--focus the confirmatory testing on people who have been hospitalized and to essentially to assume that people who develop influenza-like illness in New York City in these past several weeks should assume that they probably have H1N1.

They might not all have it but in terms of protecting yourself, protecting your family, which really means getting treatment if you have an underlying risk, it should be done not on the basis of a laboratory test but on the basis of developing the symptoms of influenza-like illness. That is the main way that people should decide about seeking medical care and getting anti-viral treatment if they need it.

COMMISSIONER FARLEY: Okay. If I could just add to that. I can totally understand as a parent why parents really would want to know if their child has the new H1N1. But there's no evidence that this H1N1 is more severe than other strains of influenza which have circulated or were circulating at the same time. And tests for influenza were available. But a child or an adult who had influenza-like symptoms is going to be treated the same whether that is known to be H1N1 or whether it's known to be another form of influenza or whether it's some other respiratory virus.

So that information, people want to know it but it's not essential to their medical care.

COUNCIL MEMBER LIU: All right I mean--just one last question here. A lot of this has to do with the way in which the City communicates the information. And I think in hindsight you could say that well I think part of your testimony talked about how the number of deaths from H1N1 was actually very low compared to some other influenza strains. But a couple of

weeks ago, people didn't know what to expect. It was an open-ended question. And that's why it was so important to get information out there.

And there was a period of several days where it seemed like the City was so reluctant to release any kind of information about a death or actually two deaths that happened with a few days of each other. And there was a great deal of inquiry into my office about exactly what was happening because the only place that people, that the public or even the media could confirm that in fact these deaths occurred was through the hospitals themselves and the City refused to release any kind of information.

So--and then I saw some published reports from medical professionals. Some of the calls may have been attributed to you also Commissioner about how sometimes you don't necessarily want to do the equivalent of screaming fire in a crowded theater. So how does the Health Department or the City in genera manage that balance between providing more information about what is happening versus fanning fears of something that is unknown?

COMMISSIONER FARLEY: Communications in this I think has been the basic problem has been difficult on how to communicate around it?

COUNCIL MEMBER LIU: Well I know you talked about issuing 23 press releases--

COMMISSIONER FARLEY: [Interposing] Right.

COUNCIL MEMBER LIU: But [chuckling] there were, there definitely was a period of several days where obviously the press releases were insufficient. And the comment from some health professionals including members of the Department that basically attested that sometimes you don't want to give too much information because it could actually lead to more widespread fears. How do you make that balance? How do you strike the balance between providing information and being totally up front and transparent about everything versus trying to manage some of the information so that the fear doesn't get unreasonably widespread?

COMMISSIONER FARLEY: This particular virus as we said was different from what the planning was for. The planning was for a

virus that would have been much more severe. When it first came on the scene it wasn't clear how severe it would be. The Department and the Mayor's Office communicated very frequently and I think very consistently to say here's what we know and here's what we don't know. The fact of the matter is that everybody wanted to know more in the early stages. Everybody still wants to know more than we currently know. And I think that all of City government was very clear about what we know and what we don't know at the time.

Because the fact that we didn't know how severe this was, that's going to engender an awful lot of uncertainty and fear in the public. And again all we can do is communicate as often as possible and as widely as possible. And we really did try to do that.

COUNCIL MEMBER LIU: Thank you. Thank you Mr. Chair.

CHAIRPERSON VALLONE: Thank you Council Member. One quick follow-up. Commissioner Bruno you said that this cost the City $10 million so far and I believe you said over $100 million before it's over. What does

that--what did we spend the $10 million on? What do you anticipate spending another $90 million on? And is this City or Federal money?

COMMISSIONER BRUNO Well we'll be looking for Federal reimbursement for what we spent and even for the out costs of this. And for example for HHC, we would be looking for supplies, Tamiflu, additional staff perhaps, some lab expenses, those types of issues.

The Chief Medical Examiner for materials so they can do better testing in their autopsies. The Police Department needs more N95 masks if a lot of people are on the street even the ones we bought would not be enough for a very long time if we were going to use those. So we in OEM would want to produce more guides in many more languages, printing them out so we have more available. For Citywide Services, be looking for more sanitizers, wipes, FIT [phonetic] tests, equipment so if we're using these masks we fit them properly. In DOIT where we run 311, more capability there and even more technical capabilities. So we've laid out a very broad list.

The $100 million plus is for we project out costs. The $10 million is what we have to date and we haven't even included HHC in this yet so there's a little bit more going to go into that. So it will be mainly to buy supplies, staff up and certainly if this thing comes back in the fall to be able to deal with maybe even more need.

CHAIRPERSON VALLONE: And at this point none of it has been provided by the Federal government?

COMMISSIONER BRUNO No money has been provided yet.

CHAIRPERSON VALLONE: And have you applied yet or when do you intend to do that?

COMMISSIONER BRUNO We'll be putting some materials into Washington probably tomorrow, to our people in Washington, and then be submitted.

CHAIRPERSON VALLONE: Okay. Please keep us advised of the progress of that request and if we can assist in any way, let us know--

COMMISSIONER BRUNO [Interposing] Appreciate that, we will.

CHAIRPERSON VALLONE: --okay Council Member Dickens.

COUNCIL MEMBER DICKENS: Thank you so much Chairs and welcome Commissioners, thank you so much. As concerned as I am about the H1N1 in our schools, I want to ask questions about the Correction facilities because I'm so concerned about the healthcare that goes on there.

Has there been an established protocol to handle a pandemic flu if one should occur for say at Rikers?

COMMISSIONER FARLEY: Let me just say in this particular epidemic wave there's a lot of people going back and forth between Rikers and the general population--

COUNCIL MEMBER DICKENS: [Interposing] Um-hum.

COMMISSIONER FARLEY: --so it's no surprise that some people with H1N1 would appear at Rikers. The Department working with Rikers put in place an aggressive plan to contain those infections in the jail. I'm not sure if Louise or Adam wants to talk specifically about what we are

currently doing and what we could be doing in the future on that.

COUNCIL MEMBER DICKENS: Yes. That's what I would like to know, what is currently being done at Rikers to protect those that are incarcerated there as well as those that work there.

MS. LOUISE COHEN: Thanks for asking the question. My name is Louise Cohen, I'm Deputy Commissioner for the Health Department and responsible for Correctional Health. I also have with me Dr. Jason Hershberger who is the Assistant Commissioner for Correctional Health Services.

We, as the rest of the City, have planned for pandemic both internal to the Health Department and the health services that we provide as well as jointly with the Department of Correction, however as has been mentioned this epidemic or this outbreak has been a relatively mild one. We feel that we have been able to do a good job in, and we are glad to report that in fact we have found relatively little H1N1, relatively little influenza-like illness, that

most cases have been mild and that all folks are recovering well.

What we've done is a variety of approaches which include screening, so we have had universal screening for every patient coming into this system. They're Department of Correction's inmates but they're our patients. So that's how I'll refer to folks. We have had certainly for a while universal screening of all of our patients who might go out to court which is roughly 10% each day. And we have found very, very few positives. So in other words people did not have fevers and we, if we do find someone, either identified through any routine medical encounter, any medical encounter whatsoever, any sick call, anyone identifying themselves to a housing officer, being brought to the clinic, anyone identified on intake or in any other situation, we immediately escort them to our Communicable Disease Unit which is a unit that was originally set up around tuberculosis but it is a unit that has very specialized 24/7 coverage there.

And they are treated if they have underlying conditions. They are tested. And they

leave that unit only after their symptoms have resolved. The housemates of anyone who has been screened positive for influenza-like illness are screened on a regular basis. And again if found to have fever or cough they are brought to the Communicable Disease Unit similarly.

When folks who have been in a housing unit where there has been someone who's identified, we put them on what we're calling in this instance, medical restriction, which means that when they leave the housing area they are asked to wear a mask, a surgical mask. And all patients in those housing units obtain, if they have an underlying condition, they're given prophylactic treatment to prevent any disease and we are monitoring them carefully for any additional fevers.

When we find that a housing unit has been free of any new infections or any new fevers for a week, they are lifted off of this medical restriction. We have worked very closely with the Department of Health Staff out there with our contracted staff in all the City jails and with the Department of Correction. We have daily

meetings to discuss exactly what's happening and to share information. And again as I said we have found very few cases relative to the population. And certainly have been working hard to reduce the spread of the infection.

COUNCIL MEMBER DICKENS: Thank you. That sounds very comprehensive. Is this a protocol that is such as the universal screening, is this set up as a result of the H1N1 or is this going to be ongoing because other pandemics or epidemics could occur?

MS. COHEN: This was a protocol that we set up for this particular outbreak however we do have regular mechanisms for finding out if there are folks with fever or other conditions. We have, as you I'm sure know, have 24/7 medical presence in all of the jails including physicians as well as nurses. And so we believe that we would have early identification of any difficult situation in the jails.

COUNCIL MEMBER DICKENS: So then there is really no established protocol, it varies depending upon what happens after an outbreak.

MS. COHEN: Well in this particular case the presenting symptoms are generally fever, so we've been screening for fever. There might be other things that we would screen for. For example, when any inmate comes into the system, we do a very comprehensive screening for a variety of things including communicable disease. So we have a general protocol that we use every day for every patient coming into our system. And we have protocols every day for triage and sick call and medical care in general.

COUNCIL MEMBER DICKENS: Do you think that it would be wise to set up a protocol, particularly to cover those individuals that might have already a weakened immune system as articulated in page 2 of Dr. Farley's testimony?

MS. COHEN: We have in fact instituted enhanced screening for special populations in City jails. So for example we did an enhanced screening and set up this protocol and enhanced screening for folks in the nursery for example, as you know we have a nursery there, as well as for folks that we know have--who are in

specific housing units with particular conditions that might make them more vulnerable, yes.

COUNCIL MEMBER DICKENS: All right. So that covers those patients or those inmates that may be pregnant, and since at Rikers there is a nursery, it would cover the babies that are there?

MS. COHEN: That's correct.

COUNCIL MEMBER DICKENS: All right. Thank you so much.

CHAIRPERSON VALLONE: Thank you. One quick follow-up--stay there, on Rikers, please 'cause I know the Corrections Union will be testifying on a panel next and they're going to disagree with much of what you just said. And so hopefully you'll have somebody who remains to hear what they have to say.

But let me ask this question, as far as I know there was no quarantining done on Rikers, no removal of inmates from Rikers, no--unless I hear differently, no action out of the norm at all taken at Rikers. What, and first correct me if I'm wrong, and second, well let's assume again a worse strain of some sort of virus

hits here in New York City. What would happen at Rikers? Do you shut it down? Where do the prisoners go? Are we prepared to deal with something worse?

MS. COHEN: Well first let me say that I actually do think that we are doing much more than we have been doing in terms of very aggressive enhanced screening, treatment and using our existing resources to make sure that we identify very early anyone who is ill. So I think that we have been taking significant actions. And I think the results of that have been proven. We have had, as I said, very few cases relative to the population there and none of them have been severe, any emergency hospital runs we monitor those on a daily basis and anyone who has been sent out for those reasons of which there have been very few have come back and have recovered.

I think that we have an escalation plan in place for if people, if there was a virus or something where people were much more ill. And one of the things that we would probably do since it is unlikely that we can shut down the jail system, there will be people coming into jail and

there will be people needing to leave jail for their legal reasons. And what we would likely do would be to set up, for example, dorms where we would be able to provide 24/7 medical coverage in those dorms perhaps of people who are similarly ill.

We do have an infirmary. We do have a Communicable Disease Unit. In this particular outbreak none of those resources were overstressed. We were able to maintain all the bed that we needed. I think clearly we use as our hospitals, HHC hospitals, Elmhurst and Belleview, and we would work very closely with them to determine if they could accept patients and we would have to make those determinations as an outbreak went on. But I think we do have an escalation plan and I think we're confident we could handle a fair amount more than what we saw in this particular outbreak.

CHAIRPERSON VALLONE: And what about protecting our corrections officers?

MS. COHEN: We think that protecting our corrections officers and all the medical staff, the folks who work in the City jails on a

daily basis is extremely important. And so while I certainly don't want to speak for the Department of Correction for how they handle that, I think on our side what we did was we tried to give out as much information as possible, similar to the transparency that we've tried to have in the media. We've sent our physicians and nurses from the Department of Health out to talk to a whole variety of folks throughout the island every day.

We have a core of almost 250 Health Department staff who are out there in addition to our contractors. Many of them are health educators and they were out talking to folks as well. We had a very--so I think there was a lot of information and the ability to help reduce concern and anxiety for the most part among the staff.

CHAIRPERSON VALLONE: My last question on that then, you said you might do dorms if it were worse than this. Who makes that decision?

MS. COHEN: I think we have an Incident Command System where there's an escalating command decision-making process. So

the medical staff on Rikers would make a recommendation, the recommendation would go up to the Incident Command System. The Incident Command System would make--which is chaired by the Commissioner in concert with the City would make some of those final decisions. But we make many of the operational day to day decisions on Rikers but there is a process of medical decision-making that happens.

CHAIRPERSON VALLONE: Okay. thank you. The last questioner will be Council Member Brewer. Then we're going to take the next panel which is as I said will involve the head of some unions. I know Randy Weingarten has to leave so we're going to ask, again, that we stay within five minutes. There'll be no more questions from Council Members and we're going to move on as quickly as we can. Council Member Brewer.

COUNCIL MEMBER BREWER: Thank you very much. My first question is just in terms of the schools. I think it was correct there was one school that was sort of on the edge of my District and it ended up not being closed. But one of the concerns were teachers who are pregnant because

they had already used up their vacation days and so on and so they felt they could not take any more days off. And that is considered, I think, according to testimony, could be an underlying condition. So how do you handle situations where there are teachers who have already used up all of their days off, personal days and so on, there is an epidemic or situation in the school, they can't take any more days off, are they entitled to do that?

COMMISSIONER FARLEY: You know, if they're in a school that isn't closed and they want to take it off--

COUNCIL MEMBER BREWER: [Interposing] It's not closed.

COMMISSIONER FARLEY: I said it's open--

COUNCIL MEMBER BREWER: [Interposing] The school is still open, yes.

COMMISSIONER FARLEY: They have to charge their balances. And--

COUNCIL MEMBER BREWER: [Interposing] So they cannot take any more days off without being penalized in terms of pay.

COMMISSIONER FARLEY: That is correct.

COUNCIL MEMBER BREWER: Okay. Is that something that is reviewed in this situation?

COMMISSIONER FARLEY: That was, I believe the Citywide policy in terms of all sorts of people who were employed and in that situation.

COUNCIL MEMBER BREWER: Okay so you think it makes sense because people are afraid and it adds to the concern of the staffing certainly.

COMMISSIONER FARLEY: Yeah. I think people have to make individual decisions for themselves in those situations. As you know in closed schools we did take a different route.

COUNCIL MEMBER BREWER: All right. A concern. Number two, I've been to your wonderful OEM Center, one of the groups that is particularly helpful I think in this kind of situation to help the hospitals are the Community Health Centers. Are they part of the OEM team and were they helpful and are they continuing to be helpful to relieve some of the challenges that the hospitals face? And how can they be helpful in the future?

COMMISSIONER BRUNO Community Health Centers, Federally qualified health centers are an integral part of our--have been an integral part and will always be part of the City's response. We have been planning with them for many years. We have, on such topics as anti-viral distribution, access to care, surge capacity. In this particular outbreak we have been, again, in close contact with the individual FQHCs, with CHCANYS [phonetic], I think they're a vital partner. They're part of the--they are both part of the regular routine medical care for so many people in our City and as well will undoubtedly be and have already been part of the surge response. Because as we said earlier with emergency departments, many people who seek care in emergency departments could very well and should very well be receiving that care in outpatient settings. And it's the FQHCs that I think are, as we move forward, going to be an integral part of that.

COUNCIL MEMBER BREWER: Okay. But don't they need funding? Go ahead Commissioner.

COMMISSIONER FARLEY: I really want to go back to your earlier question on leave. As I testified to, we have a Workforce Task Force Committee. And one of the very things they will continue to look at as we plan out for the future and even during this event is precisely those sick policies and leave policies. So it's not been totally unaddressed. The decision early on was because of this particular incident where we were, we looked it, was to stay with the policies, that they were adequate. Now I think you should feel assured that that's not been just left there--

COUNCIL MEMBER BREWER: [Interposing] Thank you because I worry about the pregnancy issues a lot.

COMMISSIONER FARLEY: --it's being worked on. I know you do.

COUNCIL MEMBER BREWER: Okay so the Community Health Centers are they part of any application for Federal funding if you are to move forward with applying and receiving funding?

[Pause]

COUNCIL MEMBER BREWER: I like the Community Health Centers.

COMMISSIONER BRUNO Right. I mean I think that's certainly something that we need to think about in terms of how we package our request for funding because we do value them as an important part of the--

COUNCIL MEMBER BREWER: [Interposing] Okay. Please include them. That's my message. The final question is there are Cincinnati, Los Angeles and Washington, D.C., paid sick leave legislation has passed. Do you think that that would help in terms of the Mayor's request to all of us to stay home if you're sick? But it's great to stay home if you're sick if you're getting paid for it. It's hard sometimes to stay home if you hardly have health insurance and because you have to show up at your waitress job, etcetera 'cause otherwise you can't pay the rent. So the question is can we--would you support paid sick leave legislation in the City of New York? And do you think it would be a good idea?

I know you have to confer on that one.

COMMISSIONER FARLEY: Well we're not going to confer on it. I'd say that if that comes before me I'll give my advice to the Mayor as to what I think but I'm not going to state what my position is right here.

COUNCIL MEMBER BREWER: Anybody else? Thank you, I knew you would do that but I just want to put it on the record. Thank you very much.

COMMISSIONER BRUNO Thank you.

CHAIRPERSON VALLONE: Okay. Thank you. As you probably know there are a lot more questions we can ask on this topic but there are people who need to go and we don't want to keep the people here all afternoon. So we're going to end this now. We are going to follow up with you many times in writing and in person. And again we know the job that you did. We appreciate it. And I'm sure what you did saved lives. And we have a job to do, oversight. And you have one to do and you did it. And we hope you continue to do it well.

So welcome aboard, okay, and we look forward to working with all of you. We're not

going to take a break. We're going to make a minor change. The next panel is only going to have two people and then we're going to do the rest of the unions after that. So this next panel will be Randi Weingarten, UFT; Norman Seabrook, New York City Correction Officers.

[Pause]

CHAIRPERSON VALLONE: If we could have people exit as quickly as possible.

[Pause]

CHAIRPERSON VALLONE: Okay. Thank you, if you'd please exit in the back as soon as you can. Thank the both of you for your patience. You saw we moved as quickly as we could. Ms. Weingarten I know that you have to leave so you're going to go first and then we'll have some, maybe some quick questions, and then we'll go to Mr. Seabrook and then we'll move onto our next panel. Thank you.

MS. RANDI WEINGARTEN: Thank you Chair Vallone. And I particularly want to thank you for letting me say hello to my colleague, one of the most aggressive and committed trade unionists I know, Norman Seabrook.

MR. NORMAN SEABROOK: Thank you.

MS. WEINGARTEN: The, you know, I listened to the City. I have a--

CHAIRPERSON VALLONE: [Interposing] I'm not hearing, can you pull it a little closer.

MS. WEINGARTEN: Can you hear it now?

CHAIRPERSON VALLONE: Yeah. Just.

MS. WEINGARTEN: We've been pretty involved in navigating through what was a very high octane and very concerning crisis over the course of the last six weeks. And hopefully in sharing some of what our experiences were it will help in the preparation for what will undoubtedly be another H1N1 crisis once the weather gets cold again.

So I thank you, as always, for this opportunity to testify. I don't have to tell you what my testimony tells you about who we represent. But I also want to start by offering our condolences again to the family of Mitch Weiner who was a beloved Assistant Principal at IS 238 who died on May 17th from complications of H1N1 and to all the other families who's had loved ones

die from H1N1 including, as I understand it, a student at IS 609 who was just recently confirmed as a death.

The other thing I want to say at the start though is as we know and remember the people who have passed, you cannot thank the people in the trenches enough for how they have operated in the midst of this flu. And I see some colleagues from some other unions here, Norman will be talking obviously about his members, our members, the principals, the assistant principals, the nurses, the people from the Health Department, over the course of this period of time there was one day were 500 schools reported some incidents of flu some time in late May, early June.

It's just extraordinary what our union represented public employees have done through this in terms of ensuring that at least in the schools, children's safety comes first, and all of the advocacy that we have done around this issue is about ensuring that we protect the health and safety of kids. And then afterwards the health and safety of our members, and then make sure that the public knew what was going on.

And I am particularly pleased the Gale Brewer asked the question about people who are at risk because as good as it was that the Mayor and Chancellor said stay home if you're sick, if someone is pregnant, you're putting them into an incredibly Hopson's Choice. If they don't have any leave, they exhaust leave, what do they do? Do the essentially jeopardize the potential life of their baby? Or do they go to school?

And that is a very tough choice and that's part of the reason why we have pushed for sick leave policies that say if there is a connection to a nexus to a school then those absences should be paid absences as opposed to unpaid absences. Not asking for this for everyone but we're saying that if you have like we have in our contract childhood diseases, if there is that kind of nexus, you can't jeopardize people in that situation. You can't put children or the employees in harm's way in that kind of situation.

So very quickly, as soon as the union became aware on Saturday April 25th that flu cases were at St. Francis Prep, we put ourselves into action. By the time the Federal government

had declared swine flu a public health emergency on April 26th, we had done all the different consultations that we normally do. You know how active we are in the health and safety arena.

And we ended up educating our District Reps and our Chapter Leaders. We have fact sheets upon fact sheets that provided an overview of swine flu including the symptoms, the transmission routes and preventative medicines, measures, I'm sorry, as well as what had become over those separate weekends, UFT, DOE and DOH health and safety protocols. I can talk about what those protocols were but you have already heard much of that from the Health Department so I'll skip that in my testimony.

And what I do want to say, which does actually implicate some issues in terms of how the school system is managed now, because there are very, and this is part of the reason why we have called for having Superintendents manage their schools as opposed to manage other places in the City, because what ended up happening was the UFT, and essentially became an emergency first responder. And we believe that our preparedness

was critical to assisting schools with dealing with the potential flu epidemic.

But ultimately the management of the system should--the system should be managed by the system. And if we had Superintendents that really understood what was going on in their schools because they really, really understood their schools and they were close to the community I think you would have seen a far better and quicker reaction in terms of which schools had intense levels of absenteeism and which schools had lots and lots of kids that were going to the Nurse's Office.

So for example, let me describe the scene at PS 177 in Queens on Monday April 27th and the reports we received that afternoon. Here's how one report read to us: "PS 177 had one child hospitalized over the weekend with flu and an assistant principal was taken by ambulance to the hospital today." This is within the scope of like 5, 10, 15 minutes. "The additional 10 students have been sent home today with symptoms and 2 other staff members, a para and a teacher, are ill." This is now within about a half an hour, a

total of 14 people of the school with flu or flu-like symptoms.

Ultimately we ended up getting over to this school the next morning and we found total confusion about how to proceed. There was no doctor on site. There were no respirators. There was no plan in place. And the UFT quickly put together this series of protocols. And I have to say worked over the course of the next two or three days with the school system to create the kind of sets of protocols that started coming out that week.

But after that, flu outbreaks began to occur in many other Queens' public schools, as many of the Council people at this hearing know, and have now spread Citywide with schools in each Borough reporting flu outbreaks. Regardless of the school or Borough the outbreaks are similar and they follow the story that I'm about to say from IS 227 in Queens, could have come from many, many other places.

IS 227's Chapter Leader Tom O'Brien described what the school has been like during one week in May. "In my 30 years of teaching I've

never seen so many kids fall sick so quickly. Everyone feels under siege. One-third of our school population has been out sick this week. And we had 20 out of 98 teachers out today. Our medical staff is overwhelmed. We ended up having to use the science rooms across the hall from the medical suite when that was overflowing with students. 81 students were sent home on Tuesday."

What I'm talking about here and I'll end momentarily is that what happened with this particular flu is it went through the contagion spread very quickly even though for most people it was mild, fever spike, contagion spread and for the schools that were afflicted by it, you started seeing absentee rates of 30%, 40%, 20% to 40% during that period of time.

So what did we learn from this and what are we calling for? Number one, preparedness, preparedness, preparedness, and number two, transparency, transparency, transparency. Obviously people need to know where there were problems, where there are attendance issues, where kids were sent home, where kids were in the Nurse's Office, so they had information.

You have a panic with the failure to have information. You have less of a panic the more information came out from the City. Those kind of protocols have to be out there over and over again.

Number two, we know that the WHO has now declared this a pandemic in all sort of different ways, Level 6 I think today. We know that it's coming again in--at a moment that the weather is going to get cooler again. There has to be far better preparedness and it can't be just oi vey, I hope it doesn't hit my school. It has to be far better preparedness than that. I believe that Commissioner Bruno wants to do that. I believe that Deputy Chancellor Grimm wants to do that. I believe, I hope, that our new Health Commissioner does. But it has to be better preparedness for the fall.

Number three, and this was raised already, school nurses were a godsend. School nurses are on the chopping block. I'm talking about DC 37 school nurses and I'm talking about our school nurses. We need a school nurse in every school. This emergency proved that once and

for all, we need that. This is not ancillary, this is critical.

And number four, the impact of closing community hospitals and other healthcare facilities, particularly in Queens were felt very keenly here. And ultimately you see that in terms of the number of people that went to emergency rooms and what roles community hospitals have. We have to keep that in mind when we have all of these budget problems. Thank you very much.

CHAIRPERSON VALLONE: We're going to ask you just a few questions now 'cause I know you have to leave. And then get on to the inimitable Norman Seabrook.

But you weren't here when we opened this but we couldn't agree more with you about the dissemination of information. I'm a parent of two girls in the closed public schools. And I was telling them for a week before your press conference and apparently a day after your press conference they released it, so you have a lot more pull than I do, but for a week prior I was saying get this information regarding the criteria used to close the schools to the parents. There

is a near panic out there. Do I send my kid to school? Should I pull my kid out of school? Why is the school down the block closed but mine isn't?

MS. WEINGARTEN: Exactly right.

CHAIRPERSON VALLONE: And once the information got out it went a long way to easing those fears but it just wasn't out there. They've never dealt with this before and they admitted that and they're going to do better. But we couldn't agree more.

As the union head, were you getting the information regarding the criteria prior to it being put out there? I was, but it just wasn't getting out the parents, I wanted to know--

MS. WEINGARTEN: [Interposing] I, you know, because we have, and Chris Proctor, one of our Industrial Hygienists is sitting right next to me, because our union has created this Health and Safety Department, I guess about 20 years or so, I think it was one of the first things we did when I got to the UFT 25 years ago, we have, it's sometimes a schizophrenic relationship with the City.

Sometimes we end up communicating very effectively on health and safety issues and sometimes it is, you know, the carrot and the stick in terms of what we'll say that if you don't give us the information we'll go public about that.

But at the beginning I think in fairness, no one knew what to do. I think that Commissioner Frieden was trying. I was on the phone with him a lot. Our Industrial Hygienists were on the phone with their staff a lot. Over the course of a few days there was at least a protocol that was established.

And we pushed very hard, Chair Vallone, to get that out and ultimately did those press conferences as a way of getting that information out to the public. I think you're right. Once we did the second press conference, the one outside of Louis Armstrong and said these are the kind of criteria, they ended up putting those criteria out and I think you saw, we all saw, that the panic subsided.

CHAIRPERSON SEARS: Good afternoon and thank you really for waiting, it's been a long

hearing. I just want to say that you picked out IS 227, it's in my District. And you are so right because we got calls in my office wanting me to close the school. Really asking me to get out there and shut that school down because they had such panic. They would--flying like I don't know what.

And I think that one of the things and I think you touched on that is that the criteria needs to be developed so that there is a uniform system for everyone to follow and not leave to the public to really take it on themselves to send their kids to the hospital or not do that and then find that they had to do it.

So I think, and perhaps you can be very helpful, because I think it's more than just the Health Department in doing it, that we need to have a card. We need to have this emergency card prepared that everyone should have that. And I've done it in my District for certain things. And I think we need to see that it all come together to do that. Would you think that would be a very helpful thing--

MS. WEINGARTEN: [Interposing] Absolutely. Look--

CHAIRPERSON SEARS: --to do?

MS. WEINGARTEN: Absolutely. It's, you know, it reminds me Chairwoman Sears, about the "olden days" when we actually used to teach hygiene in schools. I mean there are certain things that will help hugely. One is, well we always wash our hands, all the time, when we're careful about where we sneeze and things like that. Some of those basic hygiene ditties that we, you know, that we learn are things that we need to remember during this.

And then there are other things that are much more serious like if you have an existing medical condition then this virus is, could be, particularly harmful. For most it was not even though it was very, very, very discomforting. A fever of 102, 103 is a very, you know, people got very scared initially. If you're pregnant, people got very scared. So I think that there's lots of different childhood diseases that we've been used to dealing with, different times it was the mumps. At different times it was chicken pox. We have to

think about schools in that same way now as we did before. And we will always call it out. Just like we saw and we're grateful, one night Commissioner Bruno was on the phone with my entire staff at 9:00 o'clock at night, talking about all this stuff.

We're the eyes and ears out there--

CHAIRPERSON SEARS: [Interposing] Um-hum.

MS. WEINGARTEN: But the protocols are important. Let me say just one more thing though that you can't sometimes be totally objective. There is some subjectivity in this. But if parents and teachers and the public know even the areas of subjectivity and the areas of objectivity, I think that transparency and disclosure--

CHAIRPERSON SEARS: [Interposing] Um-hum.

MS. WEINGARTEN: --and as Chair Vallone said, dissemination of information, that stops a panic.

CHAIRPERSON SEARS: I agree and I think that's something that we in the Committees

here have to look to do and have it produced. One other question, actually even though it's not in your purview, you brought up the school nurses. And I know how they worked under this. They were absolutely just overwhelmed. And I'm not sure whether they get paid when the schools are closed or not. You may be able to answer that question. I know it's within your purview not to? They're under your jurisdiction. But you've observed a lot of that. And that's an issue--

MS. WEINGARTEN: [Interposing] Um-hum.

CHAIRPERSON SEARS: --that I'm going to bring up.

MS. WEINGARTEN: [Interposing] Our nurses in the schools that were closed, the nurses we represent under our contract get paid. And I don't know the DC 37 contract--

CHAIRPERSON SEARS: [Interposing] Um-hum. Okay.

MS. WEINGARTEN: --well enough to be able to answer that question. I'm sorry--

CHAIRPERSON SEARS: [Interposing] But I--

MS. WEINGARTEN: --what we are concerned about though in some ways is the opposite situation where we did tell people if you're sick stay home and if you have an underlying illness or a potential condition such as pregnancy, really be careful. And that puts people in a very difficult position because many people, you know, a new teacher doesn't have a sick bank.

CHAIRPERSON SEARS: Um-hum.

MS. WEINGARTEN: Separate and apart from that, if this is a disease that really comes up, if this is something that you would consider like a childhood disease, it's really unfair to people to say use your own sick bank.

CHAIRPERSON SEARS: I agree with that. I want to thank you very much for coming today 'cause this is a very important meeting. Thank you.

CHAIRPERSON RIVERA: Thank you very much. I just have one question. Now you stated that for the past 25 years that UFT, you know, has had a health advisory?

MS. WEINGARTEN: We have a--we created, at the very beginning of the asbestos crisis in the early 80s, our members and parents kept asking, you know, is asbestos dangerous, is it not dangerous? What should we do? And so from that point on we started actually having a Health and Safety Committee which where we now have a staff member in every Borough who really has become incredibly skilled and knowledgeable about things stemming from meningitis to what was it this year, MENS?

MR. PROCTOR: MRSA.

MS. WEINGARTEN: MRSA to now H1N1, to asbestos to lead and all of the environmental issues that are in a school. And so we, just like we do with the safety end, we do with the health and safety end now, and we spend a fair sum of money of our union's budget on dealing with health and safety issues and have become the eyes and ears, I would say, for the last 15 years in particular, to the City and to parents in particular and our members, about these kind of environmental issues.

CHAIRPERSON RIVERA: And I think that's extremely important because children spend half their time with their parents, the other half of the time with their teachers--

MS. WEINGARTEN: [Interposing] Exactly.

CHAIRPERSON RIVERA: --so now, what the Health Coordinator does is inform all teachers in the Borough or City of any recent developments, health related, and do they then inform parents, how does that work?

MS. WEINGARTEN: This is what we tend to do. I'll take, I mean H1N1 was a different kind of situation than others. But say there's an environmental issue in a school. We tend to--these days we actually have two health and safety reps per Borough. One of our Boroughs have three, this is how big our book of business is, we have three Industrial Hygienists on staff. So you can see how much money gets devoted to this.

If there is an issue, we are at that school at 4:00 o'clock in the morning. We may be negotiating with the school system for testing or

all sorts of other things the night before. If we believe that circumstances warrant the closure of that school because it is in harm, imminent harm to kids and/or staff, we have no problem not only saying that but if we are having a difficulty and dispute we will keep people out. And we have done this for a good 20-some-odd years. So people, so we go to parents, we go to teachers, we do all that stuff.

CHAIRPERSON RIVERA: Well thank you. I mean that was just another question. I know you have another engagement so I want to thank you for coming here today--

MS. WEINGARTEN: [Interposing] Thanks.

CHAIRPERSON VALLONE: Yep. Thank you and we're going to cut off questions if our other members have them. I know you're available to answer their questions--

MS. WEINGARTEN: [Interposing] Thank you. Thank you very much.

CHAIRPERSON VALLONE: --and we want to get to Norman. Before we do, we want to recognize the distinguished group in the back of

essay winners who are here touring City Hall with their parents, welcome. This is a hearing, the first hearing we've ever held on the swine flu. You just heard testimony from some of our biggest unions. That's Randi Weingarten, UFT, Norman Seabrook of Corrections who are testifying about how the outbreak affected their union members. And this is the City Council up here and we ask the questions. So Mike Miller, JCRC, thanks for bringing them by. Congratulations.

[Applause]

CHAIRPERSON VALLONE: Norman, thank you for your patience. We look forward to your testimony.

[Pause]

MR. SEABROOK: They're coming in and sit down, the little people or?

CHAIRPERSON VALLONE: I don't--are you guys leaving Mike? Okay. Thanks for coming by. Thanks.

[Pause]

MR. SEABROOK: Good afternoon Chairman Vallone and members of the City Council. First and foremost I would like to take this

opportunity to thank you for inviting me to testify at today's hearing. My name is Normal Seabrook. I am the President of the New York City Correction Officers Benevolent Association, the second largest uniformed force in the City of New York.

Let me first begin by saying that the swine flu known as H1N1 virus is a problem that is going to reach epidemic levels, not only in New York but in the entire country before long. The H1N1 virus is our Hurricane Katrina. I am pleased to see that the President of the United States is dealing with this issue in making the resources of the Federal government available to us.

The H1N1 virus has no readily available vaccination at this time and it has taken the life of approximately 15 individuals in the City of New York thus far. It has also been suggested that all of the individuals who passed away had an underlying health issue. Everyone in this room has some type of underlying health issue. And we should not dismiss the cause of

their deaths for any other reason that for what it is, the H1N1 virus.

I have had the opportunity to address this issue with the City of New York. When the City began to look at the H1N1 virus, some dismissed it as a mild case of the flu. This is not flu season. I became so alarmed by the H1N1 virus that I requested that New York City Department of Correction implement policies and procedures on how to immediately combat this deadly unknown virus.

Specifically our request to staff members at City Hall, was to establish the contingency plan to address what the Department of Correction had failed to do. The Department of Correction failed to act and that forced this organization to seek injunctive relief from the courts. After threats of pursuing a lawsuit the City of New York finally intervened, along with the help of Commissioner James Hanley to satisfy our concerns and to ensure that the Department of Correction and the City of New York are implementing a plan to address the health concerns of the members of this organization and their

families, the detainees in our system and the non-uniformed members that include teachers, doctors, chaplains and maintenance workers.

The Department has not been able to provide real solutions to the real problems facing our Department and our City. While the Commission of the Department of Correction is not responsible for running the entire City, he is responsible for the well-being of all the members of this Department.

As we all know it is the Mayor who is ultimately responsible for effectively and responsibly responding to this citywide crisis. I am not suggesting that we should all live in a bubble nor am I suggesting that we turn a blind eye to this problem like others have. However I am suggesting that the responsible leaders in this City, it is incumbent upon us as both union leaders and elected officials to immediately establish a task force that strictly deals with this crisis.

First, to establish a task force to implement policies and procedures to combat this virus immediately. Secondly, that the City of New

York ascertain an accurate number of exactly how many people have been affected by H1N1 symptoms, by using the 311 system that we've already established. I know that Tamiflu is just a Band-Aid in treating this virus. It has been suggested by experts that it can slow the spread of the H1N1 virus.

When we first brought this situation to light on May 19, 2009 we had 9 cases of H1N1 on Rikers Island. Now in a month later that has multiplied by 10, and continues to grow. In closing I thank you for the opportunity address the concerns at this hearing. I look forward to having further dialog with you and your designees in answering any questions you may have.

In addition I have provided each of you copies of a letter from DOC's Senior Deputy Commissioner John Antonelli regarding the Department of Correction's additional measure to the H1N1 Response Plan which the COBA demanded, as well as a letter I sent to my members briefing them on the steps that we requested the DOC take to fully address this crisis.

Finally please note for the record that I have designated Joseph Brocko here on my left and Elizabeth Castro here on my right, Vice Presidents of the Correction Officers Benevolent Association to be the liaison from my office to assist you or anybody from your staff in any way possible. Thank you again, I'll be happy to answer any questions that you may have.

CHAIRPERSON SEARS: Thank you President Seabrook. And thank you for waiting. It has been a long afternoon for you and I know that. I have two questions that actually can be asked in one I think, was that who actually issued the orders on how to handle the situation at Rikers Island? And then in that, what were the procedures that were used to really address that?

MR. SEABROOK: Well Council Member let me be quite honest with you, who issued the orders? It was our suggestions that they turned around and wrote into an order. They had no plan.

CHAIRPERSON SEARS: That’s' why I asked the question.

MR. SEABROOK: They had no plan. They knew not what to do. I know that I've heard

testimony from OME (sic) and other agencies this morning--

CHAIRPERSON SEARS: [Interposing] Yes.

MR. SEABROOK: There is no communication to Rikers Island. Let me say that the inmates that are housed on Rikers Island do not have primary care physicians. They are not individuals that the public wants on the streets of New York so they are certainly not covering their mouth. They are certainly not washing their hands. They are certainly not grooming themselves--

CHAIRPERSON SEARS: [Interposing] Um-hum.

MR. SEABROOK: --in the morning prior to going to court. These are individuals that have been alleged to be some of the most violent individuals in society. We have upwards of 80 plus cases now and the number is growing. They tell you that they test these individuals before they go to court. That's disingenuous. And it bothers me so much that individuals would

sit and give testimony before the Council and be disingenuous.

We are going to be faced with a very, very serious epidemic. It's just a matter of time before, like Katrina, the levees are going to break and we are going to have a major problem on our hands. There are individuals who will tell you that they have a plan. You know and I know that there is no plan. We don't even know how many people in the City of New York have flu-like symptoms. We don't know how many people in New York or in the State of New York for that matter have high fevers.

Their questionnaire is to ask an inmate prior to going to court do you have a fever. If he was smart enough to realize that he had a fever he would request medical response. However some of these individuals are not in that capacity to determine for themselves whether or not they're sick. And it is incumbent upon the City of New York to fulfill their fiduciary responsibilities to the pubic because once these individuals are infected and they leave the City's jail system, they will then get on a bus which is

known as the Q101, go through Chairman Peter Vallone's District, infect those on the bus as they go along through Queens, head into Manhattan, infect those on that route, get on the subway, affect those on the subway.

And let me also say that I heard the Commissioner say that he has been in communication with the Transit Authority, the MTA, to discuss the issues of H1N1 virus. Let me say to the Commissioner, he's not here, I hope one of his designees is here, since I am the--I wear another hat in New York and I am a Board member for the MTA and a Commissioner. And he certainly didn't come to me and talk to me about the H1N1 virus and I'm the Commissioner of Safety and Security. So there's a lot of disingenuousness going on in this City. It has to change and it's incumbent on the Council to make those changes.

CHAIRPERSON SEARS: You bring up the MTA and when you consider the millions that ride that subway every day, you brought up a very interesting point. You brought up having a task force and I actually asked earlier about--with Randi Weingarten, it seems to me that we have the

responsibility, these three Committees, to actually work at implementing something like that. And it would seem to me that you would be a very critical part of that task force, am I right with that?

MR. SEABROOK: Yes Ma'am, I would be happy to assist in any way that I can.

CHAIRPERSON SEARS: Excellent.

MR. SEABROOK: Because it's just a matter of time before someone in this room knows someone who god forbid but will eventually happen, will die from the H1N1 virus and we will say it was an underlying problem.

CHAIRPERSON SEARS: I think you brought up some points that long has the public forgotten, such as washing their hands and all of the necessary things to do to really have that protection. So I think it behooves us to see that we move along very quickly on your suggestion 'cause it's valid but it's a very necessary one. And I don't think we should take too much time to really put this together.

So I thank you for making those points, for waiting and being here, because I

believe we're in a very critical area in the City of New York. And health has always been a main issue of mine, it still is. And I've found that you cannot procrastinate when it comes to health because before you know it, that issue is right back in your face again and you've done nothing about it. So I thank you very much.

CHAIRPERSON VALLONE: Mr. Seabrook, you heard with the City's plan was and all we were able to get was some sort of maybe tents, dormitories or something that they were going to establish. In this situation which occurred, or in a worse situation, what do you recommend the plan be?

MR. SEABROOK: I recommend that the City have a facility that is closed, to reopen it and begin to house everyone that is not infected that comes into the City's jail system, house them there.

CHAIRPERSON VALLONE: Wait. Can we just start again? When you say a facility that is closed, what do you mean--

MR. SEABROOK: [Interposing] A facility on, let's say Rikers Island, the Brooklyn

House of Detention, the Queens House of Detention, those are facilities that have no inmates in them. So in order to properly address the issue and combat the problem that we're faced with, we have to begin to separate and isolate the individuals. And in doing that I would take someone that have no symptoms whatsoever, that has just come into the system, and I would house them there. That way they will not be exposed to the pandemic that is going to take place which will turn into an epidemic on Rikers Island in a month or so.

Mr. Chairman with all due respect I believe that come October, November, the Council is going to be back here and they're going to be asking questions, there are going to be people in the audience wearing masks and we're all going to try to figure out what we have. There is no answer to this right now. There are people that are meeting around the world in Geneva.

So I would suggest that in time of peace we prepare for war. And we pull out all the stops. We make sure that we take the Tamiflu that's available, readily available and begin to utilize it now as opposed to waiting to see what

happens. If we don't do that, we are risking the lives of individuals that would probably ordinarily have been saved.

CHAIRPERSON VALLONE: Other than housing new inmates away from inmates that are there, as most people know, Rikers is a very temporary facility. People coming in and out all the time, it's only housing prisoners until they're actually--while they're awaiting trial and until sentenced, what is your recommendation for the prisoners that are there and the correctional officers?

MR. SEABROOK: I think that what my recommendation would be is that since the City of New York houses these alleged felons at this location that they begin to distribute Tamiflu so that we may decrease the spread of this virus and take responsibility for that. As far as the correction officers are concerned we have medical doctors. We have prescription drug programs and everything else. And the correction officers could then go to their primary care physician and receive adequate dosage of Tamiflu or any other

antibiotic that they might need to combat the problems that they're faced with.

CHAIRPERSON VALLONE: Thank you. Chair Sears and I would have a lot more questions for you but there are two more panels. So we're going to let go--Inez Dickens is going to ask a few questions and we do have two panels that have been waiting very patiently so we're going to--

COUNCIL MEMBER DICKENS: [Interposing] Thank you Mr. Chair.

CHAIRPERSON VALLONE: --run through this.

COUNCIL MEMBER DICKENS: I will be quick. And thank you President Seabrook for your testimony. After I asked the questions about established protocol for the H1N1, my Chair did ask that DOHMH remain behind. I don't know if they did but if they didn't, I'm going to now ask that the Chairs please get in touch with DOHMH regarding the conflicting testimony that we've heard today.

This Committee, all three of these Committees, has been very concerned for years about the lack of available quality healthcare on

Rikers and other City incarceration institutions, jails. And so I am happy that you were here to give testimony. I hope that DOHMH is here in the house in order to have heard what you refuted today. Because it's very important that we hear from you, directly, after hearing from them, because what you said is damning and frightening. And so I thank you so much for providing that. And I hope that my Chair will be able to follow up with them afterwards. Thank you.

MR. SEABROOK: Madam Council Member.

CHAIRPERSON VALLONE: Council Member you are absolutely right and we actually are going to do a letter asking about the discrepancy in the testimony, once--they claim that they do test. And Mr. Seabrook says there's no testing. So we're going to get to the bottom of that.

COUNCIL MEMBER DICKENS: Thank you so much. And would you add to that letter not only about the--having an established protocol for not only H1N1 but going forward, any others as well as quality healthcare on Rikers Island.

CHAIRPERSON VALLONE: Thank you. And again thank you for your patience. We have a

lot more that we would go through with you, we just can't right now. But we will in the future. Oh and you had--I'm sorry, Chair Sears has one more question.

MR. SEABROOK: Yes certainly.

CHAIRPERSON SEARS: Just one question.

MR. SEABROOK: Yes.

CHAIRPERSON SEARS: When anyone arrives at Rikers, do they have a medical exam, a brief one when they arrive?

MR. SEABROOK: What they do is they come into the jail system from the Police Department. They go into what's called Central Booking. And I'm going to walk you through this. They come in from the police officer that makes the arrest. They go to Central Booking. When they get in Central Booking they are asked a series of questions. And the correction officer who's not a physician or the police officer checks a number of boxes. And they pass it on.

The individual then moves to another location and then eventually he or she will get a physical. But it will be from someone, are they

really giving a physical or are they really just passing 8 hours and 31 minutes. Are they really looking at the underlying problem?

For example, I've said this publicly and I'll say it again, this is going to be a problem that's going to affect the court system because if the inmate has the H1N1 virus and introduces it to the City's judicial system, the judge can be affected by it, the district attorney can be affected by it, his or her lawyer can be affected by it, the court officer can be affected by it. There are a number of people that will be affected by this if we don't combat the problems that we're faced with.

Now there are going to be those to say, Norman is no epidemiologist. Well quite frankly, even the epidemiologist that sat here didn't know what the hell was going on. So we're faced with a very serious problem in New York City and we need to address it today.

CHAIRPERSON SEARS: Thank you very much and I--

MR. SEABROOK: [Interposing] Thank you.

CHAIRPERSON SEARS: --certainly know these Committees will. Thank you. Next panel we'll call is President Judith Arroyo from Local 436, DC 37; Lisa Baum, DC 37, Health and Safety; and Carol Pittman, New York State Nurses Association, is Carol here?

[Pause]

CHAIRPERSON SEARS: Oh she left. Okay. Did she leave any testimony? She's left testimony for the record. I realize the hour but I have to tell you this was the first time that we've had a hearing on this. And it's a very lengthy one because there was a lot to say about it. And we've tried to hold this hearing to limit it as much as we can. And I think we have. But there was a lot of testimony, a lot to be heard, a lot to be said and there's a lot to do. So I want to thank you all for your patience.

Please introduce yourself and you might want to start.

MS. JUDITH ARROYO: Okay. Good afternoon. Chairman Joel Rivera, Chairwoman Sears and Chairman Vallone and members of the Committees. I am Judith Arroyo. I am President

of Local 435 of District Council 37. We are the union that does represent 1,000 public health nurses and epidemiologists. And the largest group of those public health nurses, about 800 of them are known to you as the school nurses. You can go ahead and read all the flowery stuff and I would ask you to go straight to where we start with the numbers.

First I have to apologize. There was a mix-up on the time of this hearing. We actually had the nurses that worked in these schools that were closed but they showed up this morning because they got wrong information and I have to take responsibility for that but they thought it was in the morning. And they could not stay for the afternoon because they all had childcare issues.

But I've been speaking to every one of these school nurses including the ones that showed up this morning from the Queens schools that were closed. And basically I took everything they told me and this is my testimony and I'm going to start with number one. And one of the first things they told me is that soap is no

longer provided to the school nurses in their offices. They either go out and buy their own or they are required to go to the school custodian to get soap for their medical rooms. All right.

Now I do know that a while back they did change the procedure that we were supposed to get our soap from the custodian but there have always been questions about that soap that we get from the custodian.

Number two, the other thing that they told me is that the statistics about the number of school children in these schools, Queens schools that are closed, is probably very low because the only students that the Central Office wanted to hear about, the numbers they only wanted to hear about were the students that fell within the protocol. And we've attached the protocol for you. And that is that the child had a temperature of 100.4 or greater, shortness of breath, cough, or some kind of respiratory ailment. If they fell within that protocol, then the City wanted to know that number. They wanted to know about that child.

However for every one child that they reported to the City, the nurses were saying they had five children who had temperatures of 100 degrees with respiratory symptoms and symptoms of flu, you know, flu-like symptoms that they were sending home. And in fact in the cases of some of them, when the child returned to the school, they returned with a note from the physician that the child did have influenza Type A in spite of the fact that they did not fall within the protocol that would have made them a number on the statistical chart.

So let's say--so they're figuring for every one child that you're getting on the statistical chart from the City, you've got five that are not there that actually had the Influenza Type A. And these notes came from their doctors. And when the nurses tried to tell the City, we have these notes that said these kids actually have it, the City said well did they fall within the protocol. No. Well then we don't count them. All right.

The third thing is the question of paying the nurses. When the schools closed a lot

of these nurses were told to go home. And at the time when we were told that, that made sense to us because the incubation period, again this is a virus that was new, and the incubation period seemed to change, you know, first we were being told it's just a few hours, next we're being told it's five days. So when they were told to go home, to us that made sense. You didn't want to send a nurse to another school that had already been taking care of H1N1 students.

Then suddenly there was a change in the policy of the City and they called up all of these nurses and told them you either report so we can assign you to another school or you're going to have to use your own time. Originally when they were told they were going to go home, that their own, their personal leave and sick--annual leave and sick leave bank would not be charged because the school is closed, they're being ordered home by the City.

And then suddenly there was a change. Now we did take this up with the City and I will report that they did tell us that they are going to pay two of the nurses. However I have a

list of about 11, 15 and we're wondering what's going to happen with the others.

The other thing that they were not being paid for was these nurses were seeing 50 to 60 students a day, assessing them. And mind you this is in addition to the usual bumps and bruises that you get from school children. You know, the Band-Aids, the ice packs. In addition to seeing the diabetic child that they have to give insulin too, the asthmatic child who needs a treatment before they go to gym. All right.

So they were seeing 50 and 60 in addition to whatever they saw every day which meant that they were working through their lunch hour and as one nurse said, we didn't even go to the bathroom. But they weren't being paid for that lunch hour that they worked through. There seemed to have been issues about them getting paid. They were being told well go home early. Well they couldn't go home early.

Somewhere in late into the outbreak, maybe about last week or so, a memo finally went out that said that the school nurses who were all involved in the H1N1, with the 50, 60 students,

are going to be paid for their lunch hour and they were even given a code. The problem is the nurses had already turned in their time cards. And we're not sure whether they're actually going--'cause they were told well you turned in your time cards, but we'll fix it for you.

But we're not going to know that until tomorrow when they get their paychecks whether the City actually adjusted their time cards after they were turned in and whether they're going to see their lunch hours and whether their leave banks really were not charged for the time that they went back.

The other thing that came out of that, number five, all the nurses needed additional support basically in the form of public health assistance and public health advisors. That's a group of employees that are represented by DC 37, that are trained professionals. They help the nurse by handing out the Band-Aids, giving, putting the ice pack on. They do very, very simple first aid and that would have helped them, you know, relieve some of the issue.

In addition to that these public health assistants and health advisors know the entire recordkeeping system of the Department of Health. They could have found the child's medical record. They could have entered the record into ASHR which is the Automated School Health Record for the nurses.

Right now since things have slowed down the nurses have all received e-mails and phone calls and says oh don't forget to put all those 696 kids you sent home into the computer. So they need that kind of help. And if this happens again they need that kind of support to be there. There's some quotes there: "You're taking temperatures and running outside to calm crying parents. It felt like a war zone. There were just so many, so sick, so fast, you had to hydrate them, cool them off." And the other thing was that there was no space.

Some of our nurses' offices are very small. So you had children coming in that the nurse assessed and suspects may have influenza and the protocol was you slap a mask on them, all right. And the mask stays on until the parent

comes and picks them up and, you know, goes and makes sure they're okay.

But if you have more than one student, if you're now having 10, 12 students with fevers of 102, 103, coughing, sneezing, you put a mask on them, they're all in your room but you still have these other students coming in: the child for the asthma treatment; the diabetic who needs the insulin; the one who fell down in the yard that you have to put a Band-Aid on. These children are not sick but they're now in the same room with children who are sick, being treated by the one nurse who's seeing them both.

So they need help. They need additional, if we in preparation for September, they're going to need extra help both more nursing help, both non-nursing help, they need a larger space that has to be set up. We need to clear up the whole idea of the soap supplies and everything that they need to have. And you need to count all of the sick kids of you really want to know what the problem is with the school as to whether you're going to close it or not. And whether there's an issue or not.

You also need to protect the nurse herself or himself. They were given masks but it surprised me while I was sitting in the audience that the Police Department gets N95 masks but the school nurses do not. They didn't--and I'm hearing that they spent $1.2 million to get N95 masks and they seem to have distributed them all to the people who are not taking care of the children, not a single school nurse, not a single one of my members received an N95 mask. Okay. It was a while before they got masks, any masks of any sort for them to wear.

So that is not so much my testimony but the experiences and the stories that they told me, that they would have--they, themselves, would have told you if they had been able to stay. And I am open to answer any questions.

CHAIRPERSON SEARS: Maybe we should go to Lisa and then we can ask the questions of the two of you.

MS. LISA BAUM: Hi, my name is Lisa Baum. I'm a Principal Program Coordinator with the ASME [phonetic] District Council 37 Safety and Health Department. And I'm here to call your

attention to an aspect of the H1N1 virus that has received little attention which is occupational exposure to the virus.

Every day thousands of New York City employees, many of them District Council 37 members, are at increased risk for H1N1 exposure because of the work that they do. Hospital aides, emergency room workers, school nurses, school aides, corrections facility and homeless shelter staff, ACS childcare providers and recreation specialists who work closely with medically fragile youth all face an increased risk of exposure to the H1N1 virus.

School nurses have faced some of the highest exposure to the H1N1 virus. Students who are experiencing flu-like symptoms are told to report to the school nurse. In some schools nurses are exposed to hundreds of children with these symptoms. And a number of school nurses have become ill with swine flu because of this exposure. Yet the employers of these nurses, the Department of Health and the Department of Education have left these workers unprotected.

Just last week a school aide in Staten Island was forced against her will to accompany a child with a high fever and flu-like symptoms in an ambulance to the hospital. Although in an enclosed space with a child who in all likelihood had swine flu, she was not provided with any respiratory protection.

Other high risk environments have done little to provide proper protection and training other than handing out New York City Department of Heath flyers and encouraging workers to wash their hands and follow proper coughing and sneezing etiquette.

In some schools and Department of Juvenile Justice facilities, surgical masks are being distributed to workers indiscriminately. This provides a false sense of security to workers and does nothing to assess who is actually at increased risk of exposure.

The New York City Department of Health and other City agencies have responded to the recent swine flu outbreak as a public health crisis but there has been little or in most cases no response to this highly contagious disease in

terms of occupational exposure. According to the New York State Department of Labor and OSHA, employers whose employees are at risk of exposure to the H1N1 virus in the workplace must perform a risk assessment and take steps to eliminate or decrease the employee's risk of exposure.

In most City agencies this requirement has been willfully ignored. According to the DCAS General Counsel Ilene Lees who oversees the Citywide Office of Occupational Safety and Health or COSH, there is no pandemic and therefore no special measures are required. As she said in a meeting with labor representatives last week, it's business as usual.

The Department of Education's Occupational Safety and Health Director in response to a request for a risk assessment responded I'm not even sure how to conduct a risk assessment for swine flu. This is in the schools, mind you.

Because the New York City Department of Health has chosen to test very few of those suspected of having swine flu, the actual numbers of affected individuals has been significantly

undercounted. Newspapers and official documents only quote confirmed cases. It has also meant that accurate tracking of contagion patterns is limited. There has been no effort to track occupational exposure.

In addition, in contradiction to the CDC, OSHA and New York State Department of Labor guidelines, the New York City Department of Heath recommends a form of respiratory protection for workers who come in close contact with individuals with known or suspected swine flu that is in adequate. Scientific studies published by the Centers for Disease Control, The Journal of Clinical and Infectious Diseases and others confirm that the influenza virus can be spread through airborne transmission. The New York City Department of Health continues to ignore this data and has concluded that droplet protection is adequate.

Protection from airborne transmission requires respiratory protection in the form of at a minimum an N95 respirator. A surgical mask can be considered adequate protection from droplet transmission only. City

agencies including HHC are following the New York City Department of Health's insufficient guidelines.

Even workers who enter the isolation room of a patient with a confirmed case of swine flu are given nothing more than a surgical mask to wear. And again I want to reiterate, this is in contradiction to the guidelines put out by the CDC, OSHA and the New York State Department of Labor.

District Council 37 in no way wishes to create a panic or unnecessary fear over an illness that for most people is not life-threatening. However the underlying list of health conditions that can cause the disease to take a more serious and sometimes fatal turn are extraordinarily common. Obesity, asthma, diabetes, heart disease, immune suppression, how many New Yorkers suffer from one or more of these conditions?

Employers are required by law to protect workers from occupational exposure to illnesses. Proper protections in this case are in no way onerous or extreme. Specifically we demand

that City agencies conduct job hazard assessments and institute adequate measures to protect workers based on these assessments, provide proper respiratory protection including training and fit testing and assure workers ill with swine flu adequate time off from work without penalty.

Please note that the World Health Organization has declared swine flu a pandemic. The Federal government and the City have supposedly spent years and enormous amounts of money preparing for an influenza pandemic. Yet when it comes to City workers there has been an unconscionable lack of action to protect its employees.

Should swine flu return more virulently in the fall as is anticipated by many infectious disease specialists, it is imperative that City workers remain well and feel safe enough on the job to keep New York City functioning. Thank you.

CHAIRPERSON SEARS: I have just one question. As the students were sent to the Nurse's Office, and they began to see what was happening, what happened? When all of this was

moving around, did you get a call from the Health Department, Department of Education--what was the whole--

MS. ARROYO: [Interposing] Are you talking about us the union received a call--

CHAIRPERSON SEARS: [Interposing] Well I'm talking about--

MS. ARROYO: --are you talking about?

CHAIRPERSON SEARS: --just who got in touch with you to let you know that there were certain things that had to be done. It seems like you were basically left to your own creativity and being overwhelmed with the number of the students that were coming into the Nurses' Offices, and then also recognizing that something was happening because the numbers were increasing and increasing.

And then you heard one school was closed, another school was closed. And all this taking place in a very few days. So there had to be a command center that somehow got to all of the schools 'cause it seems to me that the last thing on their list was for the schools which is a

little outrageous. So it seems the more testimony we hear the more outrageous it becomes.

MS. ARROYO: Well if you're talking about who informed us, the unions, it was our own members who were calling about this situation and how bad it was. If you'll remember from the testimony here, one of the nurses did say that part of the problem was that there were just so many, so sick, so fast. It moved very, very quickly. And I, the nurses were telling me that as quick as they can get the information into their supervisors, just as quickly they were receiving e-mails and phone calls back as to what to do.

So the response basically it was-- you might say it was like a circle thing. The nurse stated it by saying I have X amount of students with fevers, calling the immediate supervisor who immediately calls back and say do this, do that. And a lot of the nurses were saying they were receiving daily updates as to what not to do or what to do. But then these daily updates were based on the information they themselves were giving back to the Department.

So that's basically how it went. The other piece here about who's talking to whom and the numbers out there, and it was something that I have listed here as number seven, and I'm sorry the Council Member Simcha Felder is not here because I would turn around and tell him you were right.

The biggest hole that we have according to the nurses on the field is the non-public schools. There is no tracking mechanism in there except the nurse. And the only nurse that is there is the nurse from the Department of Health and Mental Hygiene. These nurses are the only tracking device that they have in the non-public schools to let them know if there is a problem.

The other thing that you have to know about these nurses in the non-public schools, that while the public schools have the ASHR, they have all these plans and systems in place, you have no such thing in the non-public schools. There is no computer for the nurse in the non-public school. That is a total manual system there which, okay, so she's, you know, she's got a

manual system of a medical health record, manual log, manual everything. There is nothing to put in a computer or to make a phone call for, you know, for her or him to get that information out.

So that is a very huge gap in the public health safety net if H1N1 comes back, roaring back much worse than it was before 'cause there really is no tracking mechanism and there is no, as the Council Member pointed out, no central ACE [phonetic] entity to tell the non-public schools this is the protocol you're going to follow, call this office and we'll decide if we're going to close you.

Basically every principal, director, administrator of the individual school is the one that's making their own decision. And I spoke to a lot of the nurses in the non-public schools who were saying that principals were calling--were closing schools not because she had any confirmed cases of Type A, but because the parents were in a panic. While in another instance, there was a nurse that said she had confirmed cases of Influenza Type A and the school just stayed open 'cause the principal didn't want the bad press

that here's, you know, our school is involved and this, that and the other thing.

So when you're talking about the non-public schools, the continuous answer that we've had from the Department of Health that they are there to consult, if the schools want them to, that's not going to work come September or October if this comes roaring back.

CHAIRPERSON SEARS: Right. And then when you have a pandemic, it's not anybody's choice to arbitrarily decide what they do and how they do it. It seems that there's a master plan here that's really missing. And as I was listening to you, one of the things is that you might almost have what the Police Department have in securing--

MS. ARROYO: [Interposing] [Laughing]

CHAIRPERSON SEARS: --as to what do they do. It seems we might want to adopt some of the measure that they have. Because we're really missing a master plan--

MS. BAUM: [Interposing] Well--

CHAIRPERSON SEARS: --as to how this City should behave for such a thing as that.

MS. BAUM: The problem seems to be that City agencies are turning to the Department of Health to give them that plan. And the Department of Health is making their own rules up, following their own science and are really not protecting workers or I believe the public necessarily. Their feeling is, you know, wash your hands and follow cough etiquette.

CHAIRPERSON SEARS: You've both made some very excellent points and with that I'm going to turn it back to Council Member Vallone and Council Member Rivera. Are there any questions? All right. I think that there are no further panels. So in closing--

CHAIRPERSON RIVERA: [Interposing] No, no, no, no.

[Crosstalk]

CHAIRPERSON SEARS: But we are--

CHAIRPERSON RIVERA: --there are a lot of panels.

CHAIRPERSON SEARS: --oh we have a lot of panels, oh--

[Crosstalk, laughter]

CHAIRPERSON SEARS: Okay sorry about that. Oh wow, Susan Waltman, Greater New York Hospital. Thank you so much, really because you've added a lot of critical information to what is our follow-up job, really. And Rhonda, is Rhonda here? Yes there you are, okay. And Melissa Corrado, Primary Care Development, is Melissa here with you Rhonda? Okay. And Darryl Eng, all right.

[Pause]

CHAIRPERSON SEARS: Can we--yes I think we--do we have enough chairs to fit everyone there?

[Pause]

CHAIRPERSON SEARS: And if we don't we can add one--yeah that's good because then our last panel and you'll be ready is Dr. Danielle Ompad from the New York Academy of Medicine; and the New York Civil Union, Liberties Union, Heaney, Heaney, I can't make that out. Is there someone here from the Civil Liberties Union? Next panel, you'll be there, okay. And just so that you're ready with Arthur Russell. Is Arthur here? All

right. You'll make up the last panel. Okay. thank you. All right. All right, you'll be with the last panel which is right after. Rhonda, you want to start? Introduce yourself.

MS. RHONDA KOTELCHUCK: Hi I an Rhonda--

CHAIRPERSON SEARS: [Interposing] Well if you can, I know you waited a long time but if you have lengthy testimony to some how condense it.

MS. KOTELCHUCK: Not going to do that.

CHAIRPERSON SEARS: Thank you.

MS. KOTELCHUCK: I am Rhonda Kotelchuck [phonetic], I'm the Executive Director of the Primary Care Development Corporation, and I want to thank the Council for this opportunity. And I want to say that you are well aware that we operate one of the most developed and robust Emergency Preparedness Programs for primary care, something that was not recognized, and something that I think is a model for the nation.

And why do we do it and why have you supported us? It's because of moments like this

that we need a prepared primary care sector. With that I'm going to introduce my colleague, Melissa Corrado, she runs that program and she will tell you what it means to be prepared as a primary care center or provider.

MS. MELISSA CORRADO: Great. Thank you Rhonda. And thank you Council for the opportunity to be here today to speak to you about primary care providers and their importance in meeting community needs in this event, a pandemic flu event. So as many of the earlier testimony spoke about some of the challenges around overcrowding emergency rooms, communications and surveillance capacity. That's exactly what our program, through the support of the Council, has prepared primary care providers and community health centers around the City to be able to assist with in the event of this type of health emergency which we are facing or may continue to face in the fall.

You know, the virus continues, patients that have influenza-like illness continue to overwhelm our emergency rooms. There could be a surge of this, of cases like this in the fall

where we could have more individuals that need care. And so we really need to have the capacity to respond to a major flu outbreak. And our program that we have offered has really equipped the 68 health centers that have gone through the program so far to be able to survey, track and report patient data, such as the increase in the number of patients, severity of symptoms, underlying risk factors and report that information to the Department of Health for tracking and surveillance purposes in order to help plan the response.

We have been able to quickly and frequently disseminate needed updates and information to primary care providers so they can provide that information to the individuals that they serve. Our program that we offer has prepared sites to accommodate a surge in patient volume and be able to quickly triage an increased volume of patients to, you know, treat them quickly and efficiently.

And our health centers are uniquely positioned to provide culturally relevant communication and information to the individuals

that they serve in the languages that they serve because the primary care providers are really trusted agents that the community turns to for guidance and support in times like these.

And so it's important that we be able to continue to support them in their effort to support the City's response. So some of our recommendations around continued preparedness are to continue to support and expand the primary care emergency preparedness program throughout the City. We've worked with 68 centers so far but as part of the testimony, you'll see on the back there's a map of all of those centers. And there's large areas of communities that we haven't reached out to yet and we want to target and be able to continue to train centers in those areas so they have increased capacity.

We continue to advocate to fully fund the Primary Care Initiative to expand access to primary care because as we heard overcrowding in ERs is not a new phenomenon but something that is particularly exacerbated in an emergency like this. So increased primary care capacity is of critical importance and continues to be.

And also if the Council could urge, and I know you've talked about this, the Department and the City to just utilize the power of mass media to continue to educate the community about their primary care providers and going to see them if they have mild illness. They can treat them as well and more quickly than they would be able to receive care in the emergency room to help reserve emergency rooms for people who have more serious illness or serious conditions.

And I know Council Member Brewer asked the question about access to Federal funding, that is incredibly important. We support that. But in the meantime we don't have that. So continued funding from the Council for our initiative is, we believe, of critical importance. And we thank you for your ongoing support.

CHAIRPERSON SEARS: Yeah, perfect. All right, next.

MS. SUSAN C. WALTMAN: I'll try to fit within the timeframe too. Hi, I'm Susan Waltman and I'm Executive Vice President and

General Counsel at the Greater New York Hospital Association which has--

CHAIRPERSON SEARS: [Interposing] I know you have prepared a very wonderful lengthy--

MS. WALTMAN: [Interposing] And I will only give highlights.

[Laughter, crosstalk]

CHAIRPERSON SEARS: But I wanted to thank you for preparing such, you know, informative testimony. I'm sure you'll be able to really consolidate that so we can get all of it in about three minutes.

MS. WALTMAN: Absolutely. Yes. My written testimony as you can see goes through a great deal of detail about the preparedness infrastructure in the region and what we think worked, has been working well and what we need to focus on moving forward.

I do want to say though just on the issue of the overall preparedness infrastructure, I think it's a very strong, robust infrastructure that is in place in New York City and one that I think works very well to take advantage of what's learned every day to become stronger. And the

hospitals are very much, as well as the primary care providers, very much a part of that framework. We have a desk at the Office of Emergency Management. We have a Preparedness Coordinating Council. And we get a lot of support from the City Health Department.

And I have some of the main features in there. We have obviously focused very heavily on pandemic influenza over the years so let me just move to what I think worked well and what we need to focus on.

I think the City Health Department did a superb job of taking the best available information, from time to time, and synthesizing it and pushing it back out to providers in a way that allowed us to take care of the patients as they were being presented to us. And that's in the form of screening, you know, information about how to screen and manage the patients, how to treat the patients, how to test, report, etcetera.

And most important I think in terms of protecting our workforce and patients in the community at large, what were the infection control recommendations. Now they evolved over

time because the information evolved. And they were very clear about the fact that they were--it was going to evolve, it was very--a situation that was changing all the time.

How did they actually give us that information? You may be aware that they had, beginning on April 24th, that first Friday, they began having daily conference calls with providers. They have a mechanism for us to register and receive alerts so that through that system they pushed out information saying there was going to be a conference call.

We in turn put that out to our members to make sure it's broadly and deeply received within our hospitals. And I think on some calls they actually had over 1,000 people on the telephone. So during the course of these calls in the hospitals, with primary care centers, they were sharing this information as they developed it and they're using their best judgment on how to handle this. That went on for a number of days. It is still going on. Some of the staff left at 4:00 to conduct a similar call.

They put out very regular health alerts that were geared toward providers that detailed all of that information for us. And again, it evolved over time.

I think the press conferences were useful but I do think sometimes that caused more alarm just because it kept it in the press, kept it out there. I think that's a very delicate balance in terms of knowing what information to put out, what makes people worry more, but I do appreciate you cannot have better spokespersons than the Mayor and the City Health Commissioner in my view.

I think the collaboration among agencies worked very well. I think hospitals performed very well, managed the circumstances within the resources that they had and the support they got. But I'll move quickly to what I think that we need to focus on. There are a lot of comments made about ED overcrowding, that was indeed has been and continues to be a very big problem.

Some of the individuals presenting clearly needed to be in the emergency department,

very few were admitted but some did need treatment. But the vast majority of people presented with very mild illnesses or just were plain worried and needed information. But we have the obligation, obviously, to take care of everyone who presents.

And so it became a very large issue for hospitals. In some cases we actually had double the number of people in the emergency departments. We worked with the State, the City, State and the Federal governments and developed different mechanisms for caring for people who came with flu-like symptoms, getting permission to triage and screen them and treat them elsewhere.

That all came at a very considerable cost to us. And we recognize that's what we're there for, to serve the needs of our communities, but we keep trying to make sure the message is that people do not need to present to the emergency departments if they have only mild illnesses or just questions. So we have asked the City to keep putting out very simple, concise messages that--put this in perspective, does not sugar-coat this, but provides information so that

people know if they don’t have certain symptoms call their physician, don't go to the emergency department.

I will say today for the first time that I heard a presentation, I heard a public service announcement that I thought was perfect for that purpose. But we've seen a very large amount of overcrowding.

The other recommendation that we made was to have in the plan the development of alternate care sites. So that if we do have influxes in the hospitals, people who don't need to be in the hospital have a different site, perhaps staffed by medical reserve corp. where we could kind of decompress the emergency departments.

Last point, we had supply issues. Very much related to some of the personal protective equipment and I think one thing we will be doing moving forward is looking at a process for making sure that the supply chain works well and that we get the protective equipment that we need for our workforce, our patients and the community. Thank you.

CHAIRPERSON SEARS: Thank you.

CHAIRPERSON RIVERA: Go ahead.

MS. MAGGIE BRENNAN: Thanks. I'm not Darryl Eng, I'm Maggie Brennan, and I'm the Chief Operating Officer of the Community Healthcare Association of New York State. And I'm speaking today as a representative from the Community Health Centers but also as a person who actually had a suspected case of H1N1 and stayed home and was treated with Tamiflu for a week. I stayed away from work per the recommendations of our staff member who runs the program.

So I just wanted to talk today about some of the work that we've been doing with this City Health Department. And I also want to echo Susan's comments about what the kind of our assessment of the performance of the City DOH. I think really again with the best information that they had at the time, they did the best they could. Could have they have done better? Probably but I think that they really performed very well to a Herculean task. I think the calls that they did every day for a couple of weeks were

incredible. We really helped them to push out information to our health centers.

So I really think just sort of overall they did a wonderful job and I think they are to be commended.

The Community Healthcare Association, we're actually the State nonprofit Primary Care Association. Community Health Centers are nonprofit providers that provide high quality, comprehensive, primary care to anyone who walks in the door regardless of their ability to pay. They operate in under-served communities in all five Boroughs and bring healthcare services to needy patients wherever they are including folks who are homeless or migrant workers.

And in New York City there's 35 Federally Qualified Health Centers serving 700,000 patients at over 200 sites. And together one of the most comprehensive primary care networks in the City or country. The centers provide high quality, comprehensive, community-based care and I think that that's pretty important to recognize.

To New Yorkers living in some of the poorest communities in New York City, Community

Health Centers provide one-stop approach to care that's produced outstanding health outcomes for patients, especially those with chronic diseases. And because they are run for and by the communities, they play a critically important role in emergency preparedness and response.

In recognition of this role, DOHMH has really been partnering with us for a number of years to do some work with the Community Health Centers. And the Community Healthcare Association of New York State has represented community healthcare, Community Health Centers for over 40-- for nearly 40 years. We work to increase primary care access through advocacy and education and we create programs and initiatives to showcase Community Health Centers.

Primary care is and needs to be at the forefront of a public health response to pandemics because CHCs are caring for people who don't go to hospital ERs for treatment, especially for flu-like illnesses. And Community Health Centers also alleviate the burden a pandemic places on ERS, hospital ERs, by treating other

patients who are not seriously ill enough to require acute care.

And add to this the ability of Community Health Centers to reach medically underserved communities and it becomes clear that these health centers are an integral part of public health response to a pandemic. And just to be more specific about some of the work that we did with the DOH, when H1N1 was discovered to be affecting local communities, DOHMH really kind of sprung into action.

They reached out to us to relay critically important information to health centers in e-mail alerts, conduct outreach to gain participation in primary care, specific calls, and I think that's pretty important and probably the first time it's been done in the City, and learned from health centers what issues they faced in terms of the volume of patients that they were seeing.

When DOHMH needed data on changes in patient volume the health centers were experiencing, they turned to us, to reach out to the health centers to collect it. And CHCANYS

[phonetic] worked closely with our partners at the Primary Care Development Corporation to collect, analyze and report on the responses.

Prior to the outbreak CHCANYS was working with DOHMH on Community Health Centers' inclusion in the City's pandemic, antiviral allocation plan. We worked with DOHMH to identify and assess the capabilities and needs of health centers to receive antiviral supplies from the City in the event that the Strategic National Stockpile would be released. And then with the onset of H1N1 in New York City however that plan became a much more urgent priority.

And the DOHMH led a very quick and thoughtful response to the crisis. Our original goal of distributing a cooperative agreement for health centers to review by the end of June became a distribution of the agreement for immediate signature so we could get the supplies out. Community Health Centers responded positively and so far 26 are going to participate in the City's Pandemic Antiviral Allocation Plan.

As we continue to address H1N1 issues on a daily basis we are planning for the

fall flu season which some fear may bring a return of a more virulent strain of H1N1. While we have come a long way in a short time due to the strong and stead leadership of DOHMH, additional and critical planning must occur as the clock is ticking toward the fall. We look forward to our continuing close partnership with DOHMH in this process. Thank you all very much.

CHAIRPERSON SEARS: Thank you. Do my colleagues have any questions? I really want to thank you 'cause you provided another informative light upon this entire issue. And one thing I just wanted to ask you was that in the primary care facilities, considering how children were staying home, were any brought to you instead of being brought to the hospitals directly? Any of the primary care facilities, anybody here who could answer that--?

MS. CORRADO: [Interposing] Oh yeah. We monitored and tracked--

CHAIRPERSON SEARS: [Interposing] Um-hum.

MS. CORRADO: --the capacity of the centers over time and many of the centers did have

a surge in patients, pretty significant. And it was primarily in pediatric patients. The increase was not that significant in the adult population but pediatrics, it was.

MS. BRENNAN: And we also some supply--we experienced similar supply issues--

CHAIRPERSON SEARS: [Interposing] Okay.

MS. BRENNAN:--that Greater New York has talked about.

CHAIRPERSON SEARS: Okay. You said that you were getting reports, periodic reports--

MS. CORRADO: [Interposing] Um-hum.

CHAIRPERSON SEARS: --from the Department of Health, yet you ran into a big supply issue. So was it that the patients were coming in faster than you were getting the reports? 'Cause I understand about primary care--

MS. CORRADO: [Interposing] Um-hum.

CHAIRPERSON SEARS: --and I'm one of your biggest supporters.

MS. CORRADO: Um-hum.

CHAIRPERSON SEARS: That's why I asked that because if you are there for this

emergency preparedness, that's an issue that we have to deal with. So I was just wondering how you were able to handle that and prepare--

MS. CORRADO: [Interposing] Well--

CHAIRPERSON SEARS: --with the kind of follow-up that you had.

MS. CORRADO: I think actually the way that it worked was that the Department of Health was hearing anecdotally--

[Crosstalk about pronunciation]

MS. CORRADO: --that centers were having supply issues. So they specifically asked PCDC and CHCANYS to survey the sites to asses what their supply volume was. So if any of the sites needed assistance in acquiring supplies they were aware of that and could do what they could to alleviate that system. So through the work that we have done and our relationship with the Department of Health I feel like we really did a lot to support the health centers to respond.

Our issue with the health centers was, and this actually happened in one session, you know, a center raised their hand and they're like listen, I have my plan. I got my staff

mobilized. I have my supplies. I'm ready and nobody's coming. They're all going to the ER down the street. So that's why the messaging is so important to continue to urge people to go to a primary care provider and not to the ER so the ERs are reserved for those who need care the most.

CHAIRPERSON SEARS: That's a very good point. I want to thank you all very much.

MS. CORRADO: Thank you.

MS. WALTMAN: Thank you.

CHAIRPERSON SEARS: Our next panel I think that is here. Arthur Russell, Danielle Ompad and the New York Civil Liberties Union, I'm not sure, Beth Haroules, that's it. Do we have enough seats for everyone?

[Pause]

[Witnesses getting settled]

[Pause]

CHAIRPERSON SEARS: If you wish to start anyone and just give your name for the record, all of you, as you speak.

MR. ARTHUR RUSSELL: Good afternoon Chairman Peter Vallone and Chairwoman Helen Sears and the distinguished members of the Council. My

name is Arthur Russell and I'm from Brian Whitney, Inc. And I'm a distributor of a water-based antimicrobial sanitizer that provides long-lasting protection against infectious diseases.

The reason why I'm here, first and foremost, is as a concerned citizen. I live in a neighborhood in Queens and many of the daycare centers are very concerned about the hand and mouth environment and cross-contamination that children bring to the facilities on a daily basis. And what I do is I sanitize the facilities to protect them against this very same Influenza A and a host of other infectious diseases.

But more importantly what I do is I provide protection for the entire State Prison System of New Jersey. I protect all 9,000 correction officers and their detainees against infectious diseases, Influenza A being one of the, also MRSA, Methicillin Resistant Staphylococcus Aurous and a whole host of other Staph infections, hospital acquired infections and viruses.

I was initially just going to discuss Gold Shield [phonetic] at a local level but I thought I would do the Council justice by

inviting Tom Higgins who is the President of AP Gold Shield and he is my supplier and he can talk about what he does and Emory University do on a national level. And this moment I'd like to hand the meeting over to Mr. Tom Higgins.

MR. TOM HIGGINS: Thank you for inviting me, my partner, Murray Zaborski [phonetic], Mr. Vallone, I think you know. He did the Fordham Plaza up in the Bronx. Thank you all for having us. I think patience is the companion of wisdom which I believe St. Augustine said, so my wisdom will be brevity.

Disinfectants are used in your environments. They--when they are applied to surfaces, they deactivate within an hour to an hour and a half which means that if you have a school that you clean the night before, by the time your children are going back in there the following morning that facility is certainly susceptible to contamination, a wide and vast array of organisms, not only H1N1, but certainly MRSA and some of the other things that you've been reading about.

Our product, very succinctly, was developed at Emory University. It's a water-based technology that can be applied to any surface and it leaves a prophylactic coating on these surfaces or textiles and will prevent these surfaces and substrates from becoming contaminated. The likes of Yale University, Cleveland Clinic Sports Medicine, UPMC Medical Center, the Henry Ford Hospital System and the Department of Defense and others have recognized our new technology and are using it as a barrier on surfaces that you think are clean that are not.

It's highly prevalent in hospitals where they clean twice a day but 280 people die each day from hospital acquired infections. If we begin to have another release of H1N1, I can assure you what you're going to need to do is have those surfaces protected. And our technology is the only water-based system that leaves this prophylactic protection. Thank you for your time.

CHAIRPERSON SEARS: Thank you. Next.

MS. KEOSHA BOND: Good evening, my name is Keosha Bond and I'm the Project Director

for the Center of Urban Epidemiologic Studies at the New York Academy of Medicine. I'm here with my colleague.

DR. DANIELLE OMPAD: My name is Dr. Danielle Ompad and I'm an [skip in audio] of the Center. And I'm also a resident of East Harlem [skip in audio].

MS. BOND: Thank you for your opportunity to discuss the New York City's response to the H1N1 Influenza Preparedness. On behalf of the New York Academy of Medicine we appreciate the City Council's interest in this issue. The New York Academy of Medicine, founded in 1847, is an independent nonprofit which uses research, education, community engagement and evidence-based advocacy to improve the health of people living in cities, especially disadvantaged and vulnerable populations.

As you may know immunization rates are lower in racial and ethnic minority groups than whites. A disparity that exists for all age groups including elderly persons covered by Medicare. Of particular concern are the hard to reach population who have been typically defined

from the perspective of the absence of regular linkage with the healthcare system and include house bound elderly, disenfranchised groups, people living in disadvantaged urban communities, undocumented immigrants and substance users.

Members of the hard to reach groups may be at increased risk of morbidity and mortality secondary to flu because increased incidents and prevalence of medical conditions like asthma and diabetes. In light of the limited data available addressing vaccines, access among the hard to reach population, we at NYAM sought to fill this gap.

The New York Academy of Medicine along with the Harlem Community and academic partnership, a network of community-based organizations and health leaders affiliated with NYAM carry out Project VIVA which stands for Venue Intensive Vaccine for Adults. Project VIVA was a set of intervention activities aimed at increasing the acceptance of the flu vaccine among hard to reach populations in East Harlem and the Bronx.

That included disseminating project information, presentations at community meetings,

and providing street-based and door to door vaccinations during two influenza vaccine seasons. Essentially we hired outreach workers from the community and trained them to deliver information about the flu vaccine to the community.

A key aspect of the intervention was our uniform, bright yellow jackets that my colleague is holding right now. The more time we spent in the community talking to people about the flu vaccine, the more recognizable we became. We also attended community meetings and distributed more than 100,000 promotional flyers, vaccine myth cartoons, flu vaccine information sheets and 2,200 vaccine doses. At one point we had a line around the block of the path mark on 125th Street and Lexington Avenue of people waiting to be vaccinated by our team.

DR. OMPAD: Community participation and leadership was critical to the success of Project VIVA. And the community-based participatory research method used here which was including community members leading the planning and implementation of the intervention helped to ensure that community priorities were incorporated

and contributed to our ability to gain access to members of hard to reach populations to deliver vaccine.

We learned that our target population really wasn’t hard to reach but rather easy to miss if we don't walk outside our institutions and into the community. These findings have been consistent with what we'd previously learned in our research of nontraditional vaccination points following NYAM's support of the New York City Council Resolution 1231 and the New York State legislation that permitted pharmacists to administer vaccine.

Given the research and community work we've done, NYAM recommends the City Council consider providing grants to community-based organizations and health providers to run targeted culturally sensitive outreach programs with easy to miss populations. In addition the City Council and City Health Department should consider providing support to allow existing health outreach programs to expand their services to provide vaccine.

Our experience has told us that involving the community in planning and execution of vaccine distribution is key. This was also a main theme that we discussed at an external partners meeting on pandemic influenza preparedness and response among vulnerable populations at the CDC in 2008. The community can provide important information not only about barriers to uptake but also about facilitators to compliance with pandemic influenza recommendations in a crisis.

Current strategies for vaccination all too often employ methods most comfortable for those who are providing the vaccine, giving little attention to the sensitivities of those needing vaccine and missing hard to reach groups. This population cannot be ignored and the strategies we implement today and the lessons we learn will be vital as this pandemic of influenza unfolds.

I'd like to thank you for the opportunity to testify and we look forward to any questions you may have.

CHAIRPERSON SEARS: Very good timing. Right on the button there. Thank you.

MS. BETH HAROULES: Hi. Good evening. My name is Beth Haroules, I'm a Staff Attorney with the New York Civil Liberties Union. I'd like to start by thanking the Committee for calling the hearing to address specifically New York City's response to the recent outbreak of H1N1 and more broadly the City's Pandemic Influenza Preparedness Response Plan.

Today's City Council hearing is particularly timely as the World Health Organization has just determined, as you've heard, that they would raise the pandemic warning level from Phase 5 to 6, its highest alert. The WHO declaration of pandemic means that the spread of the virus has continued and activity has become established in at least two regions of the world. The WHO pandemic declaration does not mean that the severity of the situation has increased and that people are seriously getting sicker at higher numbers or at higher rates than they are now.

This is a critically important point for New York City's residents to understand and the messaging on this point by all of the City's agencies including our Public Health Authorities

must be crystal clear. The New York City Department of Health and the Mayor's Office must continue to provide clear, accurate and timely information to the public and honestly report uncertainties in the available information, as they have to date.

I want to make clear my testimony and a written statement that we will be submitting are not intended as a complete or exhaustive analysis of the New York City's Pandemic Plan. We believe that that document should be put into significant, immediate and ongoing revision.

The City's document was drafted in July 2006. It follows a law enforcement national security approach. It has not been updated to reflect the current public health model recommended by the Federal Centers for Disease Control and the New York State Department of Health. It must be updated to reflect the current public health model.

Our statement is intended to note a relationship between civil liberties and public health. It's important to keep in mind that New York law gives important recognition to and

protection of an individual's civil rights and civil liberties. As regards the rights and protections we find the City's currently available pandemic plan not forward looking but anachronistic. The City's report begins by identifying its principal central challenge as maintaining public order. It indicates ongoing discussions to identify and address legal issues have been held by its legal division, draft legal orders and regulations are being written to address issues around isolation, quarantine, movement restriction, healthcare services, emergency care and mutual aid.

It is not clear that any of these draft legal orders or regulations have been finalized much less made public. The City's plan cedes authority to the New York City Police Department to maintain public order and help implement control measures yet the scope of the mandate in this area has not been made clear. This may however explain why the NYPD apparently has received the N95 masks where the City's first responders in the public school setting have not.

Governments have a great responsibility to prevent and respond to pandemic events. We should not lose sight however of the historical fact that government acting in the name of public safety has demonstrated bad judgment and worse, using state police powers in a discriminatory manner to suspend freedoms based upon race or national origin. Pandemic-- prevention of disease is the primary goal of public health. Prevention of pandemics is the primary goal of pandemic flu planning. This requires both monitoring system to identify a potential flu pandemic early and a response system that can deliver healthcare to those in need.

It's that second part of the equation that the City's Preparedness Plan does not appear to address. We offer a number of specific recommendations for a sounder approach to pandemic planning that protects health and safeguards privacy and democracy. There must be stockpiling and a protocol to ensure the fair and efficient distribution and rationing of vaccines, medication and medical treatment, including in the event of the need for respirator treatment, how

you go about rationing it, who you pull off a respirator, how you make end of life decisions, that has not been thought out clearly.

There needs to be an emphasis on community engagement rather than individual responsibility. We're past the get your duct tape and cover and protect in place. You need to protect minorities, socially disadvantaged individuals from discriminatory rationing schemes or from bearing the burden of coercive health measures. Individual privacy and disease surveillance and investigation must be protected.

The swine flu outbreak serves to highlight the need for public health policy that makes it possible for anyone regardless of immigration status to seek medical care when they need it, not one that forces people into hiding. To help keep us all safe and healthy, all members of our community have to be able to access vaccinations, medical care and other forms of critical assistance without fear of arrest or deportation.

In a pandemic governments rely primarily on voluntary social distancing measures

including school closings and voluntary home quarantines in preference to mandatory quarantines. In order to improve the effectiveness of voluntary social distancing measures, governments must enact laws to protect the jobs and income of people who stay at home or whose workplaces are closed under the advice of medical or public health personnel.

Governments must ensure that individuals who follow public health advice and stay at home during a pandemic receive food, medicine and other necessities. Travel bans should only be imposed if there is a reasonable scientific justification. Disease surveillance should be conducted using methods that do not require the use of individual names without the individual's consent. Government agencies that receive such information should not use identifiable information for purposes other than investigating potential disease outbreaks.

All public and private entities should remain accountable for their actions in accordance with law. They should not be relieved of liability for gross negligence, reckless,

arbitrary and capricious actions, abuse of power or criminal offenses. Every effort must be made to preserve the operation of the judicial system to protect the lives and health of judges and personnel needed to ensure the rule of law.

We have many other recommendations that we think that the Council must inquire into in performing its oversight responsibilities with respect to the City's Preparedness and Response Plan. It needs to be coordinated with both the State and the Federal authorities as well as the International WHO organization.

We don't see that that has happened yet. We have a slight period of breathing time where we think that the opportunity must be taken to explore and put into place these systems that will protect everyone's health and guard against a panic. Thank you for the opportunity to speak with you.

CHAIRPERSON SEARS: Thank you very much for being here. You've been very, very valuable to--I especially want to thank OSHA for going here because it's a very important part of how do we protect the public so I want to thank

you because it's something we're going to keep and I know that we'll be calling upon you for another [skip in audio]. I want to thank you very much. Are there any questions?

MR. RUSSELL: Excuse me Ma'am. What I brought was some samples for the Council. I know this is where the rubber meets the road but I'd like you, if you would, please take them with you and provide them to any facility that you like. And these are, by the way, made by the State of New Jersey. I hire disabled--

CHAIRPERSON SEARS: [Interposing] Well we talked to New Jersey, so it's okay.

MR. RUSSELL: Okay. Great then.

CHAIRPERSON SEARS: All right. Our Sergeant at Arms will take that. Thank you very, very much.

MR. HIGGINS: Thank you very much.

CHAIRPERSON SEARS: With no testimony, further testimony from the public, this hearing is now adjourned. All right. There you go.

[Gavel banging]

C E R T I F I C A T E

I, Laura L. Springate certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.

Signature ____Laura L. Springate_____

Date _____July 29, 2009_____