CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON IMMIGRATION JOINTLY WITH THE COMMITTEE ON HEALTH, THE COMMITTEE ON HOSPITALS AND THE SUBCOMMITTEE ON COVID RECOVERY AND RESILIENCY

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April 18, 2022
Start: 10:09 a.m.
Recess: 3:48 p.m.

HELD AT: REMOTE HEARING (VIRTUAL ROOM 1)

B E F O R E: Shahana Hanif,
Chairperson for Committee on Immigration

Lynn Schulman,
Chairperson for Committee on Health

Mercedes Narcisse,
Chairperson for Committee on Hospitals

Francisco Moya,
Chairperson for Subcommittee on COVID Recovery and Resiliency

COUNCIL MEMBERS:
Charles Barron
Selvena N. Brooks-Powers
Jennifer Gutiérrez

Rita C. Joseph
Francisco P. Moya
Carlina Rivera
Diana Ayala
Justin L. Brannan
Gale A. Brewer
Oswald Feliz
Crystal Hudson
Sandra Ung
Majorie Velázquez
Kalman Yeger
Pierina Ana Sanchez
Joann Ariola
Shekar Krishnan
Carmen De La Rosa

A P P E A R A N C E S

Manuel Castro
Commissioner of the Mayor's Office of Immigrant Affairs

Dr. Torian Easterling

First Deputy Commissioner and Chief Equity Officer of the Department of Health and Mental Hygiene

Dr. Jonathan Jiménez
Acting Executive Director of NYC Care at the NYC Health and Hospitals

Karines Reyes, R.N.
Assembly Member

Lillie Cariño Higgins
1199 Member

Cheikhou Oumar Ann
Community Health Advocate for the Institute for Family Health Bronx Outreach

Felix Rojas
Community Health Advocate for the Institute for Family Health Bronx Outreach

Jane Wong
Charles B. Wang Community Health Center

Dr. Anuj Rao
Committee of Interns and Residency IR

Dr. Purvi Patel
CIR's Foreign Medical Graduate Working Group

Dr. Kalania Jimenez
CI Member and Psychiatry Resident for Harlem Hospital

A P P E A R A N C E S (CONT.)

Dr. Colleen Achong
Testifying on Behalf of CIR

Lisha Luo Cai
Advocacy Coordinator at the Asian American Federation

Medha Ghosh
Health Policy Coordinator at CACF, the Coalition for Asian American Children and Families

Mina Linn
Director of Community Engagement and Operations at the Korean American Family Service Center

Mia Soto
Community Health Justice Organizer at the New York Lawyer of the Public Interest, also known as NYLPI

Jose Chapa
Senior Policy Associate at the Immigrant Defense Project

Rebecca Antar Novick
Director of the Health Law Unit at the Legal Aid Society

Zachary Ahmed
New York Civil Liberties Union

Arline Cruz
Associate Director of Health Programs at Make the Road New York

Ilon Rincon Portas
Board of Directors of Immigration Equality

Annabelle Ng
Health Policy Associate at the New York Immigration Coalition

SERGEANT SADOWSKY: PC recording is started.

SERGEANT BIONDO: Cloud recording under way.

SERGEANT HOPE: Thank you. Good morning and welcome to today's New York City Council Hearing on the Committee on Immigration jointly with the Committee on Health and the Committee on Hospitals and the Subcommittee on COVID Recovery and Resiliency.

At this time would all panelists please turn on your videos. I repeat, all panelists please turn on your videos. Thank you. To minimize disruption, please place all electronic devices to vibrate or silent mode. Thank you. If you wish to submit testimony, you may do so at testimony@council.nyc.gov. I repeat, testimony@council.nyc.gov. Chair, we are ready to begin.

CHAIRPERSON HANIF: Thank you. Good morning everyone. I'm Council Member Shahana Hanif, Chair of the Committee on Immigration. I'd like to start by thanking my Co-Chairs for joining me for this very important hearing. Council Member Schulman, Chair of the Committee on Health, Council Member Narcisse Chair of the Committee on Hospitals and Council

Member Moya Chair of the Subcommittee on COVID Recovery and Resiliency.

I'd also like to thank colleagues for being present today and recognize that we've been joined by Council Members Feliz, Yeger, Brannan, Ung, Ayala, Hudson, Velázquez, and Majority Whip Brooks-Powers and I'm sure we'll be joined by others and I will make that we make announcements of them too. We're here today to discuss the impact of COVID-19 pandemic on the health of immigrant New Yorkers.

As a first generation daughter of immigrants, I know all too well what it means to be uninsured and without access to adequate healthcare. As a family, we did not have a relationship to the city's healthcare system until my life changing diagnosis with lupus as a teenager. I needed consistent and quality long-term care and as I received my diagnosis and learned about lupus while undergoing aggressive treatment, I relayed this information to my parents and family members in Bangla, their comfort language.

It was at this time we began to realize a patient advocate to deliver Bangla materials about lupus or interpret how my life would change and how our family would be impacted. I continued to live with lupus

and I'm currently recovering from a left hip replacement surgery that took place nearly two months ago as a result of another disease called avascular necrosis. And it is this very fight around my survival as a young woman of color that catalyzed a life of organizing and now public office. No one should be disempowered from receiving good care and as a city, our priority must be to remove all barriers to accessing quality health and mental healthcare. While the effects of this public health crisis are wide spread, the fallout has disproportionately affected already vulnerable immigrant workers and communities. Geographic concentrations of COVID-19 positive New Yorkers were situated in predominantly immigrant neighborhoods. Such as Jackson Heights and Elmhurst Queens.

Data from the Department of Health and Mental Hygiene also reveals that racial and ethnic minorities are far more likely to die of COVID-19 than White New Yorkers. There are several reasons why immigrant New Yorkers were uniquely harmed by the COVID-19 pandemic.

The first is existing disparities faced by immigrant New Yorkers. Higher rates of poverty,

disparities and health insurance, lack of adequate mental health services and overcrowded living arrangements all left immigrant communities at higher risk of COVID-19 exposure, poor health outcomes and death.

Second, immigrant New Yorkers were over represented in industries that employed essential workers working at high rates and occupations within the healthcare manufacturing and agricultural fields. And keeping essential businesses like grocery stores and pharmacies open amidst the crisis. But even as New Yorkers rely disproportionately on immigrants to get them through the COVID-19 crisis, many immigrants were left out of monetary relief and cut out of social safety net programs that kept hundreds of thousands of New Yorkers, of other New Yorkers from experiencing poverty during the pandemic.

Unfortunately the issues faced by immigrant New Yorkers during the pandemic are largely not new. There are issues that advocates and Council Members have been discussing for years. Issues such as inadequate language access, misinformation and fraud, lack of outreach, low health insurance rates and lack of coordination with trusted community-based

organizations. These issues already existed. They were just drastically magnified by the pandemic. For example, the COVID-19 pandemic revealed that issues of language access can be matters of life or death. Imagine not being able to access critical information in your language about a deadly virus or how to protect yourself. Imagine losing a loved one to COVID-19 and not being able to navigate the burial assistance process. Imagine fighting for your life in a hospital where you can't communicate with your medical provider. These are issues that immigrant New Yorkers faced during the COVID crisis in our city. What systems are we putting in place to make sure this does not happen again? I look forward to hearing from the administration about how we are prepared for the months ahead with continued COVID cases and preparing for a possible future crisis.

We'll also be hearing two Resolutions today which I am proud to sponsor. The first is Preconsidered Resolution Number 84 calling on the State Legislature to pass and the Governor to sign A.880A/S.1572A to provide coverage for healthcare services under the basic health program for individuals whose

immigration status renders them ineligible for federal financial participation.

The second is Resolution Number 112, calling on the New York State Legislature to pass and the Governor to sign the New York for All Act, which would prohibit and regulate the discovery and disclosure of immigration status by New York State and local government entities. I look forward to hearing testimony about these Resolutions today. I want to thank the Administration for being here today and I look forward to productive conversation. I also want to thank the Committee Staff for their work on this issue including Committee Counsel Harbani Ahuja and Jayasri Ganapathy, Policy Analyst Kishorn Denny and everyone working in the background to make sure this hearing runs smoothly.

With that, I will turn it to my Co-Chair Council Member Schulman for opening remarks.

CHAIRPERSON SCHULMAN: Thank you. Good morning everyone. I am Council Member Lynn Schulman, Chair of the Committee on Health. I am very excited to Co-Chairing this morning's hearing with three of my colleagues, Council Member Shahana Hanif, Council Member Mercedes Narcisse and Council Member Francisco

Moya. Thank you all so much for holding this hearing and for working on this important issue.

I also want to thank and acknowledge my colleagues who are joining us. In addition to those acknowledged by Council Member Hanif, we've been joined by Council Members Rivera and Joseph. Today, we are holding an oversight hearing on the impact of the COVID-19 pandemic on the health of immigrant New Yorkers and as we just heard from Council Member Hanif, we are also hearing two Resolutions sponsored by her.

Today's hearing is incredibly important, particularly for those of us that are fortunate enough to represent immigrant communities in New York City. Immigrant communities are the backbone of this city. Not only because of their incredible contributions through our economy, tax base and workforce but because immigrant New Yorkers represent everything the city is supposed to be about, opportunity, diversity, unity and community. And yet, for decades we have seen a chronic lack of equitable investment in immigrant neighborhoods and communities. For too long, immigrant New Yorkers have been more likely to live in poverty and in

crowded unsafe living arrangements. They are more likely to have lower educational attainment and more likely to be uninsured and underinsured.

This lack of investment and these conditions have been undeniably exposed and exacerbated by the COVID pandemic with immigrant communities being at higher risk of COVID-19 exposure and poor health outcomes than their US born counterparts.

For a city that defines itself as a safe haven and refuge for immigrants from all over the world, we can no longer accept these conditions as the status quo. We must do better. I also want to mention a community that is often left out of these discussions though it is crucial that we include them and that is Jewish immigrants including Orthodox and Bahrain Jewish communities of New York City.

Many of whom have immigrated to New York City within the last generation. These communities were also hit incredibly hard by the pandemic and experience many of the same systemic barriers faced by other immigrant New Yorkers. This includes mistrust of government and the healthcare system, language barriers, alternative methods of communication outside of television, radio and

internet, crowded living conditions, poverty and tight net insular communities. The city's response to the pandemic within the Orthodox and Bahrain Jewish communities often lacked cultural sensitivity and competency and demonstrated a lack of nuanced understanding of diversity in the most effective ways to reach these communities. It is crucial that as we move forward in the recovery to the pandemic, that we work hard to find trusted messages and work with leaders of all immigrant communities.

I know that my colleagues will cover the crucial ways that the pandemic has impacted immigrant New Yorkers but I want to focus on one issue in particular. Access to healthcare particularly access to preventive healthcare. In 2019, Health and Hospitals announced the launch of a New York City Care Program. We were very happy to learn that in February 2022, New York City Care announced that they enrolled their 100,000th member and that of the over 100,000 patients enrolled in New York Care, 30 to 50 percent are newly connected to primary care, which is very crucial. This is a huge milestone and I want to congratulate those who have worked diligently on New York City Care on achieving this goal. But we also

want more specific information about New York City Care such as connection to care, retention of patients, overall health outcomes, and how we can reach communities that are insular and mistrustful of government and healthcare institutions.

Finally, we want to hear about the city's plan to incorporate federally qualified health centers into New York City Care. Immigrant New Yorkers often prefer federally qualified health centers to H+H facilities either for geographic convenience or for language access reasons or because they are more comfortable in a smaller community-based facility.

Last year, the City Council passed Local Law 107 sponsored by Council Member Mark Levine, which codified and built upon New York City Care by requiring DOHMH or another agency or entity to develop and manage a primary care services and patient navigation system which provide primary care services and applicable patient navigator services.

While Local Law 107 hasn't yet gone into effect, we are eager to hear about the city's plan for implementing this law and for finally folding [INAUDIBLE 12:01] into New York City Care.

I want to thank the Administration who has worked tirelessly over the last two years for the city that we all love so much. I want to thank my colleagues and express how excited I am to be working with all of you and I want to thank the Committee Staff for their work on this issue. Committee Counsel's Harbani Ahuja and Sara Liss, Policy Analyst Em Balkan, and Finance Analyst Lauren Hunt. I also want to mention that this is Lauren's last hearing with the City Council and I cannot thank her enough for her brilliant, diligent and thoughtful work. We wish her much luck and we will greatly miss her.

Lastly, I want to thank my Chief of Staff Facia Class. I will now turn to Chair Narcisse. Thank you and I look forward to a great hearing.

CHAIRPERSON NARCISSE: Thank you Council Member. Good morning everyone. I am Council Member Narcisse, Chair of the Committee on Hospitals. I'd like to start by thanking my colleagues for being present today for this very important hearing including my Co-Chair Council Member Hanif, Schulman and Moya. And I think we are joined by Councilman Barron. I don't know if we acknowledged before. So, we are

here today to discuss the impact of COVID-19 on the health of immigrants.

As a Haitian immigrant came from Haiti, coming to this country, it has been very difficult and I still live in a country — I mean, where in my community, where we're highly populated by Caribbean immigrants. The need is high. As we already heard, the pandemic has had a substantial impact on immigrants in their communities and has exasperated longstanding health inequities. According to a report by the Migration Policy Institute nationwide, immigrant workers were over presented in some of the industries that were vital to COVID-19 pandemic response. Working at high rates in occupation within their healthcare. Manufacturing, agriculture field, keeping essential businesses like grocery stores and pharmacies open amidst the crisis.

In New York City specifically, MYE indicated that immigrants make up an even greater percentage of the essential workforce, while 44 percent of the total workforce are immigrant New Yorkers, 58 percent of essential workers are immigrant New Yorkers and are over represented in the following jobs, home health aide, cooks, janitors, building cleaners, dry

cleaning services and nurses like myself working so many years and I have so many colleagues still active in the field. Meanwhile even though immigrants pay about a quarter of federal state and local taxes in New York City, they were largely left out of the manager relief effort and it is wrong.

Today, we will take a look at how the pandemic has impacted the health of immigrants including how their work continues to put them at a greater risk of exposure to COVID-19. While they still have incredible access to benefits such as health insurance coverage, which is everyone, for me, health care is a right. I am proud that we are hearing Reso. 84A which calls on the State to provide coverage for healthcare services under the basic health program for individuals whose immigration status renders them ineligible for federal financial participation.

It is absurd that individuals who are undocumented still struggle to obtain health insurance even though we have NYC Care but we have to look at how, where we're promoting the healthcare. And the time to change it, it is now. I am grateful that we live in the city with such a robust and

dedicated public hospital system. H+H, you are the best which has always been there to serve individuals regardless of immigration or insurance status.

As has been mentioned, I look forward to building upon our previous conversation about NYC Care and how New York City Care is meeting the needs of immigrant communities and we will continue to meet the needs of immigrants until we have a healthcare system that allows them to obtain health insurance. I mean everyone in our city.

I'd like to dive into the ways H+H is addressing universal access to quality and culturally humble and competent care. For example, we know that H+H provides cultural humility training to staff, including training on implicit bias. Today, I'd like to learn more about how H+H training centers the needs of immigrant communities, including working with those who are limited English proficiency.

Like I have mentioned, I'm Haitian decent and I still live in the community where it's highly populated by Haitians and Jamaican, Trinidadian and different languages. Furthermore, I like to hear about H+H interpretation services. We know that needing to receive care in language other than

English can be a barrier to receive meaningful healthcare. We see what happened with COVID-19 when the messages we're sending out, they were in English. How could you understand that if you don't speak the language and how you can read it if you don't read English.

And I want to know what H+H is doing to continue to build upon its language access services. Of course, all of these concerns in question also apply to every hospital in New York City. Don't get me wrong, every one of them, as well as other medical facilities and setting. They also apply to the city including DOHMH and MOIA provide COVID-19 related messaging to communities.

We must examine how we are notifying all New Yorkers about COVID-19 safety measures and reopening information. We know COVID is still around and alive. We still have to face it especially in the immigrant community. We cannot rely on messages that are primarily in English and Spanish alone. In my district alone is already over 25 languages spoken every day, every day, daily. So, it is real.

Also, I want to look at this reopening measures themselves. Is the city still following the science?

Our COVID-19 safety measures as they stem today, sufficient at protecting our most vulnerable residents, including immigrants. As a nurse, I believe in science. I believe access to robust and meaningful healthcare is a human right and there is no way. It is a human right and we have to address it as such.

Today, let's break down the inequities faced by immigrant communities and how the city has responded. I want to thank my colleagues again by joining our hearing today as well as the Committee Staff for their work on these issues. On this issue, Committee Counsel Harbani Ahuja, Policy Analyst Em Balkan and Finance Analyst Lauren Hunt. Thank you. You have been the best for us. Thank you. I appreciate your support throughout the process. I'd like to echo CM Schulman's sentiment and wish you, Lauren Hunt well on her future endeavors, on your future because I know it's very bright and to thank her for her work and on our committees. We will miss you very much, tremendously.

With that, I turn to CM Moya for the opening remarks. Thank you.

CHAIRPERSON MOYA: Thank you so much. Good morning, I'm Council Member Francisco Moya, I'm Chair of the Subcommittee on COVID Resiliency and Recovery. I'd like to start off by thanking my wonderful Co-Chairs for this hearing. They have been just tremendous colleagues and been fighting from day one on issues that we care about and thank you to all three of you for really putting the people first.

And to my colleagues, we have all discussed many of the critical issues that we are hoping to address in this hearing. I want to thank them for their diligent work on these issues and I want to speak personally and proudly as the Council Member who represents the 21st Councilmanic district which includes Elmhurst, Corona which also includes Elmhurst Hospital.

For those that don't know, this has been called the epicenter of the epicenter of the pandemic. Even before I was a Council Member, I've been a lifelong resident of Corona Queens. I'm a proud Queens boy from Corona. This neighborhood is truly a beautiful tapestry of the working class immigrant communities and for me and for my neighbors and constituents, these conversations about inequitable healthcare

systems and discrepancy in health outcomes are not theoretical. They are issues that we face first hand every single day, especially during the pandemic, as we watched in horror as tragedy unfolded all around us in March and April of 2020.

As an elected official representing these communities and Elmhurst Hospital in the early months of the pandemic, I worked hard to respond quickly and efficiently to stand strong and calm for the people that I represent to ensure that our healthcare systems were at an agile and responsive as possible. But as a lifelong resident of Corona, I was deeply pained by what I witnessed. The culmination of lack of investment in our neighborhoods and inability to prove adequate language access in an efficient manner. Not enough cultural competency and crafting messaging and reaching out to the most vulnerable communities. Particularly, I was deeply disturbed by the inflation of cost of the burial services in New York City and the lack of easily accessible information about burial assistance for New Yorkers in need.

This inaccessibility caused trauma on top of existing traumas. The way we respond in these

moments makes an impression on communities about whether their government cares about them or whether it does not.

On a whole, I'm incredibly proud of our city's response to this horrific pandemic, even in the darkest moments. I know how tirelessly and incredibly hard our city agencies work to care for all New Yorkers and we are forever grateful to the other Moya and the Department of Health and Mental Hygiene and H+H for all of your work, especially a big shout out to everyone. The doctors, nurses and staff at Elmhurst Hospital who truly are the real heroes in during this pandemic. Queens will be forever changed by the pandemic but I also believe that we have an opportunity to invest, build and create a better world than the one that unraveled in March 2020.

And with that, I want to thank my Co-Chairs again as well as the Committee Staff who have worked extremely hard on these issues, Harbani, Sara, Em and of course Lauren. We thank you so much for your service. We will miss you. Thank you for all that you've done for the City Council but more importantly, thank you for what you have done for all

New Yorkers. I know wherever you go, you are going to be doing just great and wonderful work. I promised that I wouldn't embarrass you in this goodbye but this is something that we are very proud to have someone like you that has been able to really truly have an impact on the City of New York. Congratulations to you Lauren, you will be missed.

And with that, thank you so much. I also want to thank my Chief of Staff and now, I will turn it over to our Committee Counsel. Thank you.

COMMITTEE COUNSEL: Thank you Chairs. I'm just going to additionally acknowledge that we've been joined by Council Members Brewer and Council Member De La Rosa.

My name is Harbani Ahuja and I am Counsel to the Committees on Immigrant, Health, Hospitals and the Subcommittee on COVID Recovery and Resiliency for the New York City Council. Before we begin, I just want to remind everyone that you will be on mute until you are called on to testify. At which point you will be unmuted by the host and I'll be calling on panelists to testify, so please listen for your name to be called. I will be periodically announcing who the next panelist will be. For everyone testifying

today, please note that there may be a few seconds of delay before you are unmuted and we thank you in advance for your patience. All hearing participants should submit written testimony to testimony@council.nyc.gov.

At today's hearing, the first panelist to give testimony will be Representatives from the Administration followed by Council Member questions and then the members of the public will testify.

Council Members who have questions for a particular panelist should use the Zoom raise hand function and I will call on you after the panelist has completed their testimony. I will now be calling on members of the Administration to testify. Testimony will be provided by MOIA Commissioner Manuel Castro and Dr. Torian Easterling First Deputy Commissioner and Chief Equity Officer at DOHMH. Additionally, the following representative will be available for answering questions, Dr. Johnathan Jiménez, Acting Executive Director of NYC Care at H+H.

Before we begin, I will be administering the oath. Commissioner Castro, Dr. Easterling and Dr. Jiménez, I will call on you each individually for a

response. Please raise your right hands. Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before this Committee and to respond honestly to Council Member questions? Commissioner Castro?

MANUEL CASTRO: I do.

COMMITTEE COUNSEL: Thank you. Dr. Easterling?

DR. TORIAN EASTERLING: Yes, I do.

COMMITTEE COUNSEL: Thank you and Dr. Jiménez?

DR. JONATHAN JIMĔNEZ: I do.

COMMITTEE COUNSEL: Thank you. Commissioner Castro, you may begin your testimony when you are ready.

MANUEL CASTRO: Thank you and thank you Chair Hanif, Chair Schulman, Chair Narcisse and Chair Moya and the respective members of the committees for calling on this hearing.

My name is Manuel Castro and I am the Commissioner of the Mayor's Office of Immigrant Affairs. I am joined by my colleagues Dr. Torian Easterling, First Deputy Commissioner and Chief Equity Officer of the Department of Health and Mental Hygiene and Dr. Jonathan Jiménez, Acting Executive Director of NYC Care at the NYC Health and Hospitals.

Since I have so many Council Members and community groups on here, I would like to first reintroduce myself to you. Prior to my appointment as Commissioner of Immigrant Affairs, I was the Executive Director at NICE, New Immigrant Community Empowerment, an immigrant worker center that serves primarily undocumented immigrants in New York City such as day laborers and domestic workers and it's located in Jackson Heights Queens. I also served on the Board of Directors in on staff of the New York Immigration Coalition.

I was born in Mexico and I immigrated to U.S. at the age of five and I grew up undocumented here in New York City and I was part of the early generational dreamers that organized for an opportunity to an education and continued to fight for a path to citizenship. And while I am now a Commissioner for the City of New York, our immigration system is so broken that my parents and siblings continue to be undocumented after living in the U.S. for over 30 years. Fortunately, they live in New York City and so like many of you on this hearing today, I am not just professionally but I am also personally committed to making sure our city is

a place where all immigrants regardless of their immigration status are able to live and work with dignity and justice.

So, now back to my formal testimony, the demand for healthcare for all is a belief that I have defended my entire life. Starting from my time as a young activist to my time being the Executive Director of NICE and now as Commissioner. This belief is fueled by my work in advocacy. It is a belief that has impacted me personally as I know how having an undocumented status limited the type of healthcare my family and I was able to receive. These barriers were only exacerbated during the pandemic.

As we know, COVID-19 has disproportionately affected Black and Brown New Yorkers as well as immigrant communities but the city has continued to make great strides in leading the nation to recognize healthcare as a human right. This has been made possible through the work of the Mayor's Office of Immigrant Affairs, DOHMH and NYC Health + Hospitals. In this Administration as a whole, as I will explore further in my testimony.

The Eric Adams Administration's vision is clear. All New Yorkers regardless of immigration status or ability to pay to serve access to healthcare. It is the role of the agencies present here today to make that vision a reality. My testimony today will begin with a background on health disparities we are currently working to dismantle, speak on the city's work more broadly and conclude with an overview of MOIA's work to connect immigrant New Yorkers to healthcare.

So, stepping back for a moment, I want to emphasize that progress has been made on these issues. Before the passage of the Affordable Care Act and before the creation of NYC Care, options were truly limited for so many New Yorkers, including myself and my family. Much more remains to be done but through the efforts of the city, community-based organizations, many of whom are here today and the community as a whole, I firmly believe that we can build a healthcare system that is truly accessible to all New Yorkers. So, first, I'd like to discuss the health disparities of immigrant New Yorkers. Health disparities exist between immigrant New Yorkers and Native born New Yorkers, that's clear.

These disparities existed long before COVID-19 pandemic but the pandemic exacerbated barriers to access, especially for the most vulnerable. This is in addition to the sudden difficulties that undocumented immigrants and immigrant New Yorkers face generally in accessing basic needs, like food and shelter. One key indicator of access to the healthcare system is ensuring status.

We know that having insurance is linked to better healthcare outcomes but there are still wide disparities in insurance rates depending on immigration status. While 96 percent of U.S. born New Yorkers have health insurance, only 70 percent, 78 percent of non-citizen New Yorkers have insurance. Breaking it down further, only 54 percent of undocumented immigrants have some kind of health insurance. This disparity persists among children, even though all children are eligible for health insurance in the State of New York. 13 percent of undocumented children are uninsured compared to two percent of U.S. born citizen born children.

In addition, an analysis concluded by — conducted by the Mayor's Office of Immigrant Affairs, NYC opportunity and the Department of Consumer Affairs

and Worker Protections in 2020 highlighted the devasting effects of COVID-19 on our immigrant communities. In that analysis, we found a correlation between the concentration of immigrants in a zip code and the COVID-19 case rate and death rate in that zip code.

In fact, zip codes were immigrant made over 50 percent of the population, the COVID-19 case rate at the time of the pandemic was over 20 percent higher than the citywide average. And the death rate was more than 40 percent higher than the citywide average.

I have touched on just a few of the persistent barriers that immigrants face. These statistics emphasize the need to ensure access to healthcare for all immigrant communities. It is these disparities that MOIA, DOHMH and NYC Health + Hospitals seek to eliminate through our work. So, with that, I would like to discuss how we connect immigrant New Yorkers to healthcare.

In working to address these barriers, the city can lean on the public health infrastructure that is built out over many years. The city's public healthcare system is the largest municipal healthcare

system in the country and consists of a mix of clinics and hospitals overseen by NYC Health + Hospitals and DOHMH. The NYC Health + Hospitals serves over one million New Yorkers every year in more than 70 locations across the city.

It is also the largest provider of care to the uninsured and underinsured in New York State. In addition, DOHMH provides a host of clinical services to New Yorkers regardless of immigration status or ability to pay.

In 2019, the city launched the NYC Care program, a healthcare access program that guarantees low cost and non-cost services offered by the NYC Health + Hospitals to New Yorkers who do not qualify for or who cannot afford health insurance. NYC Care is not an insurance program but it plays an important role in helping navigate the healthcare system and coordinates care for members. Members are assigned a primary care provider and then the program is designed to make healthcare affordable with a sliding fee scale-based on income.

The program has been a resounding success. Recently reached the imperative milestone of over 100,000 members enrolled, close to 70 percent of NYC

Care members speak a language other than English. MOIA works with contracted community-based organizations to provide outreach and since outreach started in late 2020, we have reached over 481,000 people. This is obviously only a fraction of the work that the city does to address disparities I outlined above. My colleagues at DOHMH and NYC Plus Heath + Hospitals can speak more to the work that the city conducts on a day to day basis to address the needs of immigrant New Yorkers and to increase access to health care for them.

And finally, I'll discuss specifically MOIA's health — COVID-19 outreach and health initiatives. While MOIA does not provide healthcare services, MOIA works to combat the barriers I outlined in three ways, connecting immigrants to existing resources, building out new resources to address emergent needs and finally, advocating for systemic changes.

MOIA conducts outreach to share information about available health resources to immigrant communities across the city. This includes holding an event in communities, meeting with community leaders, providing presentations on city resources and more. A special focus for the teams this year was vaccine

outreach. MOIA worked closely with the Vaccine Command Center and other agency partners to ensure immigrant New Yorkers were being reached and vaccinated. This included facilitating language access and outreach, sharing out materials in targeted language vaccine townhalls in other events.

In funding community-based organizations across the city to do direct outreach to undocumented New Yorkers. As an example of the language access work, MOIA ensured that VCC contracts include language access requirements, provided translations of vaccine materials in 22 language, advised DOHMH on the expansion of translations for their COVID-19 materials into 26 languages and worked with DoITT to improve accessibility of the vaccine hotline by adding more multilingual prompts.

We also saw that immigrant communities were still reluctant to engage with city services, especially in the wake of four years of extremely anti-immigrant federal administration policies. Starting in 2020, MOIA worked with DOHMH to launch a multilingual media campaign called, "Support not Fear." The goal of the campaign is to educate and ensure New Yorkers about the house in social services that are available to

them, regardless of immigration status or ability to pay. And information about eligibility for public benefits at placements focused on immigrant New Yorkers in neighborhoods with the highest percentage of limited English proficiency and immigrant New Yorkers who have also been the hardest hit by the COVID-19 pandemic.

Recognizing the impact of economic instability on health outcomes, MOIA also worked to provide direct cash benefits to individuals excluded from federal and state relief. MOIA partnered with private funders, city agencies and community-based organization to implement emergency relief programs. Including NYC COVID-19 Immigrant Emergency Relief Fund and the creation of the Mayor's Fund COVID-19 Immigrant Burial Assistance Program.

MOIA also connected immigrants in need to community-based organizations who assisted individuals in applying for new state programs like the Excluded Worker Funds, Emergency Rental Assistance Program and the New York State Homeowners Assistance Program. MOIA also independently screened constituents and connected them to housing resources

available through FASFTEN or Funds and Services for Tenants Experiencing Need.

Finally, MOIA has engaged in outreach at every level of government to ensure that immigrant New Yorkers can access the healthcare they need. Notably, I recently joined Commissioner Vasan and President Katz in calling for the state to expand eligibility for the essential plan to all income New Yorkers regardless of immigration status.

We are certainly excited that coverage was extended to undocumented New Yorkers who are 65 years or older and that undocumented pregnant people will have the extended benefit of 12-months of post pregnancy coverage. We look forward to working with our community partners and with the Council to ensure that as many eligible New Yorkers as possible are able and aware of these new and expanded programs, that they go into effect next year and we look forward to working with the state legislature to make sure that access to healthcare for all is made possible soon.

Finally, we thank the Council for being a crucial partner in the work to increase immigrant access to healthcare. The Mayor's Office of Immigrant Affairs,

DOHMH and the NYC Health + Hospitals have worked together with our partners to address barriers to immigrant access to healthcare during the pandemic.

We are committed to ensuring that all New Yorkers can access healthcare and we look forward to working with the Council further on this issue. So, finally, thank you for allowing me to provide testimony on this important topic and I look forward to your questions.

COMMITTEE COUNSEL: Thank you so much for your testimony Commissioner. I'd like to just acknowledge that we've also been joined by Council Members Sanchez, Gutiérrez and Ariola. I'd like to now welcome Dr. Easterling to testify. You may begin as soon as you are ready.

DR. TORIAN EASTERLING: Thank you. Good morning Chairs Hanif, Schulman, Narcisse and Moya and all of the members of the committees. I am Dr. Torian Easterling First Deputy Commissioner and Chief Equity Officer at the New York City Department of Health and Mental Hygiene. Thank you for the opportunity to testify today about an update on the city's efforts to protect and ensure immigrant New Yorkers health and wellness during this pandemic.

I'd also like to thank my colleagues who have already testified and will be answering questions with me today. You've already heard from MOIA Commissioner Manuel Castro as well as Dr. Jonathan Jiménez Acting Executive Director of New York City Care from Health + Hospitals.

As we all know, it has been a long, challenging two years. Thank you for your partnership in helping us get critical information and resources to New Yorkers over the last two years. We stand ready to continue working with you to slow the spread of COVID-19, particularly as we are seeing an increase in cases citywide. We have come so far. Over 6.4 million New Yorkers are fully vaccinated. That's 78 percent of all residents and as of today, over 88 percent of adults and over 58 percent of 5-17-year-olds but we know there is more to be done.

For example, only 45 percent of adult New Yorkers have received an additional dose of the vaccine. Something all eligible New Yorkers should do right now and if you're immunocompromised or over the age of 50-years-old or it's been at least four months since you had your last dose, you should go get a second booster shot as well. And we know that while

we have made major gains in terms of building trust and fighting misinformation in communities, particularly communities of color and immigrant communities. This is a long, often slow process as we work to combat decades of structural racism and mistrust and lack of access to government and healthcare services.

As we are all here to discuss the health of immigrant New Yorkers is of great importance to us, as an agency and as a city. New York has long been a place that welcomes people from all over the world to join our vibrant communities. But we also know as Commissioner Castro discussed, this pandemic has taken an immense toll on BIPOC communities and immigrant communities. It is essential that we ensure health resources for COVID-19 and beyond that they are widely available and accessible for all New Yorkers providing care and resources to and setting public health policy that advances the health of immigrant New Yorkers regardless of immigration status is a driving tenant of our work at the Health Department.

As Commissioner Castro has already outlined, data shows that immigrants are disproportionately

uninsured and have less access to regular care. These unacceptable realities are mitigated in part by our strong public healthcare system in our shared commitment with the Council to supporting partnerships with community-based organizations that build awareness about the availability and safety of using health services in this city.

Yet we also know we have much more work to do to continue to close the gaps in coverage and care. To this end, a core focus of our historic COVID-19 vaccination campaign has been equity and we are continually working hand and hand with the city's taskforce on Racial Inclusion and Equity to address the inequities we have seen in vaccine uptick.

From the start, we have deployed an equity strategy that ensured access to and built confidence in vaccines by locating city vaccine sites, engagement and media in communities that need it most, with a focus on the 33 taskforce neighborhoods.

To add more color to the gains and achievements we have made in our vaccination campaign, Latino New Yorkers have the third highest vaccination coverage at 72 percent. That's behind Asian and Native

Hawaiian or other Pacific Islanders and Native American Alaskan Native New Yorkers.

Adult Black New Yorkers are nearly 66 percent fully vaccinated and we are making strides in increasing vaccination coverage among Black children as well. This is remarkable progress but we are not done. The Health Department and I personally am committed to further closing a gap for neighborhoods that have been hardest hit by the COVID-19 pandemic. All of this work would have been impossible if we had not taken a whole society approach. Activating agencies across the city, including New York City Health + Hospital and MOIA.

Even more important, we're the scores of community-based and faith-based organization partners who perform street outreach, canvas neighborhoods, help with town halls and so much more. CBO partnerships across 33 neighborhood provided education opportunities in over 20-languages, including indigenous languages as well.

Each week, our public health core partners reaches over 100,000 New Yorkers through in-person education to build bad seen confidence and to provide navigation support to access services. In order to

deploy these critical response efforts, we need sufficient resources from our federal counterparts. Our allies in the federal government have warned us that reimbursement for testing and vaccination of uninsured New Yorkers will stop without another COVID-19 supplemental appropriation.

As we know, many of the undocumented immigrants in the city are uninsured. While New York safety net is strong, we will continue to provide the care to anyone regardless of immigration status or insurance coverages. These cuts could have a devastating effect on the health immigrant communities.

Additionally, the federal government has further warned that the supply of vaccines, treatments and testing is going to be impacted without this funding as well. The downstream impact of reduced federal COVID funding for uninsured people could be felt imminently and will almost acutely harm BIPOC New Yorkers. We need your help advocating to the federal government. Finally, I want to mention the importance of New Yorkers including immigrant New Yorkers returning to regular preventive care. We know that the pandemic has caused many New Yorkers to

overlook their routine healthcare such as cancer screenings and annual primary care visits.

We need to ensure that people are returning to primary care and continuing a holistic approach to their wellness. Also, as Commissioner Castro has mentioned, New York City Care is H+H Healthcare Access Program, which guarantees lost cost to no cost services to New Yorkers who do not otherwise qualify or cannot afford health insurance.

I look forward to your questions and I hope that we can have a fruitful discussion to the centers equity, access and wellness for our immigrant New Yorkers. I want to thank the Chairs again for holding this hearing today, for being committed champions in efforts to prioritize the health of this community. Thank you for your partnership through these challenging years and I'm happy to answer your questions.

COMMITTEE COUNSEL: Thank you Dr. Easterling for your testimony. I'm going to now turn it to Chair Moya for questions.

CHAIRPERSON MOYA: Thank you Harbani. Thank you for that. I want to quickly acknowledge that we've been joined by Council Member Krishnan as well.

Thank you doctor, thank you Commissioner for being here. I want to go just through a couple of quick questions. Let's stick to New York City Cares for a minute. I know you talked about the outreach that's been done to immigrant communities. You touted the milestone of reaching 100,000 people who have been enrolled in that. Is there like an enrollment goal that you have? Is there a specific number that you are reaching or like, what is the measure that you have? The number of people you'd like to see enrolled in this program?

DR. JONATHAN JIMĔNEZ: Thank you Council Member for that question. As far as specific metrics we don't have a specific goal beyond all the goals that we've met, all the milestones that we've met. You know 100,000 was a big one. As you know there are many estimates of how many people are ineligible for health insurance and therefore would be eligible for NYC Care. And so, we expect that you know any number we set will just be based on an imperfect estimate and so, we're just aiming for every single New Yorker to know they have a right to healthcare and so, right now, we've reached 110,000 active NYC Care members and we'll continue to push and primed out where we

have any coverage gaps and make sure that every community in New York City knows that they have a right to healthcare.

CHAIRPERSON MOYA: Okay, thank you. So, here's my thing right, how does that — how does the follow-up look like, right? So, we have people that get enrolled here right? They then get to see a primary care specialist. How do the enrollees go about accessing care beyond their primary care doctor? Like for example, what happens if an individuals needs to see a specialist, such as a cardiac related care or something along those lines. What's that process look like?

DR. JONATHAN JIMĔNEZ: Yeah, so while I will say that part of the engagement is really focused on primary care. You know, I'm a family medicine doctor myself. And so, connecting with the primary care doctor and provider is really the most essential piece and then after that, you know determining, do they need to see a specialist, then they would be referred through their primary care physician.

But many things can be taken care of by a well-supported primary care physician, which is why primary care providers, we make sure they're

supported with social work, with nutritionists, with pharmacists and nursing of course to make sure that we can provide comprehensive primary care, not just sort of screening and vital signs but the majority of care really should be taken care of there and then be referred if needed of course.

CHAIRPERSON MOYA: So, the reason why I ask this is because the experience I've had working at Elmhurst Hospital myself and talking to folks is that we know that most of the undocumented, uninsured, folks, they go the hospital or they go to seek care when they're almost critical right or terminal. And that's the experience that we have seen and that's why New York Cares is great and it's good that we're making the enrollments and things but it's — for me, it's not just a primary care but it's what happens after that right. And when we go into that, what are the wait times for such services right and can folks access this care within their own community. Given the — I use Queens as the example, we have limited access, we only have two public hospitals in the entire borough, not everyone can — not all those hospitals have the same specialist that maybe they need. So, I'm asking this because as the 110,000 is

a wonderful achievement, it's what is happening with those folks that have been enrolled. Are they then — are we tracking it to know whether they are utilizing the primary care ability to get primary care, but if there's the follow-up to seeing a specialist, are we tracking that? What are those wait times and can they get that in their own communities? Those services in their own communities?

DR. JONATHAN JIMĔNEZ: I completely appreciate that question because it's so important and from my perspective as Acting Executive Director, the continued outreach and making sure that folks are taking advantage of services is really just crucial. This is why we meet with our CBO partners across the city monthly to make sure they know about what resources NYC Care and New York City Health + Hospital more broadly provides including telehealth services, including access to their own patient record through my chart in multiple languages and expanding.

And then we also — I think I'd be remiss if I didn't mention also another way that folks can access specialty care from their primary care clinic. We have an e-consult system so that we can refer to the

specialists, share the question that we have, and really get an answer electronically and that often expedites access to specialists care and avoids travel when it's not needed because sometimes they may need a study before they go to the specialist, an ultrasound, a specific blood test and so, primary care physicians have the access and expertise of the specialists across the system really available at their computer.

And then, I can't speak to wait times specifically but I can certainly try to get back to9 you on that specific question and of course, as you pointed out, you know what specialists are available at different facilities varies although I will say that a our community health centers, we strive to have the most common specialists needed like ophthalmology, like general surgery including radiology like mammography available at or diagnosis and treatment centers so that folks don't have to leave the facility to get that care.

CHAIRPERSON MOYA: Look, I appreciate that but I just really would like to get some information back to the Committees to know whether you're tracking wait times between the primary care visit and the

specialists that they have to — that they have been referred to.

The experience that we've seen is that you wait months before you are able to get to a specialist, right. So, I want to know whether or not they're still having to have that long wait period to see a specialist and since we are tracking, we shouldn't just be tracking I would say the number of enrollments but just a follow-up care to that and how many folks that already enrolled in New York Cares are actually utilizing it, right?

DR. JONATHAN JIMĚNEZ: Yes.

CHAIRPERSON MOYA: It would be important to see that.

DR. JONATHAN JIMĚNEZ: Absolutely. So, I can give you one figure you know looking at who has utilized. 75 percent of our members last year in 2021 Calendar year, had a primary care visit. And so, that's a great measure but not enough right. So, I look at it as a current Executive Director, to make sure that what are those 25 percent doing. How do we make sure they take advantage of the services.

And then, your point, we do track wait time until appointment and we can certainly get back to you

about the specific details. It depends on the specialist in the facility but we can share that.

CHAIRPERSON MOYA: Great, thank you I'd really appreciate that. And how do you get an appointment? Because you mentioned you have the ability to call in. What we've heard from folks about making the appointment online. Is there an option to do that over the phone? And the reason why I ask this is because we have to be mindful about the folks who are LEP or have limited digital literacy and access to be able to do it online. So, I'm just wondering, what are the services that you provide there for folks that may not have the ability to go on line to do it, can they do that over the phone, in multiple languages?

DR. JONATHAN JIMĔNEZ: Yeah, one of the portions of the NYC Care Program is there is a 24/7 call center where they can call and make appointments, ask for refills and then that's also layered on to of the systemwide efforts to also provide access to our facilities. So, we have also a call center that directs people to the facilities to make appointments and also is connected to interpretation if needed.

CHAIRPERSON MOYA: Great, thank you so much for that. I want to now turn over to Chair Castro to talk about the burial fund. You know as this was happening, I called this out last in 2020. Given that we had a constituent that had called, lost both parents at Elmhurst Hospital. They were undocumented. We tried to help. We found that this was a growing problem in the community. We had put money in with the Council and the previous administration with HRA but now we've kind of two years into this. What is the status of the burial fund assistance program and can you tell me how many people apply to the HRA's burial assistance program from March 2020 until today?

MANUEL CASTRO: Yes, thank you Chair Moya but first of all, thank you for all the work you've done for the district over these many years and through the pandemic. I, as you know we worked closely together when I was at NICE and we lived through those really difficult moments and certainly this issues continues to be something that I care deeply about because I saw if first hand as you have and you know thank you for your leadership and supporting the same people that we, you know we work with at NICE.

The Burial Assistance Program so far has helped 150 people. It has awarded $480,536. The average is of $3,224 and the top countries have been to Mexico, Burkina Faso and Ecuador. So, those are the stats that I have but you know it's a program that certainly had its challenges. I know firsthand having to work on this program but you know we continue to work closely with the CBO's which are really essential to making sure we connect with the folks that perhaps are not coming to the city or to MOIA directly but are going first to the community-based organizations that are working on the ground or to Council offices like yourself.

I'm looking closely at this, we have to learn from this experience because as you know, we've been through this on many occasions and one of my commitments is to learn from moments of crisis like this and engage all the partners in the city, government and outside to make sure that for the next time we have to address these emergencies. We're ready to go including with Burial Fund that is timely and that as you said does not exacerbate what people are going through in these difficult times.

CHAIRPERSON MOYA: Thank you Commissioner. So, Commissioner you said, 150 people have been able to utilize the program. What was the number that the city has given out now? The amount of money?

MANUEL CASTRO: How much money has been given out?

CHAIRPERSON MOYA: Yeah, you said, so out of the 150 people that accessed that, what was the total cost of that?

MANUEL CASTRO: It's $480,536.

CHAIRPERSON MOYA: Okay and if I'm not mistaken, wasn't the funding $20 million that was put in?

MANUEL CASTRO: Uhm, $20 million — I don't —

CHAIRPERSON MOYA: Private, through the Mayor's fund and the city that was putting in for that.

MANUEL CASTRO: So, there were a number of different cash assistance programs, so I believe the $20 million was for direct cash assistance. And then, this was a different fund specifically for burial assistance.

CHAIRPERSON MOYA: Okay, so the $20 million that was brought in was for, not for the Burial Assistance Program?

MANUEL CASTRO: No, I believe, well, let me see if I can get you that number.

CHAIRPERSON MOYA: What I'm recalling is that that's why we utilized that money so that folks could access the Burial Assistance Fund.

MANUEL CASTRO: Hmm, hmm.

CHAIRPERSON MOYA: I was trying to get some clarity because if it was $20 million and we've only spent $480,000 what are we doing with the remaining amount of money that's there? How are we then reaching out to the communities to let them know about this benefit? And then I want to get into how the CBO's were involved in that process.

So, it would be good if we can get some clarity on that figure.

MANUEL CASTRO: Certainly and I'll look into that. I believe — only because at NICE, the organization I led before was also a part of both programs, both the cash assistance and burial assistance. Those were two distinct funds but you know let me see if I can get you that information as we discuss —

CHAIRPERSON MOYA: I'm just asking for clarity, so if it is two different funding streams that's

fine. I'm just going by memory. If it was $20 then I just wanted to know what the overall money that was put in for the burial funds was compared to what we spent, that's all.

MANUEL CASTRO: Yeah, and you know certainly there's additional funds for burial assistance. I would like to get out. We generally fund nonprofit CBO's on the ground to then disburse the money through you know individual grants. And so, if there is any additional funds, we would certainly look to our partners for support there.

CHAIRPERSON MOYA: Okay and so, how are the CBO's involved in that process and is there any data about this work that you can share pertaining to funding and contracts like for example, how many people applied for the benefit through the CBO's because if you recall during that time, you know we couldn't publicly tell folks that these are the CBO's that you can go to for assistance. So, I'm just curious to know what that engagement was and how you went about that.

MANUEL CASTRO: Yeah, the funding, well in generally speaking when MOIA funds CBO's to do this work, certainly for the burial assistance and cash

assistance, the organization is working directly on the ground are provided with both the funding to disburse generally through cash cards and then overhead, generally ten percent overhead is provided to support the work that the nonprofit does. You know, we rely on agencies that are contracting with the city already for these grants. And you know for instance, at NICE, we were able to you know develop a good sense of the need in the community working directly with as you mentioned in your remarks, you know at the epicenter of the epicenter. And you know it continues to be my priority to rely on the folks on the ground and continue to build that sort of infrastructure of CBO's to do this work that's essential and I do believe we need to provide additional capacity building to the CBO's especially smaller CBO's from perhaps working with groups that aren't as well represented.

And also of course improve our procurement process, contracting process so that it's easier on agencies. Again, like I said, the next time there's an emergency, these agencies are like the most important partners we can rely on.

But yes, I would say that the programs are not — they themselves are not like incredibly complicated. It's a way for us to reach their communities and often they are the best positions to do that.

CHAIRPERSON MOYA: Thanks I just have two more questions and I'm going to turn it over to my colleagues and it deals with sticking with the CBO's and the contracts. And some of this is for the Department of Health and H+H. Can the Department provide a list of RFP's and other funding opportunities that are available for CBO's, provide support for COVID-19 pandemic throughout? And can we get the list of awardees of like each of the RFP's that have been provided as well?

MANUEL CASTRO: Yes, I can certainly provide the list. I have it right in front of me. It's an extensive list of CBO's that we work with in partnership with NYC Cares and DOHMH but I don't know if my colleagues, Dr. Jiménez, if you would like to add to that. He might be on mute. If we can unmute my colleagues, that would be great.

I will be calling on them to answer or to add to my responses.

DR. JONATHAN JIMĔNEZ: Thank you Commissioner. Yeah, we can definitely share the list after the hearing, absolutely.

CHAIRPERSON MOYA: Great and reading at that, what was the total amount of funding that was available would be very helpful as well. And then, the last one is how is H+H and the Department of Health ensuring that there is equity in the application process for these RFP's?

DR. TORIAN EASTERLING: Well, I can start particularly on that question. Thank you so much Council Member Moya. It's an important question and sort of thinking about how do we embed equity you know into our contracting process. Really it starts with how we're structuring the program itself from the beginning of our response going back to April 2020 during wave one. We wanted to really think about a diverse set of organizations. So, looking at larger organizations and smaller organizations that have a better nuance and understanding of the community. Also, looking at the languages that are used either by their staff or by some of the outreach materials.

And so, we wanted to structure this really intentional. So, we had a tier one, tier two and tier three based on the budget size as well as the number of staff that they employ. Then we also begin to have a very, a diverse set of individuals to really review those applications, multiple agencies read the applications and we continue to work with these organizations now. Throughout the course of the response into the vaccination campaign and even as we sort of move in this transitionary period, really making sure that our organizations are throughout the entire city but really focusing on the 33 neighborhoods that have been hardest impacted by COVID-19.

CHAIRPERSON MOYA: Thank you. I don't know if H+H was going to respond. That was it, okay. With that, I want to say thank you to my colleagues for allowing me to ask these questions. I want to turn it over to our Counsel. Thank you so much.

COMMITTEE COUNSEL: Thank you Chair Moya. I'm going to now turn it to Chair Hanif for questions.

CHAIRPERSON HANIF: Thank you so much. I wanted to build off of Chair Moya's question about NYC Care and I wanted to know uhm, are you all surveying the

folks who are enrolled to better understand their needs or is the program working for them?

DR. JONATHAN JIMĔNEZ: They're starting to now you know a few years now we're going to be three years old this August. And so are starting to look at evaluation and I think it will certainly include surveys of the experience of NYC Care members. At the moment, we haven't collected that data. Of course, as I was referring to earlier, we work with 22 CBO's citywide and are in touch with them monthly on a one individual basis but then as a group monthly as well and get to hear back lots of important feedback whereas that we can make sure to improve access, address any issues that would be coming across the enterprise. So, that's been a really fruitful partnership that we'll continue.

CHAIRPERSON HANIF: And how do those meetings take place? Do you have like a module that you use to track feedback or collect pertinent information from these CBO's?

DR. JONATHAN JIMĔNEZ: Yeah, actually in partnership, Commissioner Castro knows with staff at MOIA who sort of works with the CBO's directly. We track requests, feedback that are coming back from

the CBO's that are working with potential members and the NYC Care members and to make sure we address all the questions they may have about how to navigate the system.

COUNCIL MEMBER HANIF: So, I want to dig a little deeper into the equity concerns. Thank you Dr. Easterling for amplifying the emphasis on the 33 neighborhoods. DOHMH data has shown that COVID hospitalizations and deaths have disproportionately impacted those who are Black, African American, Latinx older and or those who are living in high poverty neighborhoods and or the Bronx. And although the data doesn't capture it, we also know that other communities have been disproportionately impacted including those who are disabled, immigrant, homeless, religious, limited English proficient and LGBTQ TGN CNB communities. How is the city continuing to utilize an equity lens to address COVID concerns for these communities mentioned?

DR. TORIAN EASTERLING: Thank you so much Council Member Hanif for the question. So, you're absolutely right. This is something that we wanted to continue to expand on. You know as many of you may know, we release a COVID-19 equity action plan in May of 2020.

Release of the broadening of framework that would allow us to engage providers and community-based organizations and think about our messaging.

In January of 2021, we updated that COVID equity action plan to really focus on equity. And what's really important for our vaccine equity action plan is that we broaden our lens to make sure that we were capturing the intersecting systems of oppression and so, not just looking at it through a racial justice lens but making sure that we're bringing in all of the other intersection analysis that we know that people are faced with. People do not live a single issue life.

And so, while looking at our community-based organizations as I talked about the process and response from the questions from Chair Moya. We also looked at other organizations that were also engaging the various subpopulations within the communities that we know were hardest hit. And so, thinking about our LGTBQ population, thinking about small indigenous population, making sure that we could have a connection, a relationship with those partners into those communities.

And then also trying to expand the ways in which our messaging PSA's, our front media really resonated with those specific communities as well.

CHAIRPERSON HANIF: Could you tell me a little bit more about where the messaging is being shared out and/or if you are working with particular leaders from these communities? Whether it's the LGBTQ community, folks with disabilities. Could you share a little bit more about how you are creating the messaging? Is it being pulled directly from impacted communities.

DR. TORIAN EASTERLING: Yeah, so two specific ways around developing messaging as Dr. Jiménez knows very well. So, we formed a test and trace community advisory board for that very purpose. We formed it in May of 2020. One, so that can share policies like quarantine and isolation policies that the city was considering at that time. We wanted to hear specifically from community-based organization and community leaders to weigh in on those policies that we're going to have widespread impact on New Yorkers.

Then we were also sharing our messaging, so many of the adds, many of the PSA's. This group had a chance to review and provide feedback for us. We

were very intentional about how we selected those organizations. We wanted to go across 11 different sectors as has already been identified by CDC. So thinking about faith-based organizations, thinking about the disability community, thinking about LGBTQ population, so we made sure that there was representation on that advisory board that we would be able to pull in that feedback as we design our messaging. And then the second way that we were intention around our messaging is through the contracts. All of the deliverables included to make sure that organizations were able to develop their own collaterals to develop their own social media, messaging, so that they can get it out to their communities and their networks. So, we really wanted to support their voice through the response as well.

CHAIRPERSON HANIF: And how many people would you say is being exposed to this messaging?

DR. TORIAN EASTERLING: So, you know just looking back at February of 2022, you know over 60 organizations have been funded through test and trace and through a number of different investments that the Health Department has made. We have done or the organizations have done hundreds of town halls. They

have done hundreds of engagements to street outreach and canvasing and this is often in you know there are languages, 13-languages that we often talked about but also and specific dialects that are irrelevant to the populations that they are serving.

And so, it is certainly numerous, too numerous to count but we can certainly follow-up with some of the numbers that we have tracked and the metrics that they have accomplished over the course of the response.

CHAIRPERSON HANIF: Yeah, that would be really great to receive and is the list of the 60 organizations and the Advisory Board public information?

DR. TORIAN EASTERLING: Yeah, so this is all on the Test and Trace website. We have the list of the organizations, the members of the Community Advisory Board and we can certainly follow-up with the members of the organizations that are funded. Because again, we have expanded and evolved over times. So, we'll certainly follow-up with you on that list.

CHAIRPERSON HANIF: I appreciate it. And then, is there an opportunity for non-Advisory Board Members and the 60-CBO's, the general public who are

not engaged in this way to provide feedback, ask questions. Could you tell me a little bit more about how you all are engaging with the every day person?

DR. TORIAN EASTERLING: Yeah, certainly. So, you know one is through the community-based organizations. We — so when we talk about a distribution of resources as a primary deliverable for our organizations but then also making sure that they are accessing critical services like connecting them to NYC Care.

The third and most primary deliverable that they have is compiling themes from residents and community members and they're bringing that information back and they're sharing it with us so that it can form our ongoing engagement. That's one way. We also held a number of focus groups and those focus groups to engage the parents of teenagers, making sure that we're engaging children, so that they could also inform a lot of the PSA's that we've done over this past year and a half and so much more.

And so, those are just some of the examples in how we can engage in every day New Yorkers as well. And you know, you may have seen some of the You Tube apps that we have done. We have taken cameras out

into communities at many of the mobile spots just so that they can record why they got vaccinated. And these are all different tactics that we have used to make sure that we are capturing themes.

CHAIRPERSON HANIF: That's really great and since you brought up parents and children, could you tell me a little bit more about how you all are utilizing schools to help reach immigrant communities and how has the city provided COVID related services such as vaccination and testing through New York City schools. I mean, early on I had a lot of push in my district and I'm sure across this entire city for there to be testing sites adjacent to our school buildings. So, could you tell me a little bit more about those pieces alongside again messaging through schools.

DR. TORIAN EASTERLING: Well, you know so as you all know, all the members of the Committee may know, our first priority in our response was really to keep schools open. One, because we know that they keep kids safe from COVID-19. Two, we know that it is really important for their physical, mental health wellbeing and so, it was really important for us to do all the things that we need to do in the

community, so that our kids can remain in school and I think we have been successful. Someone who has been here throughout this entire response, in this pandemic and seen the toll that it has had. Not only on our communities but particularly children, I think that we have done a remarkable job and there is certainly more that we need to do to focus on our kids because we are also dealing with the second pandemic of mental health, issues particularly for our young folks. And so, to your specific question as it relates to how are we supporting our children as it relates to the vaccine.

But one, you know as we have expanded eligibility first 16 and 17-year-olds and then 5-17 year old's, really making sure that our schools were hubs for access to vaccines and for testing. And so, one, you know H+H and I'll certain turn to Dr. Jiménez to speak more about this but really making sure that our local vaccine buses were at schools, partnering with our principals and partnering with our non-DOE schools as well, making sure that they had access to the vaccines.

Certainly, when we returned to school actively with the holiday going into January 2022, certainly

all the work that we did to make sure that at home test kits were available, hundreds of thousands of test kits available to all of our students and to our teachers to ensure that they were safe and families were safe is another example of how we're trying to continue to use a multilayered approach in keeping schools safe in the building and then also when they are going home.

And then we're gong to continue to do this and make sure that we're going to continue to double down on this approach as well. So, I'll turn to Dr. Jiménez if there's anything else to add.

DR. JONATHAN JIMĔNEZ: No, that was perfect thank you Dr. Easterling.

CHAIRPERSON HANIF: Well, I know that the city's priority was to keep schools open and yet we heard from so many immigrant communities and our essential workers and their families that that simply was not feasible because of crowded living conditions, intergenerational living conditions and so, there was a push from my community to open up other open spaces whether that be libraries or vacant spaces, we are to keep schools open for their safety and access to be able to do homework or study but that was never made

available. And this push to keep schools open was harmful and ignored our immigrant families.

And so, you know would really love to know how, like how else we're reaching immigrant families right now. If we are being deliberate about using an equity lens. They should be receiving information first had there been any parent — immigrant parent led taskforce or advisory group created to liaise with you all or the school. That still continues to be a gap. They still remain the last to receive information about their children's health.

DR. TORIAN EASTERLING: Yeah, no I think that those are really important points and certainly happy to follow-up with you to explore more. You know anything that you think that we should be doing more of, we're happy to think those through. And I think that those strategies are really important.

I think to the point around really engaging additional councils and taskforce, we should certainly sit down and talk through who else needs to be at the table to hear from them. I would also direct some of those questions to DOE because I do know that there have been additional strategies that I may not be able to speak to specifically but I know

that our DOE colleagues have done a lot to ensure that they were making sure to engage their PTA councils but also the steps that they took to translate and also interpret a lot of the messaging that often our agency was putting out particularly to keep our kids safe but making sure that they were going through those channels. So, I do think our DOE colleagues have done a tremendous job in making sure to get that information out.

To the one point that you did make about our cultural institutions and libraries, we understand how important often these institutions are and communities of color and the immigrant communities. And so, it was really important that we, not only made sure that they were open but they were also equipped with many of the mitigation measurements, so masking and testing. And so, our cultural institutions, our libraries are distributing at home test kits now. We've been really working as supply as become more available for both masking and at home test kits, we have been able to arm them with these resources. And so, we certainly agree that this is really important that the centers are available to our community members.

CHAIRPERSON HANIF: So, while I know that DOE isn't in the Zoom room today, how are you coordinating with DOE?

DR. TORIAN EASTERLING: So, DOE, we have weekly briefings and quite often daily briefings to talk about what we're seeing in our classrooms to discuss additional resources that are needed. We have a meeting twice a day to talk about at home distribution of test kits. And so, these are things that we've been doing since the beginning of the pandemic is really having a whole government approach activating all of our partners, making sure that we're coordinated.

CHAIRPERSON HANIF: That's really great. I didn't know that you were all meeting so frequently. I'd like to just follow-up later about ensuring that we are providing robust information to our immigrant families and taking an approach that the Council has put forth in our response to the Mayor's Preliminary Budget, which is taking a worker cooperative language access model to provide language access services that right now, the way in which agencies are providing language access is not necessarily meeting the needs of the families that speak these other languages.

And we should really be thinking about if you're really serious about taking feedback from me, taking an approach that really empowers our immigrant families to provide feedback on translation. And we know that many families don't have the reading comprehension levels if I speak from personal experience and ensuring that there are parent advocates also being empowered to provide just more spoken information that we're really utilizing all channels of language access. And also, something that we discussed with just among the Chairs of this briefing, of this hearing rather, is that there are other ways, other modes of language access, not just limited to interpretation and translation but also visuals.

And so, really good to know that you are coordinating with the DOE but I urge that you all put more care towards equitable language access to empower our immigrant families. And particularly, it's the immigrant mothers who have been at least calling me about you know a desk and a chair in my house doesn't make a school, doesn't make a classroom and while I want my kid to go back to school, this is anecdotes from the beginning of COVID that I don't

have the resources and the tools to help my kid continue school from our one-bedroom apartment with grandparents and uncles and whatnot. So, I would just emphasize that bit and go a little bit more into language access now. How has MOIA, DOHMH and I know we talked a little bit about DOE and other agencies work together to ensure equitable access to COVID messaging?

MANUEL CASTRO: I can jump in and then hand it over to my colleagues and thank you Chair Hanif for all your feedback and ideas. I'm certainly listening very closely and you know very much in active conversations you know with my colleagues and as we move forward in budget negotiations, I am certainly you know looking into the co-op idea and other ideas very seriously and I hope to have some good news soon. But yeah, it's certainly a priority of mine to make sure that as many families, as many of our community members have the information they need to access the great services we have available for them.

And so, when it comes to language access, you know again, it's a priority. You know I'd like to point out and this might answer some of the questions from earlier, we also have an interagency taskforce

where we discuss language access among other issues on a monthly basis and just last month, I had a great call with fellow commissioners and heads of agencies to discuss how critical language access is. And certainly not just language access but cultural competency and so, we had a great call. We have a number of next steps including looking seriously at procurement and contracts and making sure that if any issues come up with our vendors, we are addressing them. And to your point Chair Hanif, you know looking at other ways we can address language access with perhaps you know other ways of using our contracting power, right to address them.

And finally, working with CBO's again, continues to be the best way I have seen. Perhaps I'm a little bias here having worked at CBO's prior to this you know. For me, it's just essential to continue to support them and you know not just with contracts but with capacity buildings and uplifting their work. Many of them and I know the cooperative model of a lot of the organizations working on the ground like African communities together and others have brought up in the last number of years. And you know, I

think we're excited to be able to work with them in partnership hopefully soon.

I'll pass it over to Dr. Easterling or Dr. Jiménez just to see if they would like to weigh in as well.

DR. TORIAN EASTERLING: Yeah all important points raised by Commissioner Castro. You know again, our ability to translate into multiple languages leveraging our CBO's, using all of our multimedia adds but being able to provide interpretation. You know just to add a finer context to you know how we've been able to really be intentional around using language services.

I'll take you back to July of 2020 when we launched our hyper local approach for testing. And we really needed to work in multiple communities to make sure that community members knew where there were testing services that we were deploying just for those community members. We were in East Tremont. We needed to really work with the Catholic Church. We needed to work with [INAUDIBLE 1:34:44] Adams and we needed to be at the park there in Tremont.

And so, we asked all of the partners, what were the languages that we should use? So, we knew that

there were some West African language, Arabic. We also knew that we needed to work Spanish. And so, really working with those partners, making sure all of the materials were translated, making sure that we had staff available on site from H+H and from DOHMH, to make sure that they can interpret onsite around testing.

These are the ways that we have worked over the past year and a half. We have done the same for our vaccine mobile buses as well and these are the lessons that we've learned around how do we fully activate a government approach to make sure that the services are truly accessible. Not just available, accessible to New Yorkers.

CHAIRPERSON HANIF: That's really great to hear that you pulled directly from community to understand which languages should be prioritized. Did that also include once translation was created, a feedback process for the community members to provide input on whether the translated materials are readable, comprehensive, colloquial, that's one of the comments I hear that often times the city's version of the document is academic, it's jargony and so, could you share a little bit more about whether the communities

are also being utilized to provide input and if there's been any funding towards language access for the community, which would bring us to the worker cooperative model and Commissioner Castro, I'm really thrilled to hear that you've been in conversation with African communities together. They've been a real leader in developing an outreach strategy rooted directly with their community members and providing an economic job opportunity to be able to provide language access services.

So, would love to know what that process has been like and if there's any funding towards that to move us away from outsourcing these larger companies that are not necessarily rooted in our city.

MANUEL CASTRO: Uhm, I'll say that — I'll start. I'm not sure if we funded groups specifically for language access services, which is something you know like I said, I'm looking at very closely but we certainly funded organizations to conduct vaccine outreach. In that process, we certainly received a tremendous amount of feedback from the community and from the organizations that were funded. And that's essential, the feedback group right because I completely agree often if you do this work just

through our vendors, we don't you know, the feedback group is not necessarily there or to get feedback is somewhat harder.

And I'll just add that in the height of the pandemic in the last couple of years, MOIA partnered with DOHMH to translate materials in 26 languages which is you know many more than the ten languages that are required. And MOIA ourselves translated a lot of the materials into 40 plus languages. And you know this came about in large part because of the feedback received from the community themselves, right. Getting those materials to different languages and dialects, is often requested directly from the community themselves. So, that's why it's so important to not just have outreach and neighborhood organizing staff but also contract with the CBO's on the ground.

I'm not sure if Dr. Easterling or Dr. Jiménez have anything to add but you know, it's certainly a priority for us at MOIA and having a strong team to continue to do that work.

CHAIRPERSON HANIF: Thank you and could you remind me how many people at MOIA are tasked with doing direct translation work?

MANUEL CASTRO: Oh, yeah, yeah, definitely.

CHAIRPERSON HANIF: And also H+H, DOHMH. If there is such an outreach component to language access that is in addition to having a vendor do it.

MANUEL CASTRO: Certainly and thank you for that. I wanted to give a shoutout to our language access team because they've been working nonstop and you know their tremendous expertise helps us, rather helps the various city agencies sort of understand the needs for language access and understand Local Law 30 and going beyond that right. So, we have four staff currently working on language access but again it's really a team that does language access primarily in the most common languages but they are there to provide technical assistance to other agencies who also have staff.

So, each agency and office is required to have staff to do this work and to work with their own vendors and we're here to support them in doing so. Dr. Easterling, did you have anything else to add?

DR. TORIAN EASTERLING: I do not have the exact number but I know we do have several individuals on our staff who provide interpretation and work with a

number of different vendors but we can certainly circle back with that number Council Member Hanif.

CHAIRPERSON HANIF: Thank you and I'd love to meet with the language access teams following this hearing. I'd really love to see what lessons they've learned and be a resource to — I come from the language access advocacy world and have been fighting for language justice for a very long time as I shared in my introductory remarks. It was really recognizing that my parents — my parents you know would need me to be able to provide the information about lupus. And so, that shouldn't be and you know I've had the grit to understand lupus and the pains of it and have been able to articulate very well now because what that journey also pushed me into is learning how to read and write in Bangla. I took a trip to Bangla just after recognizing that there wasn't any courses out here at the time to teach me how to read and write in Bangla and that our city was just in one word, failing on reaching immigrant families.

And so, we've come a long way and I'm really proud of the advocacy that has been done and continues to grow around language justice in all

corners of the city. And so, I'm grateful for the ways in which you all are pushing for improved language access and know that this has been a real long fight out here for us and so, grateful for your commitment too.

Could you share what kind of coordination is happening with ethnic media? Is there like a weekly — are you also all meeting with uhm, ethnic media regularly and do they have a specific column in some of the widely read newspapers? I'd love to learn a little bit more about how your agencies are connecting with ethnic media.

MANUEL CASTRO: So, I'll start. I certainly do a lot of ethnic media interviews. Some of which you have done with the Mayor. For instance, we did an ethnic media round table focused on anti-Asian hate crime but certainly a lot of these topic often come up. We've done one with African ethnic media around the Bronx fire and again, you know these topics often come up in those conversations and it's important to communicate directly with this community and the media sources.

I've written a number of op-eds as well. It's something again, you know we've learned especially

through the pandemic that is important to emphasize because so much of the information that we're looking to get to the communities are really easier to get to through ethnic press.

And I suppose somewhat related, we also leverage social media that is accessible to the community. So, we use What's App and other you know, other platforms like We Chat and Kakao talk to communicate directly with the community. And so, yeah, and we have a great press team that is in constant communication with ethnic media. Who is also I think particularly interested in working with our office in writing about the progress against you know our goals and our work here and you know of course, Dr. Easterling has done a lot of — we see him and other often on our tech media you know channels and so, I'll let them chime in.

DR. TORIAN EASTERLING: Yeah, this has been really important for us. You know beyond this traditional sort of media outlets is making sure that we have a really strong partnership with the Mayor's Office, community and ethnic media. You know as Commissioner Castro has already mentioned, you know we've completed a number of different roundtables

with the community and ethnic media you know outlets, making sure that we have been distributing messaging on our COVID response and more recently our Commissioner Dr. Vasan had even done a roundtable with the Community Ethnic Media particularly on you know the concerns that we're seeing with behavioral health issues and you know I think we really wanted to make sure that we're raising alarm under Dr. Vasan's leadership that we cannot only just think about COVID, we have to think beyond COVID and certainly the tolls of this pandemic.

So, that's been important and then you know beyond the roundtable really working to make sure that our outlets are engaged and some of the work that we're doing and so we do make sure that our ethnic media coming out to partner with the community -based organizations and getting out some of the information that they're doing and sort of in their environment as well.

So, you know we're just going to continue to build on it but our partnership will be really strong with our city agencies and so working with MOIA, H+H to make sure that we get the information out.

CHAIRPERSON HANIF: Yeah, that's really uhm been a priority because of so much misinformation around access to care and just scams targeting specifically our vulnerable communities including immigrant communities. So, would like to more specifically learn about how through this ethnic media approach, you've been combating misinformation and demystifying what care in New York City looks like and that access to care is open to all. And how you've been empowering communities through ethnic media and I'd really love to know like if you had you know beyond the roundtables and doing interviews. If there's a like standalone column in some of the more widely read newspapers in the city run by our immigrant communities to deliver this information regularly. And that's something that even we're developing as a Council Office like having our weekly newsletter reach the few ethnic outlets and they then translate or we talk to make sure that the pertinent information reaches our immigrant constituents. And it's a tough tool to utilize and perfect but would love to hear how in addition to the CBO's, ethnic media is being prioritized.

MANUEL CASTRO: Yes, we do have a number of constant or reoccurred relationships, particularly with like El Dia La Printa(SP?) for instance where whenever we do an op-ed, I've done a couple since I've joined MOIA, we also make sure that it's also reprinted there in Spanish. I love to do this for other languages and I certainly done a lot of work recently with the AAPI press around anti-Asian hate crime and you know through Lunar New Year to promote services that the city can provide. And you know I know that they've done a lot of coverage because people start recognizing me, you know. Which is interesting.

CHAIRPERSON HANIF: As they should, they should recognize you.

MANUEL CASTRO: Yes.

CHAIRPERSON HANIF: They should know you.

MANUEL CASTRO: It's been quite, yeah, great to be embraced by the community and really to in large part because you know we get out there and ethnic media has an interest in covering this issue.

CHAIRPERSON HANIF: That's right.

MANUEL CASTRO: So, that's why being present is so important and making sure they know right who you

are and what you're about. I should point out that through the pandemic, MOIA and DOHMH ran a campaign called 'Support Not Fear.' Of which a lot of funding was invested and a lot of the work was done through ethnic media. And so, in FY20, $1.1 million was invested and this is primarily a communications ad campaign that went in different languages through ethnic media and in FY21 $510,000 was invested in making sure that media buys in ethnic media also happened to promote the services that the city provide combat misinformation and fraud and so, that —

CHAIRPERSON HANIF: Could you share those numbers one more time? The $1.1 million was which year and then the $500,000?

MANUEL CASTRO: FY20 was $1.1 million, in FY21 $510,000.

CHAIRPERSON HANIF: FY21?

MANUEL CASTRO: Yeah.

CHAIRPERSON HANIF: Okay.

MANUEL CASTRO: And this was you know at the height of the pandemic and of course we were still under the previous federal administration and so, it was really critical for MOIA to be able to work with

ethnic media and clarify you know that our communities had the right to access medical benefits and the vaccine and so on, right. And again, you know we have to learn from these experiences so that when the next time we need to employ emergency response in immigrant communities we do it right and this is certainly a priority for sure.

And again, you know going back to the op-eds, I wrote an op-ed to promote the booster vaccine, just like two months ago with Dr. Chokshi, the previous DOHMH Commissioner and that was really successful in large part because we shared our immigrant stories. We're both children of immigrants and how it important it was for us to connect our parents to the vaccine and I'd love to continue to do that. And you know with my fellow commissioners, maybe Council Members you know because it's important that they see our leadership and our communities reflected in government as well.

CHAIRPESON HANIF: Agreed and so, were you receiving reports of frauds or scams directly that were targeting immigrant communities to help inform how you were messaging around this ad campaign?

MANUEL CASTRO: I believe so. MOIA and I don't have the specifics in front of me. MOIA has a hotline, a number of hotlines. One is for legal services; the other is like for general services and information and that's where we would receive complaints or just information about maybe things that are not clear. And certainly, when I was leading NICE, it was a constant, at least when the vaccine came out, it was a constant pushback against misinformation and it's detrimental right because then there are delays in people accessing care or something like the vaccine and yes, that we certainly do play a big role. MOIA and the CBO's and I keep bringing up NICE because NICE was contracted by MOIA in the city to do some of this work and I love to lean on that experience to continue to do it and improve on it for sure.

CHAIRPERSON HANIF: And was MOIA working with DCWP or the NYPD or the District Attorney's Offices on the reports on scams and fraud and could you share what the result has been of working with these other agencies?

MANUEL CASTRO: I believe MOIA did work with some of these agencies. I don't know of the results.

I'll have to get back to you to see if there were any outcomes. I do know that a lot was to respond to the misinformation out there. I'm not sure if — to be honest, I don't know if anything else other than that came out but I'll take a look. You know it's complicated you know again, speaking from my previous experience and my work on the ground, often the misinformation and maybe fraud also happens and comes from the immigrant community itself and you know it's complicated to navigate that. Of course, we don't want to put anyone at risk right. And you know that's why it's important to work with CBO's and community on the ground to make sure we are understanding what are the nuances right.

Some of it is just spreading misinformation, perhaps not fraud. You see that in immigration legal services right as well.

CHAIRPERSON HANIF: Absolutely.

MANUEL CASTRO: Yeah, consumer rights and that's an immigrant consumer right, in that sense it's really important too. So, looking forward to working with DCWP and others on that.

CHAIRPERSON HANIF: And has the budget remained the same to combat misinformation? I know that from

FY20 to FY21, we've seen a pretty big cut. How is the agency looking at the budget allocation to combat misinformation?

MANUEL CASTRO: I don't believe we have a budget for an ad campaign. These were specific funds for this campaign. I'll have to take a look at our campaigns right now centered on access to services, specifically IDNYC which is important as things you know ramp up again. I'll need to look at that, again, I do agree that this is an ongoing problem and we often do it in partnership with other agencies. In this case, because it had to do with COVID and the vaccine, I was in partnership with DOHMH but often you know this is done with other agencies like DCWP and the like.

CHAIRPERSON HANIF: Great and Dr. Jiménez or Dr. Easterling, would you like to add on anything that you've learned or would like to see improved around combating misinformation on fraud with immigrant communities?

DR. JONATHAN JIMĔNEZ: Well, Jonathan, with respect to access to healthcare, you know that's a major priority for the NYC Care program and we do a lot of advertising and marketing to make that — and

the messaging is always around the right to healthcare regardless of immigration status or ability to pay. And so, that continues to be a priority. We have marketing both you know on subways, mainstream media but also social media, multiple languages, we host regularly community at the media roundtables and court, non-English press for publishing of op-eds that we've had in the past. It is a major priority. We know 70 percent of our members prefer to you not speak English with their provider, so we know that's the most important thing to do is provide information and education in non-English media.

DR. TORIAN EASTERLING: I would just add, I mean, I think all three of us, we all agree that misinformation is a continued threat, particularly to our progress on preventing ongoing transmission, poor health outcomes. And Council Member Hanif, you know you tied this point really all together, just understanding what we saw during this pandemic but also understanding that overall access to healthcare is also part of it. And so, this is part of the fight and phenomena that we saw prior to COVID-19 and to the pandemic and you've already heard from the

Commissioner and also from Dr. Jiménez, some of those strategies but I just want to emphasize one point, that I think with COVID and the way that this pandemic was polarized and politized, you know a lot of it was outside of our control. And really having voices like Commissioner Castro and you know previous commissioners call on organizations like Tic Tok and You Tube to make sure that they do their part in the federal government. We engage with the Surgeon General Dr. Vivek Murphy and you saw that he also called — he made a call to ask around misinformation particularly around the vaccines, working with the White House Taskforce on Equity, making sure that this was a point to really include in their recommendations.

Because we know that misinformation was targeting BIPOC communities and immigrant communities. There was enough evidence to show that as we were tracking some of the social media. Some of the information that was coming from organizations that we were working with. And you know this is why I really took a collective action. We were grateful for our partners, our community-based organizations, the information that they shared with us allowed us to

inform some of our own messaging but we also know that there was a greater structure at work. And that requires a broader action to make sure that we can address misinformation and disinformation.

CHAIRPERSON HANIF: Thank you, I've got two more questions before I pass it to Chair Schulman. Okay, so how does the city ensure that there data is accurately capturing different ethnic communities and particularly the Asian community? I remember when the first breakdown disaggregated data had come up by racial category. Under the Asian category there were 112 or 114 people as what was listed for — to account for the debts that we had seen.

And so, I'd like for you to walk me through when a patient comes in, what kind of demographic data or survey is being taken and how are the hospitals and other health facilities ensuring that the data is accurate to make sure that the city has an understanding of which communities are being impacted and then this helps inform our CBO's and ethnic communities to do everything we can to make sure that information is being distributed adequately and we're combating misinformation?

DR. JONATHAN JIMĔNEZ: I would I think defer that question to Dr. Easterling. I wasn't sure if that was addressed to me but I know the Department has done a lot of work to make sure that that information is collected accurately.

DR. TORIAN EASTERLING: Yeah okay, yeah I'll get it started. You know I think the point around disaggregating data by race and ethnicity is something you know that our administration has taken very seriously, making sure that we disaggregated our cases, making sure that we disaggregated our vaccine coverage as well.

But this is you know tremendous work to make sure that we can really sort of see that level of granular details but it will take additional work to make sure that a healthcare system is really reporting you know coherently and providing this information accurately. Often times when an individual is coming into a healthcare system, that healthcare system has his own electronic medical record. They may have their own field, a way that they are capturing race and ethnicity.

The important point right now is that we've made sure that providers are capturing. One of the things

that we did see during the earlier part of our vaccination campaign is that you know there were many reports coming in where providers were not capturing race and ethnicity or it did not know. So, we put out a call to action through our Health Action Alert Network to make sure that we ask providers to at least capture race and ethnicity.

Again, this may be different in certain community health centers, in certain healthcare systems because there is no standard way that you capture Black, African American or a Latino or Spanish you know and ethnicities. So, this is where again, we have to really make sure that there are more standardizations and making sure that we're capturing race and ethnicity.

We called on and tried to work with the Department of Health and Human Services at the federal level to really help standardize this process more broadly and I think that there's going to have to be more conversations underway to do that. In the interim, we want to make sure that we at least have based on the information that we do know for preventive services, like vaccines, for more broad access to services like health insurance that we can

disaggregate by borough as we know many of the neighborhoods that have a high proportion of individuals who are foreign born or English is not their first language. These are proxies, these are ways in which we can identify where we need to direct our resources.

CHAIRPERSON HANIF: So, right now you're saying that because there isn't a standardized approach to survey patients that has aided in the sort of failure of disaggregated data?

DR. TORIAN EASTERLING: So, there is no standard way to really call on all providers to collect that information and that will take more work from the federal government to make sure that they're putting in that level of standardization. At the local level, we do not have that authority for any healthcare system or community health centers to collect that information. We can certainly advise and strongly recommend but we do, we do really encourage that they capture the information.

CHAIRPERSON HANIF: And so, you've been taking a strongly advised approach to collect this data because it's evident that its life saving information. I mean, I remember when I saw the 100

number under the Asian category which is a community made up of so many ethnicities and on the ground, myself and other Bangladeshi activists were basically tallying how many Bangladeshi's died to COVID. And so, that number had already reached over 200 and so, to receive this data and then have this different anecdotal evidence from the activists, we were just shocked that the city was not taking a much more responsible approach to collecting data and then sharing with our community, so that we on the ground could inform the mosques and the grocery stores and families around safety and precaution because of the rise in COVID deaths.

So, is there something more specific that H+H is doing to really stress the collecting of this demographic data? Is there a survey or is it just through their patient file that information is collected?

DR. JONATHAN JIMĚNEZ: Yeah, so it's collected routinely along with other you know demographic information. We collect race, ethnicity, preferred language along with address, name, other information that is relevant for their healthcare. But I think to Dr. Easterling's point, there's no sort of

standardized way of doing that. We collected but it make not be at the granularity that I think we need to really make it actionable and really — not actionable but have the greatest health equity I think intact right. And so, that's still work that needs to be done. It's the only Department of Health has been leading the way in that regard so, really appreciate their leadership there.

DR. TORIAN EASTERLING: Yeah and just to add you know, right now we have you know our city's public healthcare system on the call but we have to remember that a you know a large percentage of those who we're talking about, those who are under the poverty line, those who are Medicaid, they also access our independent safety net hospitals. They also access independent federally qualified health systems that do not fall under our city's public healthcare system. We want to be able to capture all of that information from these independent hospitals as well as our city's public healthcare system and that's where we continue to work with our state and federal partners to standardize that process so we can continue to collect accurate information and we can

report. Our local health departments will need to then report that information in an accurate manner.

CHAIRPERSON HANIF: Great, thank you. And then how are we letting people know where they can get tested, specifically could you speak on how we're relaying information about city sites versus private sites which may charge? We've seen them charge for testing which do not provide as accurate and fast reliable testing. I remember struggling in my district to get an H+H site placed in specifically Kensington where we had seen a ton of tents, private tents opening up. My district was also the hub where Care Cube and other predatory sites you know began to call their home.

How are we working to ensure that this message is received by all immigrant communities, including those with low digital literacy or those who are limited English proficient?

And then there was also this one incident where a provider was asking — going back to this sort of standardization of intake forms. They were asking for citizenship status and we you know raised hell on Twitter, which got them remove that question.

So, would love to learn a little bit more about how information about testing sites are being shared out.

DR. TORIAN EASTERLING: Dr. Jiménez, do you want to take it or do you want me?

DR. JONATHAN JIMĔNEZ: We do have a weekly summary flyer of the testing sites in each borough. That's an important way we're discriminating that across our outreach CBO's to make sure that they can share with the community. As you mentioned, there's the online resources also highlights whether a site is city run or not, important for our uninsured New Yorkers and recently had a notification go out citywide to make sure that folks know they can still get free testing. And then of course at H+H all of our facilities also provide free testing to the community, regardless of whether you're a patient there or not. We have of course 11 hospitals but also, dozens of community health centers that are currently providing testing.

CHAIRPERSON HANIF: Got it, thank you. I'd now like to pass it to Chair Schulman for questions.

CHAIRPERSON SCHULMAN: Thank you Chair Hanif very much. You actually gave me a whole bunch of follow-

ups from your line of questioning and from Council Member Moya.

So, uhm, I'm going to go back a little bit to Council Member Moya mentioned — Dr. Jiménez, referrals to specialists when he asked about that. How do the affiliation agreements figure in all of this in terms of are people referred to the affiliates like Mount Sinai and NYU? Are they referred to people at H+H and how does that work in terms of whether they have insurance or don't have insurance and the expeditious way that they can be referred?

DR. JONATHAN JIMĔNEZ: Yeah, we, I think because we have an integrated electronic medical record system, we do refer in house to our hospitals within our facilities because that's also easier for our patients but we certainly can refer externally whenever needed for a specialty that we may not have available or simply the patient requested it. But we certainly like to rely on our own resources and in our specialty because we have — then we'll be able to better communicate and hear about what the specialist is requesting or what their assessment was.

CHAIRPERSON SCHULMAN: Well, since there are affiliation agreements and we have relationships with them and a lot of those doc's work in the system, I just want to make sure that there's a way to expedite. So, if there's a specialist that has an appointment open that's part of the affiliate, as opposed to having to wait several extra days for somebody that's in the system, is there a way to expedite that and to utilize that?

DR. JONATHAN JIMĚNEZ: No, I think that's a great idea. I don't know that we have that information integrated into the electronic medical record at the moment, so that we know if there's an open spot but I do think we, as I mentioned previously because such a large proportion of our patients are uninsured, we tend to rely on our own especially where we know what the fee scale will be, we'll know that they won't be turned away. But we can certainly explore and follow up.

CHAIRPERSON SCHULMAN: And I'll just make a comment that I used to work at H+H and I worked at Woodhall and I actually was involved in one of the affiliation agreements and they are coming up this year for renewal, so maybe that's something to put

into that and maybe something to Dr. Katz about. So, I will make that comment. The other is that in terms of you know we've all mentioned, Council Member Hanif and Council Member Moya about the importance of the CBO's. The problem is the CBO's are very often not paid until the last minute, so their effectiveness is effected by that and I've actually spoken to CBO's recently that haven't even got paid yet for this current fiscal year, so how are you working in terms of trying to get those payment expedited?

And that's not necessarily a question to you but I'm just making it.

DR. JONATHAN JIMĔNEZ: Well, I mean I will say that that's a priority that the staff and CBO's that the staff hired are paid and so we're working every day to make sure that that happens, absolutely.

CHAIRPERSON SCHULMAN: So, I also Dr. Easterling, you talked about before Council Member Hanif brought up the issue about how we're getting to everyday people in the community. I wanted to expand on that a little bit. You talked about the focus groups, have you done focus groups with older adults? My district in particular has one of the highest number of older adults in the city in terms of Council

Districts but are you working with the Department for the Aging on that?

DR. TORIAN EASTERLING: I would have to go back to our team to specifically see if we held any focus groups with older adults, with 65 and older or even older than that. But we have worked hand and hand with Department for the Aging. You know our Commissioner has filmed a couple of PSA's with Commissioner Cortez Vasquez and we work with their team as far as doing outreach engagement in senior centers, both NYCHA and also some of the independent. So, yes, we're working with DFTA.

CHAIRPERSON SCHULMAN: Okay, well, yeah, I want to get that information about the focus groups and older adults because obviously we have an aging population in general in New York City and COVID really affected people with not only underlying conditions but who are older. So, that's really key and also when you talked about race and ethnicity and the disaggregation, do you ask about religion because very often in my community depending on like the very often in the Jewish community, they have religious issues in terms of accessing healthcare and all of

that, so I just wanted to know what was being done there.

DR. TORIAN EASTERLING: Yeah, from a healthcare perspective that is not a field that is often asked but what we typically do again is use neighborhoods by proxies, think about our engagement. And so, you know typically in the Jewish community, we work with a number of different partners, the Medical Coalition, making sure that we're thinking about our messaging, thinking about how our engagement and also working with a number of providers in the community as well. But we really know that coordination really, really stems from the partnerships and relationships that we have in that community.

CHAIRPERSON SCHULMAN: So, immigrant communities that speak Hebrew, Russian and Yiddish in my district, which includes orthodox and Bahrain communities, there were instances that made it clear that the city was unsure how to properly and meaningfully engage with this community, particularly in the midst of the pandemic. For example, messages relayed in the incorrect language such as Yiddish when those in the neighborhoods speak Russian.

How has the city worked to improve their relationship with these communities?

DR. TORIAN EASTERLING: Well, we're currently funding a number of different organizations in the community. JCRC, UJO, and just trying to make sure that we build more partnerships. As I mentioned the Health Coalition and also a number of different providers making sure that we have the right messaging, the right language as well.

So, this is certainly work that we're trying to correct going forward.

CHAIRPERSON SCHULMAN: I want to also ask about in terms of ethnic media if you also include like the Jewish link and all the different Jewish publications throughout the city that reach various communities.

DR. TORIAN EASTERLING: I do not have that specific list of all the media outlets of who participate in the roundtable but we can certainly follow-up.

CHAIRPERSON SCHULMAN: Yeah, because maybe we can add to it and also, I wanted to just make a suggestion. We talked about op-eds that are being done in different languages and different ethnic media and all that but maybe we should look into

getting trusted community influences to right some of those op-eds or offer them because I think that might be something that people would — uhm, that would benefit people. So, I just wanted to make that suggestion. You could work with them on the messaging but maybe have them you know like for example, I know doctors in certain parts of immigrant communities in my district that would be willing I think to do op-eds and things like that and they're very trusted. So, it's just something that I wanted to bring up.

MANUEL CASTRO: Well, thank you. Just to jump in, this is Commissioner Castro, thank you. Thank you Chair for the suggestion. This is something that I've been working on a lot on the last couple of months and the context of the Ukrainian crisis in getting messages out in Russian, to the Russian speaking communities with translator. A number of our general information material into Russian, Polish, Ukrainian and certainly I'd love to partner with you and get this information out to these communities.

DR. TORIAN EASTERLING: I'll second that as well.

CHAIRPERSON SCHULMAN: Thank you. How has messaging about vaccination been related to these communities? Uhm, particularly the Jewish, the orthodox and Bukharan? Because I will tell you the vaccination rate In the Bukharan community is extremely low. Anybody want to answer that?

DR. TORIAN EASTERLING: Yeah, I'll get started but it is an important question. Certainly with the Bukharan community which we know that many live in Queens section Forest Hills area. We seek a vaccination coverage and that has been part in due to the partnerships that we have you know with CBO's in that area.

We have partnered with them in doing vaccine popup sites and bringing our mobile buses into the area. You know vaccination covers particularly for some of the zip codes that's over 80 percent. So, in some cases better than the citywide rate. But you know I know that we have to continue to do more and you know as my colleagues have already mentioned, if there are any other strategies that you think that we should be employing here please let us know.

CHAIRPERSON SCHULMAN: No, I appreciate that and there are different factions of each of these

communities too, so like for example in Regal Park, I'm guessing that the rate is lower, that's what I've been told. But uhm, yeah, no, we can talk about that. Now, I wanted to talk about Notify NYC. What languages is Notify NYC in?

MANUEL CASTRO: I don't have the specific list in front of me but I just had a really great meeting with the new Commissioner at Emergency Management who oversees Notify NYC and he did ask for support in reaching out to more communities and if there are any languages missing there, I can work with that team you know to increase the presence there. Oh, I just got uh, the specific number is 13 languages. I don't have the list in front of me but that certainly can grow and I'm going to be partnering with the Office of Emergency Management to do that.

CHAIRPERSON SCHULMAN: Can you get us the list of languages that they have it in and also, you know one of the things that I mean, this isn't necessarily for you guys, it's more for Emergency Management but I think that alluding to something that Council Member Hanif brought up earlier in terms of graphics. You know sometimes graphics are easier to understand regardless of what language you speak. And so, maybe

it's something we should look at just not just for Notify NYC but across the board in terms of getting messages out to the various communities.

MANUEL CASTRO: I just got a note Chair. We have — Notify NYC is in all of the ten Local Law 30 languages in Italian and Yiddish in sign language. But as I said, I'm going to be working closely with them to increase this number to improve their registration onto this service. And yes, I'm definitely big on also using plain language, which is critical as Chair Hanif said, you know sometimes the language we use is not as accessible and would love to partner with your offices to make sure that we get it right.

CHAIRPERSON SCHULMAN: Okay, that's great and also if we can help to with registering people for Notify NYC, I think that we would definitely want to do that with you.

Okay, so federal money is gone now. I'm talking to mostly DOH— Dr. Easterling. What are we doing to fill this gap, given that federal funding is now gone, I'm particularly concerned about the resurgence of popup private testing sites that may charge for

tests, may not provide fast or reliable results. How is the city addressing this?

DR. TORIAN EASTERLING: Well, I'll just say first, thank you Chair Schulman for just putting this out there. We remained concerned about this point very much so. All of the services through our city sites, through Health + Hospitals remain free, whether you know anyone's ability to pay regardless of their immigration status but to the point of other sites that are popping up. You know, those are the things that we're going to continue to keep our eye on and track the information but this is a role for our state and federal government. We need to make sure that the money that is available, we'll make sure that treatment, testing and vaccines remain at no cost to individuals. I know that the current plan doesn't even go far enough to really cover the cost so, we are talking with the federal government about an uninsured program through health resource service administration to really sort of think about some additional support that the city can leverage but our approach is to make sure that all of our services through the city site remains available free regardless of immigration status or ability to pay.

CHAIRPERSON SCHULMAN: No, I realize that you guys still have the free testing at the H+H and DOHMH sites but for a lot of people, they are not accessible for them, especially older people. So, do you have vans that go out? Do you have or we're still trying to get state and federal resources to do that?

DR. TORIAN EASTERLING: Yeah, the sort answer is yes, we do have those vans and I'll turn to Dr. Jiménez to share more but yes, H+H continues to be out in the neighborhoods.

DR. JONATHAN JIMĔNEZ: Yeah, absolutely, we have 70 units across the city operating. Approximately 30 of which also provide vaccination and actively looking for community partners to make sure that they're going where the need is, so again, you know happy to partner if there are particular needs in your community and in the other Council Members community.

CHAIRPERSON SCHULMAN: I will say there were needs in my community in the beginning of January and I'll check now but we weren't able to get — we weren't able to get a van to come out, so hopefully maybe we can do that moving forward and like I said,

I'm not necessarily in an underserved community but we have a lot of older adults here, which is critical and I've been hearing from a lot of my constituents about that, so just wanted to raise that. Is there a number people can call with complaints about the popup sites or the testing or any of that? Do you know?

DR. JONATHAN JIMĔNEZ: I do not know but I can follow up regarding what the avenues are for providing feedback. As has been mentioned before, obviously we've heard much through our Council Members and CBO partners uhm, but I'll see if there's a specific number that folks can call or email.

CHAIRPERSON SCHULMAN: And H+H contracts with different — do you still contract with different organizations that have popup and mobile sites or not anymore? Not since the federal money went away?

DR. JONATHAN JIMĔNEZ: Yeah, we maintain contracts with more than one vendor in part because we want to have the ability to scale if needed, so yes.

CHAIRPERSON SCHULMAN: How do you uhm, is there an oversight component to that?

DR. JONATHAN JIMĔNEZ: Yeah, absolutely. Our staff and program managers work with the vendors closely to make sure that we incorporate feedback from the community. Connect them with new partners in the community whether it has [INAUDIBLE 2:27:40] or community-based organization.

CHAIRPERSON SCHULMAN: And how do we ensure their work is reliable and culturally linguistically competent?

DR. JONATHAN JIMĔNEZ: There are several ways, one is through feedback as I just mentioned and then also, started visiting some of the vendors sort of a secret shopper and that's been important helping to maintain quality across the mobile units as well.

CHAIRPERSON SCHULMAN: Great, New York City Care has done a great job linking those who are undocumented to primary care. Primary Care Development Corporation has studied the inequalities in primary care access and delivery amongst New Yorkers which are largely driven by economics, including insurance coverage, reimbursement and social determinants of health, geographic, demographic and socioeconomic characteristics impact where primary care providers are located.

During recent budget hearings, Dr. Katz expressed interest in expanding H+H's presence in the underserved communities, do you know what the status of that work is number one. Number two, is that I also, which I said in a previous hearing, underserved for me is also the older adults in some of our communities including my district.

So, if you can tell us what the status of that is, that would be great.

DR. JONATHAN JIMĚNEZ: Well, H+H is committed to expanding access to healthcare and specifically primary care to everyone so, we'd be happy to follow up with the Council on the status and continue to develop ideas and to meet those needs.

CHAIRPERSON SCHULMAN: Because for example, in my district, most people tell me they go to see and MD for their primary and preventive care and that's not adequate as you realize and Council Member Moya said we only have two hospitals, Elmhurst and Queens Hospital Center, so I think if we have more resources in the different communities, I think it would be extraordinarily helpful.

Local Law 107, how is Health + Hospitals preparing for the inclusion of FQHC's in the New York City Care network?

DR. JONATHAN JIMĚNEZ: Well, currently we're discussing with our colleagues at the Department of Health and Mental Hygiene and look forward to working with the new council as well to make sure they implement the bill, yeah.

CHAIRPERSON SCHULMAN: Well, thank you very much. I want to now hand it over to Council Member Chair and Chair of Hospitals Narcisse.

CHAIRPERSON NARCISSE: Hi, good afternoon everyone. I know by now most of you are probably tired. We know about the attention deficit disorder, so I'm not going to have a lot of questions. I want everybody to ease up because it's been a long process.

One of the questions that I want to ask is about around vaccination. While many of those vaccinated and boosted are largely protected from the impacts of COVID-19. Which communities that we may not risk from your — I kind of understand, may know but I'm just asking you. Which community you think that we may not risk?

DR. TORIAN EASTERLING: Well, I'll jump in Commissioner Castro, is that alright?

MANUEL CASTRO: Yes.

DR. TORIAN EASTERLING: Okay, you know I'm so happy that you raised the question Council Member Narcisse because overall, I think that we've done a remarkable job on our primary series. Now, for primary series, we still want to continue to get our young folks. As I mentioned only 58 percent of our young folks are vaccinated, fully vaccinated. So, that's the primary series and then, we think about the boosters. We continue to you know not reach our mark to our boosters overall for the city. And so, you know really the message is you know really to our parents, making sure that our young folks are getting their primary series and then we want to make sure that others are getting their booster shot as well.

And then, you know obviously as I mentioned in my remarks, individuals 65 and older and if you have an underlined chronic condition or immunocompromise, you are eligible for a second booster as well.

CHAIRPERSON NARCISSE: Thank you, I'm trying not to repeat all those questions, trying to see which one that I need to get to you. Uhm, has the city

expanded access to COVID-19 treatment, which is including monoclonal antibody treatment, remdesivir, and all antiviral medication. How is the city promoting their efforts to expand access to such treatments?

DR. TORIAN EASTERLING: Well, another great question. The good thing is that we are not in the same state as we were several months ago, where we felt like we were in a supply shortage. We do have the supplies, both monoclonal antibodies and antivirals. We continue to use an equity approach making sure that we're looking at the neighborhoods that have been hardest hit, where we see higher rates of cases. Where we have seen higher rates of death.

I think particularly for the antiviral treatment, the first position and priority is really messaging. We need to let people know that we have expanded our tools in the toolbox. Yes, as I've already stated, getting vaccinated and boosted remains a priority but once you get tested, you can get treated. You know if you have symptoms and were increasingly tested within five days, you can be treated and those who can be treated are if you're over the age of 65 or if you have an underline chronic condition.

We have expanded our ability to really distribute the antivirals and we can deliver through all to a pharmacy we can deliver directly to the home. So, you know we just want to get that message out to everyone.

COUNCIL MEMBER NARCISSE: Okay, so now you know we've been talking all morning about language, English proficiency right. So, how do you do that in the community that speaks a different language, different dialect? Because not knowing that they have treatment available.

DR. TORIAN EASTERLING: Yeah, so we work directly with Alto Pharmacy to make sure that all of the collaterals, all of the materials are translated in the 13 languages and we have armed all of the CBO's that we have been talking about this morning. So, they have all of the messaging that I have been sharing with you. They are also saying as they are engaging with individuals because they are delivering at home test kits, so one of the things that we made sure is that we have our CBO's distributing at home test kits and then they are also letting them know that they can also get treated.

The other way is through the hotline 212 COVID-19. We are letting people know that if they've just got recently tested, they can also get treated. And as we all know 212 COVID-19 is available in all 13 languages and more.

CHAIRPERSON NARCISSE: Okay, is MOIA involved in that to make sure that the language access is being credible throughout our city? Because we speak like, in my community alone, we speak over 25 languages and I'm only hearing about 10 or how many I forgot that you focus on.

MANUEL CASTRO: Yes, well in a previous, I think in a previous question I answered that we assisted, we partner with DOHMH to translate materials into 40 languages. These are specifically COVID materials and then we assisted to translate other materials in 26 languages but certainly, I want to and I will I think work closely with my colleagues in making sure that more languages are accessible to communities and that the services reach as many people as possible.

I guess I'll take the opportunity now to say that my parents have been part of the H+H system and now NYC Cares for a number of years and I have seen firsthand how important it is to have an ongoing

relationship with a healthcare provider because then they really truly understand what your needs are and what are the languages that you might you know need to be serviced and so, you know the language is important but that ongoing relationship has also been really critical and my parents have found a community there and you know they're really big champions of the system. And so, when we speak about language access, we also say language justice and also language communities and that is something that we really want to continue to protect and grow over the next couple of years.

CHAIRPERSON NARCISSE: Thank you so much. Moving forward, I'm asking you right now, that's a question that goes to all of you. And where we are today with COVID, do you think you're comfortable that you know that for sure that you're giving everything you can to address the pandemic right now? That's a general thing because right now understand we came from Albany and there is so many folks that came out positive including myself.

MANUEL CASTRO: Well I'll start. You know I think like Dr. Easterling said, I think getting boosters, the booster number is higher. You know I

saw firsthand when I was leading a nonprofit that a lot, a big number of our members had not gotten the booster and that's important as more time passes that people considering to get the booster, right. That is the way that we're going to protect ourselves from COVID moving forward. And obviously those who haven't received the first round of vaccines. But again, you know that is a big interest of mine to like really you know emphasize the importance of the booster and having this ongoing relationship with our healthcare system.

CHAIRPERSON NARCISSE: Yeah and thank God for — I believe in science. I have my booster, that's why I'm not sick but thank God nobody around me, including my own home, nobody become positive because everybody got boosters already, even my young one. So, thank you for that and the work you have been doing.

Uhm, looking towards the future, what system has MOIA and the city set in place that can ensure better language access immediately when a crisis hits?

MANUEL CASTRO: I think we've learned a lot from the partnership between DOHMH and NYC Cares in the last couple of years. As I said before, you know we

have to learn because you never know what the next crisis might be. Of course, in addition to like the many health outcomes that we're trying to address and really understand what we've learned and lean on that and continue to grow. And so, also the relationships and the leadership that we've been able to build, those are critical. You know, I'm the Executive Director of a nonprofit that did this work with these partners. I hope that there's a pipeline there and we continue to bring over you know folks who have worked on the ground to our agencies to continue this work.

CHAIRPERSON NARCISSE: And thank you. I think Chair Hanif had touched a lot in, I'm very impressed through all the areas that I was going to touch about the language access, what we need to do. For moving forward, one of the things that I was not satisfied about is just the statistic, the data collecting. So, if we ever, I mean we're still in the pandemic but I feel like we have to be better prepared for anything that can happen because we're too advanced for us not to have data collecting specific to areas in communities. I understand you're working with the CBO's but that should not be us as

leaders of our community trying to — I mean, running all over to try collecting data. That's supposed to be automatic things and dealing with the City of New York, the greater City of the world we can say, so I think we should do better than that.

So, I understand it goes with federal but I think it is time for us to bind it together from federal state and for us to address the communities better when it comes to data because without data, you don't know what you're doing. Data is a key to any decision that we can make in science, so thank you for that.

When we talk about organizations, I have a question on that. I heard I think it was the Commissioner Castro that mentioned that; I may be wrong but you partner with 60 different organizations when it comes to delivering the care within the communities but one of the things I'm going to tell you, as a person, I wear many hats in my life. Not being a nurse for over three decades but as well as a business woman, I had medical and surgical supply in the city and I had a contract with the city. One of the things that I said, whenever you said you partner with CBO's, the concern I always have, how do they

get paid? Because if the person is not getting funding, the work cannot be done. A lot of people criticizing that CBO's not doing the work but you can have the contract but if you don't have the money, you cannot deliver the services. How they were getting paid?

DR. TORIAN EASTERLING: Thank you so much Council Member Narcisse. I've mentioned the organizations. Part of the work that we wanted to do was sort of shift away from you know sort of uhm, you know large sort of contracts. Because they say that you know you have to complete the work based on you know the fulfillment of the contract. We really wanted to focus on deliverables and so, that's what we did. We shifted the contract to a deliverable base. The other thing is that we wanted to make sure that we were able to get funding upfront once the contract initially were executed. We were able to deliver some funding upfront, so that they could one, focus on hiring because that was the other part around the work of the grant was to support with workforce to identify individuals from the neighborhoods that were hardest hit and bring them into the fold so they can support with the outreach.

And so, we don't necessarily always talk about the workforce opportunity that these grants had created but that was also part of it and which is why we need to make sure that we got funding out the door initially. We continue to try to exercise this opportunity by you know like getting funding out but I hear you loud and clearly that this is an ongoing issue, contract management and also making sure that we pay our CBO's on time.

CHAIRPERSON NARCISSE: Thank you. That's a good progress because the CBO's are dying and I'm still hearing calling from the small CBO's that they cannot survive, especially the Black and Brown community. When you're talking about the RFP even when they win the contract, they still cannot maintain it because if you can pay upfront, I think that's a start to keep the entrepreneurship within the community as well that's serving the community. The CBO's that's serving the population that we're just having the conversation about, the language barrier and all of this.

How do you feel about the school-based clinics and are they helpful during the process of the pandemic? Were they open?

DR. TORIAN EASTERLING: Uhm, yes, yes, they are absolutely helpful. We — I'll just say that we are an exemplary model for our school-based health centers. Last year, we had the CBC Director Rochelle Walensky who came to visit and tour our school-based health center in the Bronx but we know that you know we certainly want to make sure that these services are available to all of our children in our Department of Education space.

CHAIRPERSON NARCISSE: And culture always a problem and one of the question, cultural humility training. Have you around I don't know — I'm going to ask it in general. The use of access of services, how the in cultural competency, I mean training and humility. Is your organization is really being trained, the staff? And do they have complaints and if they do have complaints, how many complaints that you receive during the height of the pandemic if any?

DR. TORIAN EASTERLING: Is that general or is that to me?

CHAIRPERSON NARCISSE: You can answer. You can start.

DR. TORIAN EASTERLING: Alright thanks. Uhm, well you know I think it's an important question for

a number of reasons. You know the pandemic has certainly put a toll not only on the city at large but particularly to our public health workforce. To our healthcare workforce in general.

You know as the Chief Equity Officer for this agency, this is something that I pay close attention to. You know, sort of thinking about how are we applying an antiracist of a lens to our work? And part of it is also thinking about the organization structure that can support our workforce. So, that means, are we looking at pay equity? Are we putting in places or infrastructure to really report bias and discrimination. These are things that have been top of mind and certainly have been raised by our staff following the murders of George Floyd and Breanna Taylor.

So, we're certainly looking at how we can make sure that we're putting in the right type of structure to support our staff going forward and I think that that incorporates this point that you're making around cultural ability and cultural competency. I think the starting point is how are we ensuring that we're looking at the city as a whole but how are we bringing in to the neighborhoods and

the communities that have been hardest hit. Not only during the pandemic but longstanding inequities and that's what we want to raise the consciousness of our staff. That they can normalize conversation around race and racism, look at their programs and making sure that they are addressing the needs of those who have experienced greatest inequities and do our outcomes match our talk?

You know, and I think that will really speak to the ways that we're dismantling White Supremacy and structural racism in getting to the outcomes that we want to achieve.

CHAIRPERSON NARCISSE: Okay implicit bias. We always talk about bias. As of 2019, implicit bias training with standalone. Have they been mandatory on that end?

DR. TORIAN EASTERLING: So, there are trainings that we have for our staff. We have an intro to health equity which includes and raises implicit bias. We also have a gender expression training that incorporates normalizing conversation around LGBTQ population. And so, these are just some of the initial trainings that we have. We have incorporated many of these trainings into our contact tracer

workforce that was built out over the last year and our community-based organization workforce as well.

CHAIRPERSON NARCISSE: Thank you. And some of IC's, I mean RFP's. The RFP's that you are putting out equitable to the community, especially communities of Black and Brown communities and how the process work to make sure it's inclusive. How to get the message because the thing about messaging is everything. Why we're talking about language barriers.

DR. TORIAN EASTERLING: Yeah, so I will just start and say that you know many of the RFP's particularly during the pandemic has focused on the 33 neighborhoods because we wanted to make sure that we are directing resources to neighborhoods that have been hardest hit. But the RFP's are always posted on our website. They're always posted you know on in general places that everyone has access to them. We work with a number of different partners to make sure that we're engaging community-based organizations that are in the neighborhoods that have been hardest hit but I think it's not only how we message it but we also, we create a contract to make sure they are

directing towards the population that is in greatest need.

CHAIRPERSON NARCISSE: Thank you so much. I'm not going to take longer because we've been here for a long time. Thank you so much Chair Hanif and all the staff that have been here supporting. Thank you everyone and thank you Dr. Easterling, Commissioner Castro, Dr. Jiménez. It's a pleasure and thank you for answering the questions. We're looking forward and moving forward. I hope the city is a city where we can live, work and enjoy and for us to stay alive. Thank you.

COMMITTEE COUNSEL: Thank you Chair. I'm going to now turn it to Council Members for questions. As a reminder, if any Council Members have questions, you can use the Zoom raise hand function now and we will call on you in the order in which you've raised your hands. For Council Members, please keep your questions to five minutes. The Sergeant at Arms will keep a timer and let you know when your time is up. You should begin once I've called on you and the Sergeant has announced that you may begin.

In order, we'll be hearing from Council Member Sanchez followed by Council Member Brewer and

Majority Whip Brooks-Powers. Council Member Sanchez, you may begin your questions when you're ready.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER SANCHEZ: Apologies, can you see me? Okay, sorry about that. So, thank you. Echoing Chair Narcisse's thanks to all of the Co-Chair's Council Member Moya and Narcisse, Hanif and Schulman for organizing this important hearing and also to Commissioner Castro, Dr. Easterling, Dr. Jiménez, and all the other reps from the Administration that are here today.

So, my question, my first question is just about FQHC's. So, given the gaps in where Health + Hospitals has a physical footprint, how are we working with our federally qualified health centers to expand access? Do they currently take patients that are covered by NYC Care? And if not, what is the plan to expand access to NYC — physical access to NYC Care in all communities especially those that are not covered by H+H facilities.

DR. JONATHAN JIMĔNEZ: I can mention a few ways that we work with — if you excuse at the moment. So, we have an epic care link web portal which allows providers outside the system including NF3C to make

referrals to New York City Heath + Hospitals. That's often one of the major needs is specialty care that isn't available at NF3C. So, that's an important piece of the way that we interact with the NF3C's in the system in the city.

Additionally, we recognize that a lot of potential NYC Care members or folks who aren't connected to care would prefer to be connected in their community or maybe already have their primary care doctor. So, they can keep that primary care doctor and still sign up for NYC Care just to get their specialty care in New York City Health + Hospitals so that their card instead of having the name of a primary care provider will say community provider, whether that be you know a storefront primary care physician or an FQHC in the neighborhood.

And then with respect to sort of coverage, you know we are a healthcare access program, so we don't receive claims from an outside system at the moment but that's something the bill sort of expand access to care, we're looking at it and talking to other agency partners to make sure that we implement that by the fall.

COUNCIL MEMBER SANCHEZ: Thank you and leads me perfectly into the next question, which is you just mentioned the bill, Local Law 107 of 2021. So, how is H+H preparing specifically for the inclusion of FQHC's in the NYC Care Network, those conversations.

DR. JONATHAN JIMĔNEZ: Right yeah, I think those conversation are beginning and we're looking forward to working with the new Council and making sure that we implement it in the fall. Like I said, there are already ways that we're meeting the needs of the 3HC's and we're continuing to work with them to make sure that everyone has access to care.

COUNCIL MEMBER SANCHEZ: Great, thank you so much and please do keep us updated on those conversations. At least in my community, there are several FQHC's which are a critical component of access to healthcare and it's a really big issue when you know there's no access in these very visible places. And then the last point is just, it's more of an echo for Council Member Moya, he was asking about burial assistance and he mentioned that there were $20 million, so this is for Commissioner Castro perhaps. But there were $20 million originally allocated to the program but only $480,000 and 150 families were

served by the burial assistance program. So, just please do give us clarity on that, that is an immense gap and we all know that there has been tremendous need. You know we've lost so many New Yorkers and burial costs are just a big financial hit especially for low-income and immigrant families. So, please do follow-up with that information and I will be looking out for that.

MANUEL CASTRO: Council Member, I did get some clarity on it while we were discussing other questions. The $20 million that was referenced earlier, that was funding that we disbursed out in cash assistance that really didn't have to do with burial assistance. That was a separate pot of money and as you recall some of the funding came from Open Societies Foundations and that was like early on in the pandemic when we were trying to disburse cash assistance out. I worked on it in my role at NICE.

The total amount for burial assistance was $660,000. So, we do have some funds left and those are being disbursed and you know continue to work with people who have lost loved ones. And certainly these funds have been able to supplement or help

people who didn't qualify for other programs because of immigration status.

COUNCIL MEMBER SANCHEZ: Great, well thank you so much Commissioner for that clarification. That is a sigh of relief.

SERGEANT AT ARMS: Time expired.

COUNCIL MEMBER SANCHEZ: And it would be — follow-up and see how those funds are used. Thank you.

MANUEL CASTRO: Thank you.

COMMITTEE COUNSEL: Thank you Council Member. I'm going to now turn it to Council Member Brewer for questions. You may begin when the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER BREWER: Thank you very much. I have a couple questions to follow-up on Council Member Sanchez, which is the federally funded community health centers. Maybe I misunderstood but the nonprofits that are working with this community really want to use them and obviously they are as beloved perhaps as H+H and H+H does a great job but I think it could supplement. So, what is it a funding challenge? What is the challenge of almost making

them the first stop or the second stop if they have to go to H+H first. What is the challenge there for using and working with those centers? I'm sure there's a financial problem.

DR. JONATHAN JIMĔNEZ: Well, I would say that we work with them currently right. They provide care to many patients that get their primary care QHC's and then when they need care that's not already available there —

COUNCIL MEMBER BREWER: Under New York Cares I'm talking specifically. Under New York Cares specifically.

DR. JONATHAN JIMĔNEZ: Yeah, yeah, I mean, even NYC Cares members, like I said, you can maintain a relationship with a primary care member at FQHC and still be a member at NYC Care and go get your care at H+H for a specialty care. So, I mean they're crucial partners and so we work with them.

COUNCIL MEMBER BREWER: Well, there's a misunderstanding then because when I speak to groups they say that they feel that that is a missing link, just so you know. That you cannot walk into the Ryan Center for instance under New York Cares and be that

your primary source of healthcare. I'm just saying, I don't know.

DR. JONATHAN JIMĚNEZ: Yeah, thank you for the feedback. Absolutely I think we'll talk to our CBO partners and see how we can make sure to make that clear to the community.

COUNCIL MEMBER BREWER: Okay, they think that you can only go to Health + Hospitals, that's understandably, it's a great opportunity but it's not the same continuum of care and not to mention you don't live in the neighborhood. So, there is a misunderstanding there if that true, so I'm letting you know.

Second, the issue of electronic health records. Can you explain not just you know where we are with that. I started that I don't know 20-years ago this discussion. So, where are we with the electronic health records. How does that — is it in a good place? I know the community health centers were having trouble many years ago, maybe it's all worked out. How does that work between them, you, your partners, etc.? And obviously we have to be careful of personnel and personal issues but how is it working or not working?

DR. JONATHAN JIMĔNEZ: I mean within our system, we made a tradition starting just before the pandemic to everybody be on one single electronic medical record across the 11 hospitals and over 70 locations, so that's been really important for us as a system has allowed us to make big and small improvements and then that's also allowed us to create the epi-care where outside providers can more easily connect to us as a system since we're all under one electronic medical record.

And then, I'm not sure if you're referencing this too but I think one of the great things about the EMR is also that patients can then connect directly to their record and request refills, make appointments and then we're currently undergoing an initiative where we can make that My Chart application available in multiple languages to make sure everyone has access.

COUNCIL MEMBER BREWER: Okay, so what you're saying is whether you're at an H+H or at the Health Center or equivalent, the record is available. So, all the community-based and the federally qualified are able to access. It was many years; I'm dating myself, they could not.

So, you know the hardware, software is not inexpensive.

DR. JONATHAN JIMĔNEZ: No, I completely agree yeah and so, the epi-care can be used both to make referrals but also just to see the record of your patient there.

COUNCIL MEMBER BREWER: So, all the health centers are able to access it now. They have enough software and hardware to do that and training?

DR. JONATHAN JIMĔNEZ: Yeah, it's over the web, so as long as they have a you know Google Chrome or any other web explorer, they should be able to log on and create an account.

COUNCIL MEMBER BREWER: Alright, thank you very much, I appreciate it. Thank you.

DR. JONATHAN JIMĔNEZ: No problem.

COMMITTEE COUNSEL: Thank you Council Member. I'll now turn it to Majority Whip Brooks-Powers for questions. You may begin as soon as the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

MAJORITY WHIP BROOKS-POWERS: Thank you and good afternoon everyone. Thank you Chairs Hanif,

Schulman, Narcisse and Moya for convening this joint hearing today.

Immigrant communities including my district have faced disproportionately negative outcomes throughout the pandemic. Given where we are on key indicators like the vaccination and positivity rates, where are the areas of most concern to date? Also, has the city been successful in reaching these communities especially in terms of vaccine uptick outreach and combating misinformation?

And lastly, I'll say since last month continuing federal funding for COVID related expenses has been uncertain. What is the city's forecast? Will we have adequate testing and vaccination resources to allocate equitably over the next several months.

DR. TORIAN EASTERLING: Thank you so much for the question Council Member Brooks Powers. You know as you know we've been keeping our eye close to the neighborhoods that have been hardest hit and we've been looking at certain populations. So, you know when we look at the 33 neighborhoods, we have seen all of those zip codes surpass 70 percent of fully vaccination coverage, which is a huge milestone.

So, then you know the next goal was really looking at our young folks. You know when we talk about young folks 5-17, we still have not reached 60 percent of those who are fully vaccinated. We need to do more and that's where I was speaking earlier about making sure that we're engaging parents and getting their kids vaccinated. That's the primary series and then the other side of that is really looking at boosters across. And that, you know just thinking about adults and for older children as well who are eligible for their boosters.

Now when we look at certain communities, you know Black New Yorkers, but we can still do more in making sure that we are getting everyone fully vaccinated for their primary series as well.

So, you know all of these different neighborhoods and subpopulations, we continue to look at them and figure out what we need to do more. We are engaging CBO's and we're working with you know our Council Members as you know to make sure we get those resources deployed.

MANUEL CASTRO: I will just add —

MAJORITY WHIP BROOKS-POWERS: Uhm —

MANUEL CASTRO: Oh.

MAJORITY WHIP BROOKS-POWERS: No, go ahead.

MANUEL CASTRO: Thank you Council Member. I would just add that today we announced that we reached over 50,000 immigrant New Yorkers reached with information on COVID vaccines. You will be seeing a release soon. We contracted with 15 different agencies from diverse immigrant backgrounds, Asian American Federation, African Communities together, Latinas, Arab American Family Support Center and so on to reach the communities. As I said earlier on, it's important for us to continue to do this outreach because the booster numbers are low and that is what's going to protect our communities moving forward, especially as our economy reopens and people you know go back to working in you know, in some of the higher risk employment as we've seen already happening.

So, we're very proud of that. This was a partnership between Heath + Hospitals, DOHMH and MOIA and we would like to continue to do that work moving forward.

MAJORITY WHIP BROOKS-POWERS: Thank you for that and I will say thank you Dr. Easterling for you and Health + Hospitals partnership over the course of

this pandemic with my office in particular. And I also wanted to thank Chair Hanif for raising the recommendations in terms of engaging some of the ethnic media and I would love to see a bit more investments in that spaces, especially in Southeast Queens where possible to make sure that we're promoting the boosters and the vaccination. We worked really hard, so I'm really excited to hear that we're over the 70 percent threshold because we were under 30 percent when I came into office.

So, however my office can continue to partner with your respective agencies, I would like to do so and again, I thank the Chairs for convening today's hearing.

COMMITTEE COUNSEL: Thank you Majority Whip Brooks-Powers. Just a reminder for any other Council Members who have questions, you can use the Zoom raise hand function and we'll call on you in the order in which you have raised your hands.

I'm going to turn it back to Chair Hanif for any additional questions.

CHAIRPERSON HANIF: I don't have any additional questions at this moment.

COMMITTEE COUNSEL: Thank you. I'll now turn it to Chair Narcisse for any additional questions.

CHAIRPERSON NARCISSE: One of the questions that I have thinking about the language and all this, that goes to H+H. How much that you spend in interpretation and language access services?

DR. JONATHAN JIMĚNEZ: So, we spend annually around $10 million on language service generally. And then about 300,000 of those go to interpretation services and then another 300,000 for translation services. Something I didn't get to mention previously is also that we have language access coordinators at each of our facilities to coordinate all the different ways that we try to provide language access whether it's in person, telephonic, yeah.

CHAIRPERSON NARCISSE: Another thing because I'm interested in 2021, the New York Daily News report alleged that oversees workers are Linguistica international, a friend that contract with the city to provide interpretation services at H+H and the Department of Education were being paid as little as $4 per hour. Those workers were receiving inadequate training and that sensitive personal and medical

information shared during calls was not being properly protected. Uhm, are you aware of this?

DR. JONATHAN JIMĔNEZ: Yeah, we're aware and you know during that investigation to the city and Department of investigation, uhm, you know we have contracts, I will say that we have contracts with several vendors including Linguistica but to make sure we have tele interpretation in 200 and more language and dialects, we work with several vendors and we choose them based on experience, qualifications and capacity to provide all their language access but we'll wait on the Department of Investigation.

CHAIRPERSON NARCISSE: So, now it is being addressed?

DR. JONATHAN JIMĔNEZ: Yeah.

CHAIRPERSON NARCISSE: Okay, uhm, I think I have enough for that so thank you for your time. Looking forward to partnering with you to making sure that we make this city like equitable for all of us. Thank you.

COMMITTEE COUNSEL: Thank you Chair. I'm just going to once again ask if there are any other remaining questions. You can please use the Zoom

raise hand function. Not seeing any hands, I'm going to thank the Administration for their testimony. We've now concluded Administration testimony and we'll be moving onto public testimony. I'd like to remind everyone that we will be calling on individuals one by one to testify and each panelist will be given two minutes to speak. For panelists, after I call your name, a member of our staff will unmute you. There may be a few seconds of delay before you are unmuted and we thank you in advance for your patience. Please wait a brief moment for the Sergeant at Arms to announce that you may begin before starting your testimony.

Council Members who have questions for a particular panelist, should use the raise hand function in Zoom and I will call on you after the panel has completed their testimony in the order in which you have raised your hands.

I'd like to now welcome our first panel, Assembly Member Reyes, you may begin your testimony as soon as the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

KARINES REYES: Good afternoon Chairperson Hanif, Schulman, Narcisse and Moya, Council Members,

advocates and members of the general public. My name is Karines Reyes, I am a member of the New York State Assembly representing the South East Bronx neighborhoods Parkchester, West Farms, Castle Hill, Van Nest and Union Port. I am pleased to be here to testify in support of Council Resolution 112 calling on the New York State Legislature to pass my legislation, Assembly Bill 2328A which would make New York a sanctuary state, also known as New York for All.

This legislation will allow undocumented New Yorkers and their families to come out of the shadows and continue serving as a key part of our regional economy and communities. Specifically, this legislation would prohibit the discovery and disclosure of immigration status by state and local entities, including Law Enforcement.

Over the past 30-years, local and state law enforcement agencies have used their interactions with undocumented community members as a means of intimidation, and an imposition of their own political views through the reporting of this information to federal immigration and customs enforcement.

This function both collectively and individually serves no purpose in furthering local and state government subjective of protecting the general welfare of the people. This has resulted in the apprehension, detention, deportation and ultimately the destabilization of immigrant families. This collusion puts many upstanding citizens through the traumatic and inhumane process of detention in federal immigration facilities, which have only become more deadly with the escalation of the COVID-19 pandemic. The fear of enduring this imprisonment and removal forces immigrant families into the shadows, which prevents them from fully participating as members of society to the general benefit of the public.

This includes reporting crimes, accessing vital government services, seeking preventative medical attention and treatment and so much more. Undocumented immigrants in our state face these fears even as they continue to provide for their families as essential and frontline workers forced to settle for low wages and poor working —

SERGEANT AT ARMS: Time expired.

KARINES REYES: Conditions due to their status. May I continue, I'm almost done?

New York for all will protect the vulnerable and vital immigrant workers and families of our state through the implementation of other important mandates. This bill would ban 287G agreements, which would allow for local law enforcement agencies to receive training and material support from ICE while being deputized into immigrant law enforcement.

Additionally, this bill would prohibit administrative ICE warrants from being honored by state and local authorities when being asked to transfer custody of undocumented immigrants to federal ICE detention. These warrants are signed off by ICE agents and do not go through the scrutiny as judicial warrants, which are signed by federal magistrates and are used for cases of vital importance to the federal government.

Lastly, this bill would also mandate that immigrants are informed of their rights by state and local entities before they transfer of custody occurs. These changes will promote the effective use of public funding and empowering immigrant communities.

A former Mayor of New York City who continued our city's sanctuary policy, the late David Dinkins was known for calling the five boroughs a gorgeous mosaic. The very neighborhoods and the diverse residents who live in them making our city collectively great. That diversity and opportunity must be cherished. We cherish the diversity by protecting immigrant no matter their status and we have a clear opportunity to strengthen the existing municipal law and extend protections of New Yorkers throughout the state. The New York for all legislation is central to achieving that vision and the New York City Council's resolution in support of this legislation will help the legislature take this big step forward for our city and state. I thank you so much for your time.

COMMITTEE COUNSEL: Thank you so much Assembly Member. I'll turn it to Chair Hanif for any questions or comments.

CHAIRPERSON HANIF: Thank you so much Assembly Member Reyes for being a champion. We're really excited to move with your leadership in the Council and get this passed, so thank you.

KARINES REYES: Thank you Chair Hanif.

COMMITTEE COUNSEL: Thank you Chair. Any other questions from the Chairs? No. Thank you Assembly Member. We'll now turn to our next public panel. In order we'll be calling on Lillie Cariño Higgins followed by Cheikhou Oumar Ann followed by Felix Rojas followed by Jang Wong. Lillie Cariño Higgins, you may begin your testimony as soon as the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

LILLIE CARIÑO HIGGINS: Hello, can you hear me?

COMMITTEE COUNSEL: Yeah.

LILLIE CARIÑO HIGGINS: I'm sorry, I was trying to unmute. Good afternoon. Thank you for this opportunity to testify on behalf of the 1199 members. As you know COVID took its toll on all healthcare and other essential workers around the world. In the interest of time, I will submit more detailed testimony but I want to highlight a few points.

First, disparities in the healthcare industry have existed for decades. Language access and cultural competence are key to positive patient outcomes. During the pandemic, patients with limited English language proficiency admitted to hospitals were isolated, unable to communicate with their

healthcare team or receive visitors to assist with translations. This should never happen.

Second, access to health insurance is an obstacle. Too many immigrants lack insurance and use emergency rooms for primary care. New York City Cares goal is to reduce the number of uninsured. To succeed, systemic changes are needed. Multilingual public education campaigns offering information about benefits and resources available to immigrants must be realized for all ethnic groups in their languages.

Third, during the pandemic, demands that FQHC's increased. FQHC's generally recruit staff that are reflective of the communities they serve, speak the languages and understand religious and cultural differences and nuances.

The City Council enacted legislation to include FQHC's in New York City Care. The city must commit to funding it in the coming Fiscal Year. And last, the healthcare industry is facing a serious staffing shortage. 1199's training fund recruits bilingual members in service and at ministrative jobs and we retrains them into fields of direct patient care. The program creates an employment pipeline to good paying jobs. We plan to expand the program to

include Manhattan. We submitted a proposal to the City Council to —

SERGEANT AT ARMS: Time expired.

LILLIE CARIÑO HIGGINS: Recruiting non-members, non-1199 members and we hope you will give it serious consideration. Thank you.

COMMITTEE COUNSEL: Thank you so much for your testimony. I'd like to now welcome Cheikhou Oumar Ann to testify. You may begin as soon as the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

CHEIKHOU OUMAR ANN: My name is Cheikhou Oumar Ann and I'm a Community Health Advocate for the Institute for Family Health Bronx Outreach. Thanks for the opportunity to speak to you today.

Since August 2020 to the present, the Institute for Family Health has been a community partner of New York City and Hospital Corporation Test and Trace Initiative. This work that I have been doing is built on the many years of community outreach and engagement for the Institute for Family Health funded by the New York City Council to the New York City Department of Health and Mental Hygiene.

Unbeknown to most people, COVID-19 came very early to the Bronx, long before it started being reported. In March 2020 of the start of the COVID-19 pandemic, many of my fellow West African community members who worked as cab drivers were picking up people from the airport that were sick at the time. They thought it was the flu something to do with allergies but it appeared that in fact several had contracted COVID-19 and were not aware they were sick from the disease.

Before the state mandated quarantine, many of these West African communities were already practicing self-quarantine by trying to avoid relatives and family members that were sick. That was not easy as so many live with family members from several generation in their apartment. Those who could isolate felt alone which added to their mental stress. Stress that increased as they could not attend the mosque or speak to their immigrants.

Since many were undocumented and did not have health insurance, they were afraid to seek out healthcare but stayed home, tried to take care of their symptoms with traditional home remedies. As a result, many died in their homes. When a family

member died at home, those calling for an ambulance would have to wait up to 24-hours for an ambulance to arrive to pick up the bodies. This caused mental trauma for many families, so every Tuesday, myself and Dr. Camara from NYU spoke on a local radio station to provide information to those without health insurance on how they could use telehealth service provided by the Institute for Family Health.

I have done outreach to most of the Muslim in the Bronx.

SERGEANT AT ARMS: Time expired.

CHEIKHOU OUMAR ANN: As those [INAUDIBLE 3:17:31] trust what I say is that getting the COVID-19 vaccine is important in staying healthy and getting through this pandemic. New York City Health and Hospital Corporation since staff request is our team to do outreach most around the buses and vaccine sites in the Bronx because of their confidence in us to bring those community members that have either not received a vaccination or booster.

Based on this work that I have been doing early this year, I was invited to travel to Senegal to share with them what I have learned and experienced during COVID-19 outreach in New York. I believe that

our messengers in our community provided information and resources and asserting people's question honestly, addressing any fears or concern they have in doing so are ever to encourage them and their family to protect themselves from COVID-19. Thank you for the opportunity to share with you today.

COMMITTEE COUNSEL: Thank you so much for your testimony. I'd like to now welcome Felix Rojas to testify. You may begin as soon as the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

FELIX ROJAS: Good evening, good afternoon everybody. My name is Felix Rojas and I am a Community Health Advocate for the Institute for Family Health Bronx Outreach since August 2020. The Institute for Family Health Bronx Outreach has been a partner with New York City's Health + Hospitals corporation, Test and Trace Initiative.

Due to the various surges of the pandemic over the past two years, H+H has recognized the vital work being done by the Institute for Family Health Bronx Outreach and Test and Trace team in the Bronx. And has continued — sorry.

Since the time the Bronx outreach teacher team has put in the massive amount of hours during the mornings, late at night and on weekends working to get the word out on the COVID-19. They distributed masks, hand sanitizers and speaking to people, sharing information with them, answering their questions and helping them to set up appointments to get vaccinated.

We are proud to say that our efforts have resulted in more than 8,000 COVID-19 vaccinations administered through community vaccine events in the Bronx. I see this work as building of the foundation of the outreach have been too many on behalf of the Immigrant Health Initiative. I have responsibility of those I referred to vaccination sites, so I provide my phone number and after someone gets their vaccine, I make sure they are okay.

One time I received a phone call from a concerned mom who had two teenage daughters. The daughters were concerned that the vaccine will negatively affect their reproductive health and the mom trusted me to provide them with the right information that would answer their concerns.

So, I spoke to the daughters and provided them with the information that dispel any rumors associated with the COVID-19 vaccine. Soon after, the daughters got the COVID-19 vaccination. Our focus has been on young, Black and Hispanic men. According to the NYC Department of Health and Mental Hygiene, young Black and Hispanic men had most of the lowest vaccination rates in the city.

SERGEANT AT ARMS: Time expired.

FELIX ROJAS: But our team monitored the Widespread Advertising Campaign and got vaccinated for mom. That features four pairs of Bronx mothers and sons. The act runs on bus trails and link NYC kiosk across the Bronx. We continue to do outreach by visiting Bronx barbershops, hair salons, nail salons, mom and pop restaurants, bodegas, churches, other small businesses. Anywhere they allow us to get the message out.

Last November, we hosted a second annual men only health workshop that focused on addressing men and COVID-19 vaccine concerns. I lived in the Bronx for a long time. I remember Bronx that was so decimated by drugs, poverty, homelessness, prostitution. I feel that this work especially during this time of

COVID has allowed me to do my part in helping to make sure a better, healthier Bronx for my son who I have raised and others like him. Thank you so much for listening to me. Have a blessed one.

COMMITTEE COUNSEL: Thank you so much for your testimony. I'd like now welcome Jane Wong to testify. You may begin as soon as the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

JANE WONG: Hello, my name is Jane Wong and I'm testifying on behalf of the Charles B. Wang Community Health Center. We are a federally qualified health center with our patients in Manhattan and Queens. In 2020, we served about 52,000 patients, the majority of whom come from low-income or limited English proficient backgrounds.

We've remained open throughout the pandemic and have administered over 70,000 COVID-19 vaccine doses. Despite the challenges presented by COVID, we've maintained many of our health and outreach programs which is possible in part because of support from City Council discretionary funding.

I'm testifying today to ask for continued support of several initiatives so that we can continue to

serve vulnerable immigrant New Yorkers. The check-up B program under the Viral Hepatitis Prevention Initiative provides patient navigation and care management for New Yorkers living with chronic Hep-B.

In New York City, an estimated 241,000 people are living with this disease which disproportionately affects Asian and African immigrant communities. If left unmonitored, Hep-B can lead to serious liver problems including liver cancer. The Check Hep-B Program has a strong record of success. 99 percent of participants completed a hepatitis B medical evaluation through this program. Through the Access Health Initiative, we provide education to the Asian American community about health insurance coverage, aiming to increase vulnerable New Yorkers access to healthcare services.

Through the Immigrant Health Initiative, we also provide culturally and linguistically competent health resources to primarily Asian immigrant populations. This includes the provision of free health screenings, flu vaccinations and in-language mixed media outreach to promote available health services. Under the AAPI Community Support Initiative, we provide free smoking cessation

counseling in multiple Chinese languages as well as ongoing provider training and the management of our chronic Hep-B patients. This initiative also supports our annual health fairs in Chinatown and Flushing.

Finally, we seek support for the Cancer Services Initiative —

SERGEANT AT ARMS: Time.

JANE WONG: Which enables us to increase awareness of risk factors, symptoms and treatment options for breast and colorectal cancers and increase cancer screening through patient navigation for 300 members of the Chinese American community. With continued funding and resources, our initiatives can continue to address the inequities experienced by the communities we serve. Thank you again for the opportunity to testify today.

COMMITTEE COUNSEL: Thank you so much for your testimony. I'm going to now turn it to the Chairs for questions, starting with Chair Hanif.

CHAIRPERSON HANIF: Thank you Lillie, Cheikhou, Felix and Jane for testifying. I'll start with Lillie. Could you share how many bilingual patient

care advocates you recruited to date? And then could you share the cost of this program?

LILLIE CARIÑO HIGGINS: Yes. What I will do is I'll send you the proposal that has the actual numbers of all the graduates from all the different cohorts from 2019-present.

CHAIRPERSON HANIF: Great and where are you focusing recruitment?

LILLIE CARIÑO HIGGINS: The program initiated in the Bronx and it started with Montefiore Hospital as I said and it was a collaboration between 1199, CUNY and Montefiore Hospital. It expanded over the years to include recruitment and the training of workers in the other hospitals in the Bronx.

Our intention this year and mostly based on what we identified as a crucial need during the COVID period, was to expand to Manhattan where Presbyterian Hospital for example, which is up in Washington Heights in the catchment area is West Harlem Washington Heights and Inwood has a large number of Spanish speakers who were not able to communicate with their healthcare teams.

So, currently the program is in the Bronx into Manhattan and the recruitment is Spanish speakers

because in our catchment areas, those are the languages that we're lacking but we are hoping to in the future expand to other neighborhoods, other boroughs and address other language needs.

So, recruitment based on the funding streams is part of the unions training and education and upgrading program. So, it's open to all members of 1199. We seek outside funding to be able to recruit non-members into the program. We don't want to limit it to only our members but our funding only allows us the funding through the funds allows us to only recruit members.

So, the outside funding and we have received funding from the City Council in the past, has allowed us to recruit non-members and the references and the referrals come from all sectors of the community. Elected officials, community-based organizations, CUNY itself and the community colleges were also identified Spanish speakers and sort of steer them toward entering the healthcare fields that we provide training with. I hope that answers your question.

CHAIRPERSON HANIF: Yes, thank you and I look forward to the question about the budget and then how

many to date have been recruited? Cheikhou, thank you so much for your incredible work and you know earlier we had —

CHEIKHOU OUMAR ANN: [INAUDIBLE 3:27:40]

CHAIRPERSON HANIF: I don't know if Cheikhou is listening to me right now but it seems like he's having another conversation. Uhm, I really appreciate that you've been utilizing radio. We had a deep conversation about employing ethnic media and ethnic media strategies and we didn't lift up the radio and really want to recognize that radio is still such a vital way to get information out to many of our immigrant communities, so thank you for that work.

I'd love to know from you what kinds of questions you were receiving and continue to receive from the community that have become vocal points of conversation on radio or one on one and then which neighborhoods are within your catchment area? Cheikhou are you with us?

Alright, we'll come back to him. If somebody from the uhm, Institute for Family Health could just give him a ring, that would be great. Felix, I also want to thank you for your incredible work and for

sharing that anecdote about the misinformation about vaccination impacting reproductive health and I think that is just such a real important piece to lift up here and work that you did as a trusted community leader in demystifying and making sure that you were able to provide adequate scientific information to this family. I guess because you work with Cheikhou is my understanding. Do you two work together?

FELIX ROJAS: Yes, yes. Hmm, hmm we work together yeah.

CHAIRPERSON HANIF: So, could you share the questions I had for him around what kinds of questions, are there other misinformation or sort of information that the community has that you've had to debunk and uhm, which neighborhoods are in your catchment area?

FELIX ROJAS: Well yeah, my partner Cheikhou and I, I've learned so much because he's mostly for the Muslim community and the African American community. Me being a Dominican, I've been in this country for over 30-years. We had to fight a lot over miscommunication and understanding that the neighborhoods that we go like in the Dominican neighborhood specifically, they don't have access to

the — they don't have that power like through the English language. So it's been mostly the work that we're doing is one to one because in the beginning, the COVID-19 when it actually started, other messages would be distributed in English. So, most of the people you know, it was a lack of understanding onto the Spanish station came and started doing the information in Spanish.

So, in the beginning we have to fight, which a lot of not only miscommunication but a lot of word of mouth, like to think that we're heading especially on the internet. So, there were saying one thing and then another thing and nobody was actually knowing what was happening and the work that we've been doing is mostly in the South of the Bronx and like I said in the beginning, we have to visiting like barber shops, nail salons, restaurants, bodegas, all the spectrum around our Hispanic community.

The same as Cheikhou, you know Cheikhou visited the mosque and visited the emails and tried to explain to them what was actually happening with the COVID-19. It's been a staple of our job to answer so many questions, so many questions that in order for

them to educate them, we have to educate ourselves on what is actually happening.

Like, I can speak on the Hispanic community, there was a lot of misconceptions about the COVID-19. Will it affect my future? Will it affect my sexual life? The encounter that I had with this mother, I remember she was Mexican and these two daughters, they were college bound.

So, when she approached me, I wasn't on site at the Market, I believe 129th Hip Hop Museum, I remember it was. And she was concerned, and said listen, my daughters don't want to get the vaccine. I need somebody to explain to them actually what it is. So, me as a father, because I have a 24-year-old kid, college bound too and you know they got the smartness. I'm like okay, how am I going to explain to them actually that it is not going to affect any future.

So, she called them, they came and I spoke to them as they were my own daughters you know and instead of in English, I spoke to them in Spanish, so there would be more like acquaintance to what we were talking about. So, after the conversation that we had and I explained listen, as you are like my own

kids. You know, I don't know the answer to everything but we both can find it and you know all the studies that have been done, I don't believe it's going to affect your future. You know, they were asking me like, will I be a mother in the future? You know I want to have kids and what is going to affect me? So, after a long conversation and it was pretty fruitful and they got the vaccine and to me, like I said, as a father, I felt so proud of the way that we've been doing not only being back up at the Bronx reach and public health but it happens to shape of being knowing more about the Muslim community because of my partnership.

You know, it's been amazed to me that this is affecting everybody. It doesn't matter about religion, some color or believes or whatnot, we are all being affected by this and like I said, this is such a beautiful thing. Before the COVID came, I was working the immigrant outreach about getting insurance for the undocumented and that gave me a broader spectrum of what is actually happening.

You know, we now went to these barber shops and salons and nail salons and bodegas, they were kind of amazed seeing that somebody speaking their own

language, bringing the information to their faces and bringing hand sanitizers and masks and information about it. That's what we need though. We need somebody, we need more people speaking our own language so we can understand what is actually happening and that being — and I keep doing it though. Like, I've been receiving —

CHAIRPERSON HANIF: Thank you.

FELIX ROJAS: Oh, thank you. Thanks for listening and thanks for your time.

CHAIRPERSON HANIF: No, appreciate it. I guess the follow-up I have is uhm, as you continue to do this work and really appreciative and want to extend my gratitude to both you and Cheikhou because it is so vital for our Black and Brown communities to be working together, which is what you are doing to reach the diversity of our communities. We're not monolithic, we have so many different communities within the Black and Brown community, so to see you both learn from one another and utilize lesson learned, to then tackle misinformation and get out improved tools to communicate the science is really inspiring to hear.

What are some of the resources you need additionally to continue to do this important work?

FELIX ROJAS: Well, there is something that I actually need. If we have to put more boots on the ground you know, like the Bronx is huge and sometimes because usually we go to like to zip codes like 174, 10460, 10462, 10467, 10465. So many, the Bronx is huge and when we see that — that are times that we are walking around doing our outreach and Cheikhou and I, we look at each other and say like, it's only us. You know, because like say Cheikhou comes to; because I'm Catholic, so he come to the churches that I provide information to. So, I go to the mosques where he provides services to. So, sometimes we look at each other and say like, you know I mean we would like to have like more boots on the ground. Like more Spanish speaking people you know educating others on what is actually happening.

I mean even with him, like I learned that him being a Muslim, there's so many dialects in their language. He came, he speak like four of those dialects and I said, if we could have more like more people on the ground as Cheikhou is doing, that would be awesome though. I mean like people walk up, they

like more like a one to one conversation. You understand? Like and they have when they see somebody with you know, their own color and they're speaking their own language and that's what I ask the most. If we could have like more boots on the ground like you know, not only Spanish speaking but the dialect that you know are under the Muslim community, that would be so much, so much help.

CHAIRPERSON HANIF: Thank you and Cheikhou, now that your back, I had originally posed some of my questions to you but you were a little busy. Uhm, I really love that you've been utilizing the radio to get information out. We had a real deep conversation about the urgency to utilize ethnic media to do this kind of outreach and we didn't talk about radio but you know really want to lift up how radio and other tool of communication that are vital to the immigrant community. So, thank you for doing that.

I would like to know from you, what kinds of questions are you getting from the community that you then use to shape your conversation on radio?

CHEIKHOU OUMAR ANN: Thanks for getting back to me. You know what happened and most of the question we're getting is about skeptical and the hesitancy.

CHAIRPERSON HANIF: Is about what?

CHEIKHOU OUMAR ANN: About people still being skeptical about when they start talking about the mask mandates and about a possibility of a fourth booster not thinking that it's going to be more and more on their system. So, I hear this, people say, before is it suddenly. A question of getting 100 people getting vaccinated. When we had the flu, they never had to worry about getting vaccinated you know this much. So, they're still wondering on a certain level why they still have to get vaccinated again.

When I went back to the last meeting, some people are qualified to get their fourth booster. Most of them saying, okay, now they're taking uh, the mask mandate is out. Now, we're talking about getting another booster, so they're not really thinking they should get another one you know? And what we're trying to do really for the help of the Bronx Project Borough of Test and Trace and the Deputy Director of Test and Trace, we're trying to supply all these [INAUDIBLE 3:39:50]. You know we have PPE's and test kits and creating days of action so we can give them resources of what they need.

So, this is really what we're doing and in my neighborhood, I have some people here, teenagers, that really and the speech is what they are telling me that they lost the trust between them and then for some reason they lost the trust between them and the politicians.

So, they say they need their voice heard. That's what they are telling me, they need their voice heard. So, when I talk to them, they are bringing you some big ideas of you know of some crazy stuff that you know it's unbelievable what they are talking about. Everybody have their own special way of not getting vaccinated.

CHAIRPERSON HANIF: You're saying teenagers? Teenagers are skeptical about getting vaccinated.

CHEIKHOU OUMAR ANN: Exactly, exactly. I see skeptical's and I see in some of the parents they are not really happy on getting their kids getting vaccinated. So, now that's what we're doing.

CHAIRPERSON HANIF: And how have you been approaching the conversation about young people getting vaccinated? Are you the main person, main face for the young people or are there other young, a

peer to peer approach for expanding vaccination rates among young people?

CHEIKHOU OUMAR ANN: Okay, right now around the immigrants, I'm using the moms. I'm using the moms to talk to them more about getting their kids vaccinated. I realize on weekends; they have kids coming taking Arabic classes and stuff. So, when we try and organize something around their moms, to try to organize an event or something when they can bring their kids to get vaccinated. Some of them say they were going to get it from the schools but I think but what had happened, most of them didn't get it from the first time they was trying to get the vaccine to the schools.

So, we're trying to find out where they are getting together and trying to organize around it and try to schedule a vaccine event around getting kids vaccinated but it's been very hard. It's been very hard but we're really trying very hard to get them an incentives but other times they had the bonus program, so it was easy to get them involved. You know because the organization and leaders was feeling like they needed [INAUDIBLE 3:42:00], so it was really creating the social networks, What Up groups

and trying to convivence people to come get vaccinated.

I'll tell you what, we had a big success of getting the kids vaccinated but now we're trying to see how we can get them involved again if it's some type of program that we can involve those organizations you know to bring their community together to get vaccinated. I think that's why we had the big success we had when we had the Bonus Refer Program. Me and Felix together, we got at least 20 people to reach out, the maximum of 400. You know at least most of the organization, we got involved. We got them out and bringing the population to come out and get vaccinated through the event and then we're helping them schedule and then walking them to get vaccinated and sometimes offering them ride backs when we have to. It was a successful thing.

CHAIRPERSON HANIF: Thank you for sharing that and it's really wonderful to see how you're piloting different mechanisms to increase the number of young people vaccinated and I think moms are a good strategy here and the fact that you've been able to really have a breakthrough with mothers, immigrant

mothers in the community is really — is really great to hear. So, would love to stay in the loop about how this goes, how this pilot goes. Please keep me posted. I know that getting young people vaccinated is a priority for the city and certainly for myself. So, thank you so much for doing the work that the both of you are doing on the ground and connecting at the very grassroots level to engage our people.

And then for Jane, would love to hear about your outreach and languages covered. 70,000 vaccinations doses, that's a big number, so would love to hear what have been some of the best practices around outreach and then, what are some of the challenges for the health center right now?

JANE WONG: Hi, so I can speak broadly on all those topics you just mentioned. So, uhm, in regards to the outreach that we've been doing during the pandemic, we've been doing uhm, in-language radio, so in-language meaning like Cantonese, Mandarin, English is what we typically can accommodate. We've been doing radio, online webinars, educational webinars about health insurance coverage, like how to access health insurance. Educational Hepatitis-B webinars since the Asian immigrant community is a high risk

population for that. Uhm, we've also been putting out flyers, social media posts, uhm, some television ads, just promoting all our services and uhm, promoting education in the primarily Asian American and Asian immigrant communities. Uhm, as for the vaccinations, so I remember at the onset of COVID, when the vaccine first came out, there was quite a bit of hesitancy from the community about receiving the vaccine because you know they didn't give us fast track, like they don't know if it's safe. So, you know our health center produced some uhm, COVID-19 vaccine fact sheets about the safety of the vaccine, how effective it is, and a list of frequently asked questions about the vaccine that hopefully can ease their concerns regarding vaccination.

And so, we've also been able to run to COVID vaccine sites at our health center locations in Manhattan and Queens. So, we offered free vaccinations to not just our patients but general community members if they wanted to get vaccinated with us. We didn't require that they have to be our patient, like as long as they you know had like an ID and can give us their date of birth, we can get them vaccinated right away.

So, that had been operating for awhile but eventually we closed those sites down because a lot of people were already vaccinated and there wasn't a need for it anymore. So, in general hesitancy at least in the communities that we've served seems to have improved a lot. Uhm, and yeah, I don't know if I missed anything that you raised previously.

CHAIRPERSON HANIF: Just any challenges right now that you'd like the city to address or that the Health Center is grappling with.

JANE WONG: I think we're — we don't have any particular challenges in mind. I guess the biggest thing we wanted to highlight is, we want to make sure that uhm, all the health initiatives that we received support from City Council for remain funded so that not just our organization but all the CBO's, health centers across the city can continue their work going into the next fiscal year, especially you know in light of all the challenges that COVID presented in 2020 and continue to present in the last year, we just want to make sure that no more people fall through the cracks, especially if they already traditionally face barriers to care because of their language or cultural backgrounds.

CHAIRPERSON HANIF: Thank you so much. No more questions for me. The other Chairs would like to ask and I want to open up the floor.

COMMITTEE COUNSEL: Thank you Council Member. I'll turn it to Chair Narcisse for any questions.

CHAIRPERSON NARCISSE: Hey good afternoon everyone and thank you for staying and patient to be on this panel to talk about especially the COVID. We all know that we're still in the pandemic. Lillie, I know you've been very good at what you do, so what are the challenges that you're facing in recruiting because right now, we need nurses. We need EMS, so we need you to active for this. So, what are the challenges you're facing?

LILLIE CARIÑO HIGGINS: So, obviously COVID was one huge challenge, particularly when everything shut down including the universities. But there are— I would say there are two primary things. One is salaries and wages. When you look at FQHC's and the reimbursement rates for Medicaid for many of the services provided by CBO's are woefully inadequate. It is impossible for them to recruit and retain personnel and as one example, we have social workers that work in HRA, work for HRA, earning $17 an hour

while the City Council just increased the wages for their security guards to $18 an hour.

Those salaries for those social workers who are required to have a Master's while the security guards are only required to have a high school diploma or a GED. Just — they're unjust right, like you cannot recruit them and you cannot keep them. A lot of the FQHC's hire and train recent graduates who will leave and go into the voluntary hospital system to earn better wages. So, that $17 an hour social worker at HRA goes to Brookdale and is earning $85,000 and above.

So, just if you have families to support, you're looking to see how you can get better benefits and you know how you can basically make ends meet here in the city. So, I would say the wages is definitely one. Another one is people are now very much afraid of going into healthcare and many are leaving the system all together. But it is not just because and particularly under retention. It is not just because people are afraid of getting sick. I mean, they went into the healthcare industry because they want to take care of sick people.

But the working conditions are just deplorable. We have members who are mandated to like double shifts at times they are even like forced to do triple shifts because they don't have coverage. Their colleagues have called out sick. They need the staff there to take care of patients.

We went through two years where healthcare workers were not allowed to take vacation time. They are not — you know it's like they have to work on their days off just to cover each other. And this is obviously prevalent in other industries as well but healthcare workers of in particular are tasked. They cannot make mistakes. They need their rest. They cannot be working double and triple shifts and they can be mandated to do that. They have families that they need to go home to, so it's just really difficult to retain people that we recruit. So, I would say that the working conditions and the salaries are what make it difficult to recruit and so as long as there's a shortage, there is going to be a greater demand on people's free time to; even though you get paid time and a half or double time, you still have families that you need to go home and take care of.

CHAIRPERSON NARCISSE: Thank you. I know because being a nurse for 30-years working in the hospital, homecare, I got you. Whatever that we can do on our end to alleviate the situation because healthcare deserves all of the support that it can from us because without healthcare we saw what happened. We're calling them frontline worker, our support system, their lifeline. So, we need to do better than that. I'm in agreement with you and I will do anything I can to support and everything I can do to support.

LILLIE CARIÑO HIGGINS: Thank you.

CHAIRPERSON NARCISSE: Yes, yes, yes. Uhm, Cheikhou, I have a radio station and I know how radio stations can be helpful and the radio station that I, the hours that I have, in that hour, we're able to have so many. Is Cheikhou around? Cheikhou disappear?

CHEIKHOU OUMOR ANN: Yeah, yeah, yeah I'm here.

CHAIRPERSON NARCISSE: Yeah, I know how helpful and I say thank you to the work that you're doing because as a volunteer, realizing how my community was having disadvantage in a lot of ways, so I decided about eight years ago to join a radio station

to have an hour every Sunday. And then bring doctors onboard, when lawyers, different issues to address in the community. It is imperative in a time like that without the radio, I don't know how people will get messages especially the elders. They listen to the Native language and the radio, so thank you for that but I have a question for you. How many, because you said in the height of the pandemic, the drivers, the people in your community was affected tremendously, which I know.

So, how many by insurance, do you know how many of your colleagues that you lost during the height of the pandemic in 2020?

CHEIKHOU OUMOR ANN: How many, how many what?

CHAIRPERSON NARCISSE: You lost. The lives, you said you lost so many.

CHEIKHOU OUMOR ANN: Okay, we lost so many. What happened in our community was so crazy at the beginning of how it was like trouble to talk to you about COVID. So, some people death was, they didn't want to say those people died from COVID. They all saying they had a heart attack or they were all saying something else.

CHAIRPERSON NARCISSE: Hmm.

CHEIKHOU OUMOR ANN: So, we really wasn't able to count how many deaths we had but I was back and forth to the funeral home and some of them, they were trying to get back home. They wanted to get sent back to their countries.

CHAIRPERSON NARCISSE: Wow.

CHEIKHOU OUMOR ANN: So, we was able to count a little bit — it was a lot in the community, really we wasn't even able to count because some was buried here, some was buried back home so it was a lot.

CHAIRPERSON NARCISSE: Were you able to get support from the city?

CHEIKHOU OUMOR ANN: Uh, a little bit. Some of them wasn't able to wait. You know they wanted to get their loved ones shipped right away but by the time the help come it was too late. Because at the beginning it was very hectic, so the community was the one that was raising fund to send those bodies back home. Some of them was able to get help and some of them wasn't able to.

CHAIRPERSON NARCISSE: So, you find the radio was helpful to you to communicate with your population with the people that your serving in the Native language?

CHEIKHOU OUMOR ANN: Yes, yeah it was very, very helpful because we had so many calls and so many questions about it. So, you know some people they don't want to talk about their disease or something was happening to them and they was able to hear it from the radio station. The old people that wasn't able to come out was able to listen to the radio station. You know because when they had the quarantine, the only way they had communication was the radios.

CHAIRPERSON NARCISSE: How's the vaccination rate now? Did they take the vaccine or it's still taboo? They're thinking the vaccine is just like not something they will take? How's the vaccination rate now?

CHEIKHOU OUMOR ANN: No, it's got better. It got better because once they saw their loved ones passed away a lot of them started getting vaccinated. So, it's got way better but still they have issue of getting the young kids get vaccinated in the community.

CHAIRPERSON NARCISSE: So, all our community going sorry, go ahead.

CHEIKHOU OUMOR ANN: And that was great that we had involved moms and talked to the people at the funeral homes like they would send us people to explain to them how to get vaccinated and we had a lot of help from the Institute for Family Health. The Bronx Director that was helping us getting those people vaccinated. We was getting people coming from Queens, from all over, just to get vaccinated because we had access to the board to get them scheduled for the vaccination at the beginning. So, that had really helped the community. Really, really helped the community.

CHAIRPERSON NARCISSE: So, what was the fare from the not to get the vaccine in your community?

CHEIKHOU OUMOR ANN: Social network mostly.

CHAIRPERSON NARCISSE: Okay.

CHEIKHOU OUMOR ANN: Involving, It was a chip they were going to put in your body. You know, especially what was on Facebook and all this What Up app at the beginning that was really scary what they were all saying you know. So, that wasn't really helping. Little by little we get to involved. We had to bring some doctors, talk on them on the radio and we have tried to find some doctors that was

really from the community. Like for example, we found doctors from NYU, that was from Senegal and we got them to talk on the radio stations.

We were inviting them to a lot of Zoom things. We were inviting or invite whoever wanted to participate, listen to what the doctors had to talk about.

CHAIRPERSON NARCISSE: Hmm, hmm, a trusted source.

CHEIKHOU OUMOR ANN: Right, trusted sources yeah, yeah that's what was happening, yes.

CHAIRPERSON NARCISSE: Yeah, that helped me too.

CHEIKHOU OUMOR ANN: Definitely.

CHAIRPERSON NARCISSE: So, thank you —

CHEIKHOU OUMOR ANN: Every Friday on the prayer, so you would ask one of the match, you just decide to go on one of the match, if asked the amount amounts to three minutes that we can explain to people and give them resources. So, whatever update we had, it will bring it on a Friday and talk to them about it and leave them a lot of flyers, vaccine flyers, PPE's and all that stuff being — the masks, hand sanitizer, we provide it to all the students and make sure they keep people like social distancing and have them all

the stuff needed to keep them safe, we were trying to do it.

CHAIRPERSON NARCISSE: Thank you. The CBO's, that's why we push a lot for CBO's, that's why we push a lot for CBO's in our City Council. You know 31 women, we're not playing. We are assessing thoroughly. We see things, we have a holistic approach and we believe in the CBO's within the community because you understand the community is a trust. And people build on trust. If I trust you, more or likely when you say something, I'm more likely going to believe you.

So, people like you make the city move and that's why we're talking about the city's a best city because of an immigrant from different background. We're contributing different things. We saw diverse and to me, it's an advantage that we have in the City of New York. We care for each other.

Felix Rojas, Mr. Felix, thank you for the work you're doing. I understand you cannot guarantee what the future will hold for the vaccine, are you with me? I guess not. So, I was going to mention the fact that when somebody asks you, why should I get the vaccine? What's in the future? What's going to

happen to my body? We don't know all the details but we know that with the vaccine your more likely not going to die from COVID. So, that's why we encourage because when you think about the future, your going to have a child but if you die you're not going to have a child, so therefore is the future the science work? It will protect you just like every other vaccine that we had prior in our lives whether it's polio, mumps, rubella, so we still have to do a vaccine. When you go to the doctor and they give you a prescription for the high blood pressure for different things, we take them. So, science work and we're going to have to try trusting the person.

The first thing I did myself personally, I took the vaccine and I posted. I made sure it was public and actually when I was taking the vaccine, that helped me a lot. So, we're going through the same thing. So, thank you for your time and thank you for everyone that's doing the work. I appreciate your time. Thank you.

CHEIKHOU OUMOR ANN: You're welcome.

COMMITTEE COUNSEL: Thank you Chair. I'm just going to check if there are any other questions from Council Members. I'm not seeing any. I'd like to

thank this panel for their testimony and we'll be moving on to our next panel. In order, I'll be calling on Dr. Anuj Rao followed by Dr. Purvi Patel followed by Dr. Kalania Jimenez followed by Dr. Colleen Achong. Dr. Anuj Rao you may begin your testimony as soon as the Sergeant queue's you.

SERGEANT AT ARMS: Starting time.

DR. ANUJ RAO: Hello everyone. Thanks for the privilege of being here. My name is Anuj. I'm testifying here on behalf of the Committee of Interns and Residency IR, I'm also one of their delegates. You know I've been in and out of the hearing all morning and as many of you have already discussed the challenges that our immigrant neighbors have. I can attest to them as a frontline provider over the past two years. I've worked in the Bronx. I work in Manhattan now. Issues with insurance, language, trust, cost, the lack of primary care leading to worse outcomes for our Black and Brown and immigrant neighbors.

I just briefly and I'll be remiss if I didn't give a very quick story and I know I only have two minutes but I just recently cared for an undocumented individual Taishanese speaking, his whole family,

construction worker on the job had an injury on his leg, on his toe. Thought it was nothing, didn't heal, didn't heal. He had very poorly controlled diabetes, came to the hospital and had to get an amputation and so, I know everyone speaks of these things we're talking about real individuals and this continues to happen.

And this is one reason I'm really in support of Resolution 84 as a past story demonstrated and as everyone else has mentioned over the course of this whole morning and afternoon, this is very important to support New Yorkers.

Just one other thing I want to plug is, as a resident, I work both at Health + Hospitals who I think does an incredible job with the limited resources that they have and private nonprofit hospitals. And much of this conversation can't be done in the vacuum of just NYC, DOHMH and Heath + Hospitals. I think we really have to consider what these private nonprofits do and their contribution in carrying for underinsured and uninsured individuals. It's not uncommon for them because New York City has such a robust safety net hospital system to divert these —

SERGEANT AT ARMS: Time expired.

DR. ANUJ RAO: To divert these — uh just very quickly, divert these patients to Health + Hospitals. So, my ask is if you all can fully fight to fund H+H so we can continue to provide care for our vulnerable neighbors and the members of CIR are committed to doing all this care and support for immigrant patients and welcome opportunities to partner with the Council and the Administration to provide info and education for our communities and I thank you all for the opportunity to testify.

COMMITTEE COUNSEL: Thank you so much for your testimony. I'd like to now welcome Dr. Purvi Patel to testify. You may begin as soon as the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

DR. PURVI PATEL: Hi, I'm Dr. Purvi Patel, I'm a CI Leader and I'm today testifying on behalf of CIR. I'm a member of CIR's foreign medical graduate working group and a Pathology Chief Resident at New York City Health + Hospitals. So, my story, I want to describe briefly that I went to med school and completed residency in my home country in India.

I was a practicing pathologist running my own successful private lab and working on my PhD. In 2015, when my daughter was a five-year-old, my husband got a job in USA and for two years I stayed in India with my daughter but she needed her father so I had to make the decision to move to be with him in California.

In order to practice here in United States, I had to complete US residency training. I wanted to do this in California but California medical Board had rejected my postgraduate and training authorization later US MLE initial state exam scores deemed old and this was very stressful to get separated from my family again because of this unreasonable restrictions.

Thankfully New York does not have the same restrictions and I matched into a residency program here in 2019 and I was already over my family but then COVID hit and it got so much worse. My parents in India could not come to see me. All my vacation was canceled due to COVID. I was isolated, I could not see my daughter for a whole year of her life.

And this was so traumatic for me but also for my daughter. She really suffered. I was totally

separated from my family and at the same time, like all residents taking on all the extra duties required to fight COVID. And my program was very supportive of me and for that I'm very grateful but it was still awful. Residency is hard and psychologically challenging and at the top of this FMG's face unique challenges. From beginning work in the new environment, social isolation, immigration challenge and expenses of our US born counterparts do not have. I didn't have credit here; it has taken me two years to build credit and secure an apartment in a neighborhood with a good school for my daughter so she can be with me.

And most of this —

SERGEANT AT ARMS: Time expired.

Dr. PURVI PATEL: And most of the salary now goes to them. So, I'll be quick. I also had to worry about immigration to move from J1 Visa to Green Card and also I need to do the waiver program. I saw my seniors struggling through the getting job in the desired states. With all this distance, it's so hard to have the focus needed to undertake the incredibly skilled and specialized work of being a physician. Last year in New York City we saw the tragic deaths

of four FMG's. In the hopes of not seeing anymore tragic loss, CIR is partnering with [INAUDIBLE 4:05:51] on a research study to examine perception on the challenges and personal and education needs for the FMG's. Data from the study will identify the sources necessary to offset the additional time, money and formal education and labor expenditures, unique references and to improve their overall wellbeing.

This work is so important and it is our hope that Council will support us to ensure that the recommendation of this study are implemented swiftly and all necessary resources are made available. When you become a doctor, you don't just sacrifice yourself, your whole family does too. So, please for us, for our families and for the entire humanity to whom we serve, we ask you to support FMG's. Thank you.

COMMITTEE COUNSEL: Thank you so much for your testimony. I'd like to now welcome Dr. Kalania Jimenez to testify. You may begin as soon as the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

DR. KALANIA JIMENEZ: Hi, hi, good afternoon. My name is Dr. Kalania Jimenez and I'm a CI member and psychiatry resident for Harlem Hospital. I'm testifying on behalf of CIR.

I was born in Harlem Hospital and I was raised in Harlem and this is where my family and my community is and I really care about my community. So, as a psychiatrist, I rely on being able to effectively communicate with all my patients. We need to assess body language and emotional responses and more be able to diagnose and treat our patients.

So, when your patients feel comfortable and to like, also like do want them to feel that they are being heard and they are being understand by us without having any language, real language access sometimes or immigrant patients face real barriers and receiving the care that they really need. So at Harlem Hospital we serve a large community of diverse immigrant population. Many Haitian, French, or Arabic speaking and also a Spanish speaking population.

So, in our psychiatry residency program, we only have one or two Spanish speaking. I'm one of them. I'm one of the 28 residents that is only Spanish

speaking and uhm, at times we cannot really communicate effectively with patients. So, the hospital has some translative devices that we have. We have two translative devices that we share between the CPAP and the inpatient unit and the OPD, so these interpretation devices, hmm, we're advocating for them because they will help remove the language barrier and optimize the treatment in our patients. Because usually sometimes in translation things can be lost, so if we have more devices, that we'll have live features for the person to be translated, this can really be able to reduce the frustration of our patients have sometimes when they have to wait in order to receive appropriate care and because of psychiatry, we really have to communicate in a very effective way, so they can feel that they are being understood and then this can also impact their own willing's to continue with care.

So, my colleagues and I myself, are deeply passionate about this and sharing language access for all patients and advocating —

SERGEANT AT ARMS: Time expired.

DR. KALANIA JIMENEZ: Platforms and my colleagues and I are in the early stages of putting together

some you know research projects to examine the impact of language barriers and healthcare, delivery, and also patient health outcomes.

So, as we all know it is no secret that [INAUDIBLE 4:09:04] is also deeply impacted in mental health of the New Yorker, so as you take action to address this, I urge you to not to forget my community and my patients and to put more language access at the forefront of COVID recovery in our community. Thank you.

COMMITTEE COUNSEL: Thank you so much for your testimony. I'd like to now welcome Dr. Colleen Achong to testify. You may begin as soon as the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

DR. COLLEEN ACHONG: Good day. My name is Dr. Colleen Achong, I testify on behalf of CIR. I'm an internal medicine resident at One Brooklyn Health which include Brookdale, Interfaith and Kingsbrook and a member of the union. I was born in Trinidad and Tobago and an immigrant and raised in Brooklyn, a community which now I proudly serve. Throughout the pandemic, I witnessed firsthand on equal impact that COVID has had on immigrant community. From the

start, one of the main issues was the lack of accurate information that my immigrant patients saw about COVID. This coupled with significant misinformation that was out there led to many of them not knowing how to take preventative measures or what to do when tested positive.

Many didn't know that there was a hit website with resources or that there were prophylactic medications that they could have taken at early stages of disease. Often, information and services were not available in the accessible languages for these patients. This meant I saw far too many patients from our immigrant communities only after they became severely ill and when these early treatments were no longer effective, I saw a devastating number of patients having to be intubated and even succumb to COVID because they were unable to or did not know how to seek care early.

The other really concerning trend we see; we say in Brooklyn was many immigrant patients making long trips from other boroughs for monoclonal therapies that could have not been given to them in their neighborhoods. They travel from Queens or Staten Island because they were desperate to get help. Many

of them saw traveling for the monoclonal were undocumented and not only apprehensive about seeking care but had no choice to pay our of pocket for treatment due to their status.

Additionally, LGBT immigrants often feared even worse because of —

SERGEANT AT ARMS: Time expired.

DR. COLLEEN ACHONG: Even the last access and care resources and assistance. At OBH, we have a fantastic prep program but we really — but it's become really clear that many of our gay, trans, immigrant patients are unaware of the program and that it even exists. The first time that they are aware of it, is when they test positive in our ER. We need to do more and target these most vulnerable within our immigrant communities. This unequal impact of COVID as well as sexually transmitted diseases within our community due to lack of access and coverage and communication existing has been worsened due to the pandemic. This is a public health issue.

As a society, our help is connected and we cannot be well when so many in our community cannot get the care that they need. We need to do more and ensure

that the most vulnerable in our communities are informed and have available healthcare services. Thank you for this opportunity to speak today.

COMMITTEE COUNSEL: Thank you so much. I'd like to now turn it to Chair Schulman for any questions.

CHAIRPERSON SCHULMAN: Thank you very much. I want to thank everyone on this panel for testifying. I'm somebody that been a big supporter of the community of interns and residents and all the work that you do and it's amazing.

I do have a couple questions and see if I get it right. A comment and questions. Dr. Rao, when you talked about other nonprofit hospitals, apart from H+H and DOHMH, I will say to you that I've had conversations with both Health + Hospitals and with CIR around the issue of the affiliation agreements that the affiliation — basically affiliation agreements are that people — the docs from private hospitals get training at H+H facilities. And so they make arrangements around that and so, within those contracts, we have to make sure that those entities also take patients and take care of patients and there's ways to do that. The contracts are up again this year.

So, that's an opportunity for us to get more healthcare for people and to make sure that it is accessible and equitable. So, that's one. I want to ask Dr. Jimenez; I did have a question for you. Do you — so, I'm very aware, I used to work at Health + Hospitals so I'm aware of sort of the translation services. They're not the greatest. Are there onsite translators for psychiatry patients? Is she still on? Yes, no? Oh, there you are. She's connecting. Is she with us or? You can hear me but I can't hear you. Should we skip over and we'll come back to you.

DR. KALANIA JIMENEZ: Hello, I am, I am so sorry, yes.

CHAIRPERSON SCHULMAN: It's alright.

DR. KALANIA JIMENEZ: I'm so sorry. I missed your question for some reason this phone is like, it got lost and I couldn't hear anything that you said. I apologize.

CHAIRPERSON SCHULMAN: Okay, so, that's alright. I was talking about; I've been working with CIR on a number of issues. I used to work at Health + Hospitals, so I'm aware of the interpret system which is not the greatest as we know. What I want to ask

you for psychiatry patients, is there onsite interpreters?

DR. KALANIA JIMENEZ: Yes, there are all kinds of interpreters for the entire hospital. We do have —

CHAIRPERSON SCHULMAN: Okay, do they speak all the different languages or just some?

DR. KALANIA JIMENEZ: Uhm, some, yeah.

CHAIRPERSON SCHULMAN: I figured as much. Uhm, so you know, what I'd like is for you to get back to the staff and let them know what other languages you think are needed in general, that's number one.

Number two is that my understanding is psychiatry residencies are being reduced in New York. Is that uhm, do you know if that's the case?

DR. KALANIA JIMENEZ: Psychiatry residency has been reduced?

CHAIRPERSON SCHULMAN: Residency programs are being reduced yeah. That's what I was told.

DR. KALANIA JIMENEZ: Oh, uhm, well, I'm not quite sure about that yeah.

CHAIRPERSON SCHULMAN: Okay, uhm, I'm trying to work, I've been working with Congresswoman, my congresswoman Grace Mang on expanding the residency programs in general, particularly psychiatry in the

United States but are trying to get them into New York City and into H+H. So, there's like, there's different layers there but so, we're trying to do that, that's why I was asking that question and also, uhm, Dr. Patel, I just want to make a comment. The residency and the waiver program, I, when I worked at Woodhall, I helped one of our emergency room doctors obtain his waiver. It was a lot of work, working with all different elected officials on the federal level to get him his waiver, so he could remain in this country.

That's something that's really important and uhm, you know, I have a commitment from me and I'm sure my colleagues to help to work on that issue as well, so uh, which I think is very important. And in general, I just want to thank — oh, Dr. Achong, where you're working at, was insurance a barrier to care for COVID?

DR. COLLEEN ACHONG: I would definitely say yes. I saw patients come in extremely sick and uhm, they either because of COVID tests and they were coming in and they were very upset that they couldn't have a test done at our facility. Sometimes our admission staff would have to tell them like possibly, these

are other options but if you get, if you come to the emergency room, you're going to get a large bill because you don't have insurance or even they — we had and I was in charge of the monoclonal treatment program for our facility, so I saw each and every patient that came through these doors and it broke my heart seeing these patients that they wanted the care but they were hesitant because they weren't sure if they would be able to afford the bill that they would get after. And I had to inform them, listen, the medication is covered by the government but I can't do anything about the emergency room bill that may come across afterwards.

And this should not happen. COVID is not anyone's fault. They should be given the equal right of healthcare.

CHAIRPERSON SCHULMAN: I appreciate you sharing that because that's a huge issue that we have to figure out what to do but the fact that somebody doesn't have insurance and they go to a facility because I'm aware you as an H+H, part of the H+H system. It's not a public hospital but people should not be turned away in all the different, particularly

in the immigrant communities because they don't have insurance. And so, that's something that we —

DR. KALANIA JIMENEZ: I wouldn't say we turned them away.

CHAIRPERSON SCHULMAN: No, but —

DR. KALANIA JIMENEZ: That the bill is a huge — yeah — it's a huge.

CHAIRPERSON SCHULMAN: Somebody tells me you got $1,000 bill from, you know you think twice so uhm, you know and I really commend you for the work that you do and for bringing this to our attention because this is something that's an important issue. And I want to in general thank the panel. I know you have a lot of work and you took time out of your days today to come here and testify. So, I appreciate that and I'm very supportive of all that you do.

DR. KALANIA JIMENEZ: We also have a huge program for the LGBTQ community and we really hope that more of the community take part in that initiative as well. Because it's unfortunate that they only come to know about this program after becoming positive.

CHAIRPERSON SCHULMAN: Yeah, as an out lesbian on the City Council, I want to work with you so I'll circle back and see what we can do about that.

DR. KALANIA JIMENEZ: Thank you so much.

CHAIRPERSON SCHULMAN: Thank you.

COMMITTEE COUNSEL: Thank you Chair Schulman. I'm going to now turn it to Chair Hanif for questions.

CHAIRPERSON HANIF: Thank you. First, just want to share my deepest gratitude to Dr.'s Rao, Patel, Jimenez and Achong for your work and as healthcare practitioners who are immigrant or children of immigrant, thank you so much. None of you should be worrying about your immigration status and being unable to continue to provide care in the city. So, thank you for your work, looking after your own families and the health of immigrant New Yorkers citywide.

I'd like to know and anyone of you could respond or all of you could respond to this. Could you share how many immigrant and/or limited English proficient patients you provided care to. Is that something that you all are able to keep track of? And then, what would you like to see in terms of continued care for lower income immigrant communities?

DR. ANUJ RAO: So, I can start and then I'll pass it along to see if one of my colleagues wants to

answer. So, I rotate at different facilities. I also work at FQHC. It's Health + Hospitals affiliated in downtown Manhattan and there it's over 75 percent immigrant-based and the languages you see them from all over the place. And when I'm at the — you know I work at Bellevue, we see patients from all over the world. They come just for the healthcare, which you know language access is extremely challenging but you know, everyone is trying their best and doing the best job that they can.

But I would say over, at those sites, Health + Hospitals, at the public system, over 50 percent are immigrant and oh, can you guys still hear me?

CHAIRPERSON HANIF: Yeah.

DR. ANUJ RAO: Okay, it just is my internet. And there should be data for the different institutions, like at the private institution I work at just because by virtue of needing insurance, generally you are less likely to see Black and Brown folks because they are less likely to be insured. There is a state, it's called sparks, state — I'll give you the exact acronym, it's the statewide planning and research cooperative system but it's not a regular way to collect data but they look at race and

ethnicity with insurance status. So, it's a proxy of how many patients each institution sees. And I'll pass it along to my colleagues if they want to add anything.

DR. COLLEEN ACHONG: I'd like to share, uhm, I believe that a large amount of our patients because we're in an underserved area in Brooklyn in the Brownsville area, either coming from Interfaith or Brookdale, we have unfortunately we just iPads that we utilize and they are limited within our facility, so that becomes very troublesome. At times when there's a language barrier, thankfully I know a good amount of Spanish, so that benefits me but I do not speak Cantonese or Arabic for some of our other patients that come in.

So, there is some level of difficulty. Previously we utilized the online number but that in-person translator has been — it usually is way more beneficial but because we don't have that because of funding, that is at times a huge difficulty or in translation, in our Haitian population, in our Hispanic population as well as Asian or Arabic. Because certain words or things cannot be translated

well and our translator is through an internet connection that can be lost at times.

So, we have about let's say about 60 percent language barrier at times to 50, let's say 50-60 percent.

CHAIRPERSON HANIF: And the iPad's are what you're describing are being used to connect with an interpreter?

DR. COLLEEN ACHONG: Yes.

CHAIRPERSON HANIF: Got it. And do you know the vendors name that provides this service?

DR. COLLEEN ACHONG: I can give it to our CIR Representative and she can follow up with you but it's actually, it's been slowly changing because previously we had a phone number which was much easier because we would call the number and each resident had it but now that we have this iPad, everyone's basically running around searching for the iPad to be able to communicate with the patient, which makes things —

CHAIRPERSON HANIF: What's the doctor to iPad ratio?

DR. COLLEEN ACHONG: Should I say?

CHAIRPERSON HANIF: I feel like you got to say it, yeah.

DR. COLLEEN ACHONG: It's two iPads to all the doctors on one floor at times.

CHAIRPERSON HANIF: Wow. And then how many patients would you say uhm, like it's great to have doctors who are bilingual or multilingual btu it's certainly, the onus shouldn't fall on you for knowing some Spanish to provide interpretation to your patients but this is really like, this is an added layer of challenge to know that there are two iPads in a floor of, I don't know the number of doctors but that is, that's really unacceptable.

Was the phone number system more equipped to hold the capacity or no?

DR. COLLEEN ACHONG: I mean the phone number was equipped but then we ran into the barrier of the like if there was a mute or deaf patient, then how would we utilize that to communicate with the patient? So, they thought that this would be a great opportunity but I mean the difficulty in finding the iPad at times is a little bit troublesome.

So, if there was a phone number that had, that we can utilize Face Time or something like that, that

that would also help. But having limited language line, it's impossible or just the internet, losing the internet in the middle of communication makes the patient encounter much longer, so.

CHAIRPERSON HANIF: Yeah, okay. And then, to Kalania, Dr. Kalania Jimenez, could you describe the different types of interpretation you utilize and the specific devices you're advocating for? I'm not sure if she's still on the — okay, there she is.

DR. KALANIA JIMENEZ: Yeah, so we have — so as I mentioning, we have a greater population that can vary from different like uhm, Native speaking patients you know. So, we only have like the AM device, which is like the iPad device. We only have one in the unit. And like for example, now we have 34 patients in the unit and some of those patients, like one is Spanish speaking, the other one is [INAUDIBLE 4:28:19], which is a Native spoken also language and uhm, there's no way we can do anything with them with the device.

So, at times, we my have three, four patients you know that they only speak in the all Native language and uhm, obviously we have to share you know the device and kind of arrange it in order for us to like

use it here and uhm, when we all finish and go to rounds.

So, this device is one device here in the unit and then in the clinic also it's only one device as well, so it's like nine residents, nine doctors there in the clinic. We have a high volume of population in the clinic. Like, here at least you know the information, the float is kind of like multi-stable because we have to have like the same amount of patients. But in the clinic, we have different patients come in at different times throughout the day and we have like, you know it can vary from 10-15 people because they only have physician and there's a lot of Spanish speaking patients, there's French speaking, thee is patients speaking Chinese, a lot of people from German, from the Islands.

So, I find you know we kind of have to you know split and use it or you know kind of, it's not like we have to kind of thing like arrange a time because it's unpredictable sometimes a patient also may show up you know? And we have to — and then when it comes to psychiatry, the thing is that it's not like oh, the patient just came in to see you, you can use just

10 minutes. And be like oh, it's not like medicine or I have this or I have this and that.

Like us, we have to get a lot of history in the patient. You know we have to get a lot of — so we have to do 15 minute sessions right. So, it takes time and it's not easy at times. Sometimes it's like we can call on the phone and use the telephone, which is like, the patient sometimes don't feel totally like comfortable or it's just kind of missed the whole therapeutic thing of like having somebody seeing you and getting other aspects of the interview, right. Like the body language or how we feel nothing gets lost in the midst of communication.

So, basically it's not enough you know because we have a lot of patients that it's slow and this population here in psychiatry, like we really would benefit from having more devices that we can use, so we don't have to kind of you know have to limit it in that setting. At times we may have like two or three people that need to use it at the same time.

CHAIRPERSON HANNIF: And would you say that the iPad device is sufficient? Like, is the device you'd like more of?

DR. KALANIA JIMENEZ: Yeah, it is I think it us. I think it's a very good device because the person, like the patient you know can be seen, the person translating in space and life you know compared to just like via telephone line. You know, so they feel sometimes even more comfortable that way with the face to face interpretation, which ideally you would like to have a live person right but not all the time it's a live person. We don't have all the languages in there. So, this device has access to like the foreign languages so, uhm it's a very good device and so far we haven't had any issues with it. This is a device that we don't have enough.

CHAIRPERSON HANIF: Got it, great. And then uhm, the question I asked awhile ago around what else would you like to see in terms of continued care for lower-income and immigrant communities? Whether that's in our neighborhoods or across the hospital system.

DR. KALANIA JIMENEZ: Uhm, you know like, in the community here like in Harlem. Uhm, you know uhm, this community obviously will benefit from a lot of resources, always like our main problem here is like you know homelessness but uhm, a lot of patients they

don't have a place to live and the clinic comments around that's a big issue and uhm, a lot times its also kind of you know obviously related to their mental health as well.

So, uhm, I don't know, I think maybe more access to us being able to have more access to perhaps programs that uhm, you know we can get them like connected to that it will be fairly limited, so it's in area.

DR. ANUJ RAO: Yeah, one thing just to add on. I mean, it's a huge question and so many answers. I think a lot of it starts with what Dr. Jimenez was saying with the structural determinants of health housing, food access, education, preventative health. I mean things that for in the scope of this conversation for many of our patients, like you mentioned, they're not a lot of H+H facilities in the outer boroughs and much of what we do is giving medicine and for many folks that's a 430-B pharmacy. Where they have to go to get medication on a fee scale or an FQHC.

During the pandemic, you're traveling; I have patients downtown, they're coming from Corona, they're coming from Fordham in the Bronx and to get

refill medication, it's a huge burden for all the reasons we've discussed today to take an afternoon off of work to do it, it's just a huge pain in the butt. And you know to create a system where you know I'm sure folks at H+H central office are discussing this but where you can go to different 430-B pharmacies to get refills of your medications. I mean there's so much. At the end of the day, it's like more money but I know that doesn't come out of thin air. But when we talk about equity and these folks who have incredible challenges as we've discussed all day, they really need all the support in providing the care that they deserve and uhm, you know it's multifaceted as my colleagues and everyone here has said and discussed.

DR. COLLEEN ACHONG: I would definitely agree. I would say that we can utilize knowing more about pharmacies that are accessible to our patients that are coming from outside of our primary community. Because if we don't have the knowledge, how can we assist our patients to utilize pharmacies that do cover their medications? That are not local because that travel is unnecessary.

In regard to COVID, I would say that uhm, because COVID is not gone, it's still here. Education in different languages for our patients about monoclonal therapy or prophylactic medication, so that they're aware that they can be treated at an earlier stage and not wait so long until they are actually extremely sick and then require hospitalization. Because we have this resource, why not educate our community about it.

Now going back to mental health and I feel like we need more organization and utilization of preventative medical education for our patients. If they understand their disease process and what they can do, what I have primarily seen as being a minority myself and an immigrant, sometimes their family members or patients, they just don't understand their disease process and they have these mitts that come from their culture where they say, oh, let me utilize this before I follow what the doctor recommends. Or let me take these steps and not understand that no, your disease process will worsen if you do this or if I skip going to ophthalmologist or the podiatrist and having diabetes

and not managing it, why they're getting sicker and sicker and requiring more and more medication.

So, if we do more to educate as well as organize a structure where like their primary doctor has resources where at OBH we have this but uhm, due to limited funding and other issues, like we have a clinic where all the specialties are there. Ophthalmology, they are there one day. Cardiology is there. Podiatry is there but it's just having these patients understand and doing more for preventative measures so that they follow-up. Because they can get the appointments but because of lack of education, I feel like a lot of times they do not follow-up and they don't understand the seriousness until they have a heart attack or their disease process has gotten worse to the point that now they have to cut off a limb. That's when they understand that okay, this is serious. This is not a joke. I can't use herbal medication or other paths to treat my disease process.

CHAIRPERSON HANIF: Thank you. This is helpful and I'd love to stay in touch after this hearing. Uhm, no more questions from me.

COMMITTEE COUNSEL: Thank you Chair. I'm turning to Chair Narcisse for any questions.

CHAIRPERSON NARCISSE: Hello Dr. Achong. I appreciate your testimony and being so close to the hospital your talking about because Brookdale is the one that served my community, the 46th District because in our community, we don't have any hospital and I worked for Brookdale for a very short period of time right after my graduation from nursing.

The needs in Brookdale is tremendous and having you in Brookdale I think is a plus. It's a benefit because you understand the dynamic. Now, talking about the client, the patient, trying everything else before the actual medication is the truth to power that you are speaking of because I have patients, I used to do homecare and I could tell you firsthand, when you get there there's all the pile up of the medication and they are still taking from their friends. You find bottle that coming from their friend, their family members. You find the roots coming from the country or originated from and before they even try the basic medication.

So, I have to go to a long speech to get them to understand your disease is going to deteriorate if

you don't take your medication. So, they still think, in my own community, I'm on the radio all the time. I have doctors; you probably know this doctor, that's a gastroenterologist there, Dr. Jose Charles, Michelle Jose Charles.

DR. COLLEEN ACHONG: Yes.

CHAIRPERSON NARCISSE: We do a program together. So, to tell you the least, our community need the means and I think Dr. Anuj mentioned that. The fact that the folks going through so much and they have the lack of knowledge, so they need the support. So, thank you for your work.

So, now having said that, the population that you're serving, I know you have a lot of Haitian. You have a lot of uhm, yes definitely Spanish. Uhm, the language there, do you have translators right on hand to deal with that?

DR. COLLEEN ACHONG: No, no, no. Like I said, we utilize iPads. So, uhm, unfortunately we have to utilize these iPads because for documentation purposes and we haven't had the in-person language line, so the iPads, there's a disconnect as my colleagues have expressed overall and that limits us to an extent.

Sometimes they are not there. They may not understand over the internet what the patient is saying, so then we have to repeat. It spends an extensive amount of time sometimes just interviewing a patient on a first encounter and it makes it very difficult. I mean, that personal connection with someone there is great but I mean if this is all that we can have, having more iPads would be real great opportunity for us because I mean, it's horrible to say to rush an encounter is unfair to the patient. Just because another colleague would need the iPad also direly in order to continue treating all our patients fairly.

CHAIRPERSON NARCISSE: I'm in agreement with you. How are we going to focus on preventive care if we're gonna — because when you have translator, what we said, I mean personally, I used to do Russian, I used to have a lot of Russian clients and when I'm going to see them, I have to have the translator and my concern always that saying to myself, I'm going to lose the message in the translation. And that's a fact, so I'm surprised that Brookdale, who located in the middle of the Caribbean folks with different dialect, with mostly Asian and don't even have active

translators throughout the hospitals. And when I talked to them, I never heard about the iPad, so which is a need that uhm for now, but later on I would like to see more actual person because it's going backward because in my time at Brookdale, we had a lot of translators for different entities.

DR. COLLEEN ACHONG: I mean, if there was a way that we can work with the CUNY system, I've heard earlier someone talking about working with the CUNY system to bring these linguist that went to school that can be utilized within the hospital system to communicate with our patients. Even having just a few would be great job opportunity as well as in-person translation would be great for our patient population that cannot be communicated well through a device.

CHAIRPERSON NARCISSE: Yeah, so even to teach them to use a glucometer.

DR. COLLEEN ACHONG: Yes, yes. So, how can we do that?

CHAIRPERSON NARCISSE: How are you going to do that? I don't get it. So, and post-surgery, you have to get them to use this parameters and stuff like that. So, how are you going to —

DR. COLLEEN ACHONG: It just makes it difficult.

CHAIRPERSON NARCISSE: Yeah.

DR. COLLEEN ACHONG: It makes it difficult. I mean, there are so much that we're trying to communicate with that but it doesn't come across clear and then they get readmitted and then it's a very vicious cycle which is very frustrating because if we were able to communicate or articulate ourselves well to these patients, with positive hope that they would continue with the education we provide them on discharge or even in an outpatient setting, the progression of their disease would be limited.

CHAIRPERSON NARCISSE: So, what is the rate of your readmission? Because that's going to be bring the admission higher.

DR. COLLEEN ACHONG: Should I —

CHAIRPERSON NARCISSE: I see you take a long time, because coming from nursing, I'm like saying, if you're saying that, that means we have a high readmission for things that we could avoid.

DR. COLLEEN ACHONG: I can say that I don't know if it's because if it's patient education that's the problem or preventative measures are the problem but

I can't blame only language deficiency as being the issue. So, I think it's a lump sum of issues why there is readmission. So, I don't want to pinpoint or put a blame in one area.

CHAIRPERSON NARCISSE: I got you. It's a combination of different issues but I can tell you, if language, if you cannot understand the message, you're going to mess up for all to follow-up with your medication, to follow-up with the treatment. So, I can see this is a big deal on that one.

DR. COLLEEN ACHONG: Yeah.

CHAIRPERSON NARCISSE: Uhm, that's I know — one of the things that I, I think in my platform I was talking about is the merging of files between hospitals and including the doctors note and the nurses note. I don't know. I have big dream, so I don't know how that's going to happen but that's what I would like to see because that can prevent a lot of miscommunication between — because when the clients leave one office and go to the next and even with medication. I have some clients that I don't know if that happened, where you — they get a prescription here from this doctor and they went to go see another doctor and they prescribed almost the same medication

and the patient ended up taking it. So, how do you feel about merging all the filing system within our network in the city? We could not hear you. We cannot hear you. When you come back. Maybe Dr. Achong can answer it.

DR. COLLEEN ACHONG: I actually believe that that is a great tool. OBH has just recently ventured in October of 2021 in getting Epic and that has been a great tool. Not only did we have — when we merged, the Epic system was at Brookdale and then Interfaith received it and Kingsbrook received it and that tool allows us now not only in our outpatient setting to connect the hospitals as well as our outpatient setting but now we can connect to all the other hospitals that have Epic.

So, then there's a clear communication on what medication the patient is taking. We can reconcile meds and we can follow-up with their outside providers that inform them that medications have been changed and their outside providers; even if their outside provider is not within our clinic, they can also look back other than the discharge summaries, the patient loses it to see what medications we've changed because now they had a CHF exacerbation or

COPD. We changed this medication to tailor the demand of their disease process at this time. So, I think it is a great idea.

CHAIRPERSON NARCISSE: Does it include — Epic include nurses in the doctors note as well?

DR. COLLEEN ACHONG: Uhm, yes, actually Epic includes everything. So, you can literally go into — so you can go into outside charts and click on it and then you can see the discharge summary. So, you're seeing the discharge summary of the other provider from there but I'm not sure from the facility, all type of facilities, so we're seeing all the nursing notes but we do see all types of notes. So, it should include nursing notes because if they're seeing a psychiatrist outside, a cardiologist, ophthalmologist, anyone outside, usually the notes are provide, which helps us. But unfortunately not all of the hospitals in H+H utilize Epic, I believe. So, that is a little cumbersome at times. So, one system would be a great idea.

CHAIRPERSON NARCISSE: One system, get everybody on the board and then we don't have to repeat things. Uhm for the medication, so how can we get pharmacies included? Because what Dr. Anuj mentioning, some

people have to travel from far to get their medication from different pharmacy. Do you have the list? You don't have a list of all the pharmacies that carry the certain medications?

DR. ANUJ RAO: No, and this is more an issue for our patients who are undocumented or need to get mediation on a fee scale. You know, if I'm insured on Medicaid, I can go to CVS you know, I'll go to Duane Reed. For folks who cannot, who have to pay out of pocket, it's just not feasible for them financially and so, they can only go to specific again 430-B pharmacies and they tend to be affiliated with FQHC's and health and hospitals.

And so, these pharmacies are at the clinic sites and people you know, the idea you know One Brooklyn, you're serving a community over there, which is beautiful for Health and Hospitals, it's kind of spread out. You know people are traveling to different boroughs to get their care. Uhm, and so, you know people do what they got to do at the end of the day, like these are the options that are provided and that's what they do.

You know again, like I mentioned earlier, if there was a way of your part of NYC Cares, I live in

Corona, I get my care at Gouverneur downtown but I go to Elmhurst for my prescriptions, that would be ideal but again, I know there's — I'm sure they're working on it. Uhm, I'm sure there's a lot of red tape and bureaucracy that I'm unaware of but to be patient centered, that would be helpful.

CHAIRPERSON NARCISSE: I think the Chair of Hospitals, I mean, I'm the Chair of Hospitals and she's Chair of Health, so I think that's a great idea to have that because that will really take a load off the folks that need it the most. Like you said, those are the folks that work night shift, long shift, so we need to do that. You heard me Chair Schulman, we have to work on that one. That one can be done.

CHAIRPERSON SCHULMAN: Yes, I did.

CHAIRPERSON NARCISSE: Yup, we have to push on that one.

CHAIRPERSON SCHULMAN: Yes, I did.

CHAIRPERSON NARCISSE: And I think it was Dr. Achong that talked about the monoclonal mediation. So, what it was not easy for the people to get them in or they did not understand, what was the thing? Because I know I had a question around that.

DR. COLLEEN ACHONG: So, uhm, so I was in charge for One Brooklyn Health facilitating treatment for patients during this treatment process or prophylactic medication came, after the first wave obviously. And uhm, there is not enough information in the communities, understanding what is a prophylactic med? How does it work in different languages?

So, one, we need more information for the community, so they understand that the prophylactic medication is there. I know recently that the Health Commissioner has discussed it but I think just like the vaccine, if there is not enough education on it, people are hesitant or they don't go earlier on, or if so, unless they're from a more educated or family background to inform them, they don't know about the website where they can look at the whole New York City area and say okay, this is the closest hospital to me and this hospital provides the treatment, so I'm going to go contact them and go.

So, I had patients and this is uhm, I'm not pinpointing anyone but patients coming from Queens, that they have a hospital right across the street from their home and they were coming to Brooklyn to

receive. These undocumented patients that I mean, we're not, we — I needed to treat them because this is — I did not want the disease process to progress and it's a treatment for all ages. Especially those that have comorbidity, so I one day need in different languages information on the monoclonals as well as the pill form, as well as the availabilities that this resource is there and they should set up appointments as soon as they convert to positive to receive it and it is not the vaccine. Because that is another part of their confusion as well.

CHAIRPERSON NARCISSE: Thank you and I think I'll stop right here and Dr. Patel, we heard you loud and clear in the waiver. We need doctors, especially doctors that are willing to serve our community. Thank you for your work and thank you Dr. Jimenez. Thank you everyone. Thank you Chairs.

COMMITTEE COUNSEL: Thank you Chair Narcisse. Not seeing any other questions, Chair Schulman, did you have a question?

CHAIRPERSON SCHULMAN: Yeah, I had a quick question. Dr. Rao, so I just want to ask another pharmacy question. There are pharmacies located within each of the H+H facilities, is that correct?

DR. ANUJ RAO: Yes.

CHAIRPERSON SCHULMAN: People can't get their prescriptions there; they have to go somewhere else?

DR. ANUJ RAO: No, they certainly can. So, just very quickly for example, Bellevue is a referral center, so for a specialty care, I need a cardiac catheterization, they'll come from Woodhall or Queens.

CHAIRPERSON SCHULMAN: Right, okay.

DR. ANUJ RAO: And if the prescription gets sent there, you have to be uninsured for the 430-B. You can only get it there at the Bellevue Pharmacy.

So, let's say I'm a patient, I get discharged, like oh, I actually live in Corona. You know, it's not always these discussions are happening to see what's easiest for the patient. And unfortunately you know the way our system works here; it's not very you know neighborhood based. You end up going to another borough for your care, it's not uncommon and part of that involves getting the medication.

CHAIRPERSON SCHULMAN: So, it's a system issue that we have to process?

DR. ANUJ RAO: Yes, yes.

CHAIRPERSON SCHULMAN: Okay fine, alright I got it.

DR. ANUJ RAO: I'm happy to talk about it with you afterward.

CHAIRPERSON SCHULMAN: Yeah, no, absolutely because I remember when well, when I worked at Woodhall, a lot of times we would prefer that the patients; that's the underlying piece of this, we'd try to get the patients not to use the pharmacy because it costs H+H money.

DR. ANUJ RAO: It does. I mean —

CHAIRPERSON SCHULMAN: Yeah, so they would try to get them to use another pharmacy or whatever but we have really dig deep into this and so, my colleague Chair Narcisse and I will take a deep dive into this.

DR. ANUJ RAO: Thank you. Thank you everyone. Appreciate your time.

COMMITTEE COUNSEL: Okay, not seeing any other further questions, I want to thank this panel for their testimony and moving on to our next panel. In order I'll be calling on Lisha Luo Cai followed by Medha Ghosh followed by Mina Lim. Lisha Luo Cai, you may begin your testimony as soon as the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

LISHA LUO CAI: I want to thank Committee Chair Hanif and the Council Members here today for the opportunity to testify. I'm Lisha Luo Cai, Advocacy Coordinator at the Asian American Federation and we proudly represent the collective voice of more than 70 member nonprofit serving 1.5 million Asian New Yorkers. Let's start off by saying that we will always support calls for greater healthcare access, especially for our most vulnerable populations.

Thank you Committee Chair Hanif for advocating on our communities behalf through the Resolutions being discussed before this Committee today. As all discussed today, our community-based organizations need greater support to truly reflect our city's commitment to our immigrant communities.

Since 2010, the Asian population in New York City has increased 34 percent, growing from over 1.1 million in 2010 to over 1.5 million in 2020. Making up 17.3 percent of our city's total population. Overwhelmingly Asian New Yorkers are immigrants with two out of three in the city being foreign born. Of those Asian immigrants, 47 percent arrived in 2010 or after.

Initially language barriers remain high among Asian New Yorkers. Overall 48 percent of Asians have limited English proficiency in New York City compared to a citywide rate of 23 percent.

The Asian American community has born the brunt of the previous administrations immigration assault and is scrambling to find culturally competent language accessible healthcare access. As our immigrant community bears a disproportionate burden of the basic need and security brought on by the pandemic, the city must increase investment in safety net programs such as community health centers and clinics.

This past year has shown that our community-based organizations have led the fight to keep New York City moving and kept our immigrant communities taken care of. But this past year has also made it painfully visible that our 'BO's desperately need support to continue the work and not just keep our immigrant community surviving but also thriving.

More than 20 Asian ethnic groups are represented within our city, speaking dozens of languages, Asian led, Asian starving organizations also continue to

make a critical bridge between our community and the healthcare services they need. Such as providing —

SERGEANT AT ARMS: Time expired.

LISHA LUO CAI: Translated information on the COVID-19 vaccine to helping seniors access telehealth appointments. Yet, while Asian New Yorkers comprised of more than ten percent of the population in the city, from Fiscal Year 2002-2014, the Asian American community received a mere 1.4 percent of the total dollar value of New York City social service contracts. Our reflection of a broader, long-term trend.

Our analysis showed that over that 12-year period, the Asian American's share of DOHMH funding was 0.2 percent of total contract dollars and 1.6 percent of the total number of contracts. Our reflection of a broader, long-term trend. Our analysis showed that over that 12-year period, the Asian Americans share of DOHMH funding was 0.2 percent of total contract dollars.

And 1.6 percent of the total number of contracts. Here are some recommendations for City Council as we discuss healthcare accessibility for our immigrant populations. The city should invest in and

prioritize Asian led, Asian serving community-based organizations that are already doing the work of getting healthcare information to our community.

This entails partnering with Asian organizations to establish vaccine pop up sites in neighborhood with a significant Asian population in order to increase access to the vaccine itself. Rather than enforcing immigrant communities to navigate complicated online processes to secure an appointment. Push for funding of a community legal interpreter bank and worker co-ops that can address the demand for quality translation services in critical areas like healthcare. And finally, Local Law 30 implementation must be fully funded across city agencies falling under its per view.

On behalf of AIF, I want to thank this Committee for giving us the opportunity to discuss how healthcare accessibility can and must be addressed in our community.

COMMITTEE COUNSEL: Thank you so much for your testimony. I'd like to now welcome Medha Ghosh to testify, you may begin as soon as the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

MEDHA GHOSH: Good afternoon, my name is Medha Ghosh and I'm the Health Policy Coordinator at CACF, the Coalition for Asian American Children and Families. Thank you very much Chair Hanif, Schulman, Narcisse and Moya for holding this hearing and providing this opportunity to testify. Found in 1986, CACF is the nations only Pan-Asian children and families advocacy organization and leads a fight for improvement in equitable policy systems funding and services to support those in need.

The Asian American specific Islander AAPI population comprises nearly 18 percent of New York City. Many diverse communities face high levels of poverty, overcrowding, uninsurance and linguistic isolation yet the needs of the API community are consistently overlooked and misunderstood and uncounted.

In the summer of 2021, we conducted a rapid needs assessment and collaboration with the NYU Center for the study of Asian American health and the Chinese American Planning Council and of over 1,000 adults of Asian, Latinx, and Arab decent, living in the metropolitan New York are to assess the current

ongoing needs of the community during the COVID-19 pandemic.

The report from the assessment highlights a disproportionate impact the pandemic has had on the New York Asian American community that requires acknowledgement and recovery efforts. Our community-based organizers have had to pivot to provide basic needs and resources to our community members including timely COVID-19 prevention and vaccination information, preferred languages, interpreter services to link communities to appropriate social services and public benefits and food support to increase food security. These issues remain largely unaddressed by local, state and national leaders in the COVID-19 emergency response efforts.

Based on the findings from this report, our major recommendations for the Asian American community are improving COVID-19 vaccination access, expanding language access and services for COVID-19 efforts and social services, expanding eligibility for benefits and extending eviction moratorium. And financial support for Asian American serving community-based organizations.

The findings can be found in an advanced report and the longer report will be out in the next month and I'm happy to share with those who are interested. Just for the sake of time, I want to go into the next aspect of our recommendations.

SERGEANT AT ARMS: Time expired.

MEDHA GHOSH: We want to highlight how the pandemic and the rise of anti-Asian hate have intensified the mental health issues of the API community in New York City. Causing even higher demand for mental health services.

Despite this increased demand, there is still a lack of access to those services because of language barriers and an absence of culture responsive care. Last month, CACF in collaboration with Council Member Linda Lee and New York Coalition for Asian American Mental Health cohosted a community convening to discuss the mental health issues impacting our community and strategize community center solutions to address them.

Many of the solutions discussed at this gathering reflect our recommendations here. Investing in community led and community-based language accessible and culturally responsive mental health resources.

In partnership with our communities, building a baseline understanding of the cultural particulars of how mental illness is understood describe experience and healed by diverse communities.

Identifying solutions that meet community mental health needs by collaborating with community leaders and community-based organizations. And prioritize a recruitment and retainment of multilingual mental healthcare professionals to ensure high quality care. We must invest in pipeline for people from marginalized communities to enter mental healthcare professions by funding programs that focus on addressing mental health disparities through increasing diversity in mental health professions, including in our schools to ensure language accessible and culture responsive mental healthcare for our students.

Thank you very much for your time.

COMMITTEE COUNSEL: Thank you so much for your testimony. I'd like to now welcome Mina Linn to testify. You may begin as soon as the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

MINA LINN: Good afternoon. I would like to Chair Hanif and other members of the Committee on Immigration for the opportunity to testify today. My name is Mina Linn, Director of Community Engagement and Operations at the Korean American Family Service Center. For over 33 years, KAFSC has provided direct services to immigrant survivors and their children who are affected by gender-based violence and domestic violence and all forms of violence. KAFSC providers comprehensive services for our clients including counseling services, case management and traditional housing, economic empowerment, programs, after school programs and other supportive services.

All of our programs and services are offered in a culturally and linguistically appropriate setting which operates all year around and our 24/7 bilingual hotline and emergency shelter are in operation 24 hours a day, seven days a week.

Over 95 percent of our clients first language is not English and they come from low income backgrounds. Many of our survivors are undocumented, uninsured and now unemployed. We have expanded and launched new initiatives to meet the heightened need for domestic violence case management support, mental

health services, academic enrichment for youth cash assistance, access to health insurance as well as food security.

In 2021 alone, KAFSC has responded to a total of 5,069 calls total to gender-based violence, domestic violence, sexual assault, child abuse and trafficking cases. Many of our survivors are undocumented and are excluded from accessing unemployment insurance and of all other income supports. The needs of the community are consistently overlooked and uncounted. They lost financial means, some temporarily, others permanently resulting in loss of livelihood and the ability to support themselves and their children while facing the layers trauma of being gender-based violence and domestic violence.

Many —

SERGEANT AT ARMS: Time expired.

MINA LINN: Many in our community and their loved ones have contracted the virus and died while facing a spike in anti-Asian violence and racism without receiving the essential supportive services they need. Without financial support, our immigrant survivors can’t afford food, rent, basic necessities, personal protective equipment and supplies, medical

care or basic living expenses such phone, internet and utility bills.

These issues have impacted our most vulnerable communities in severe ways and our immigrant survivors and their children are no different. The pandemic and anti-Asian racism and violence has further exacerbated these challenges. Our frontline essential workers are constantly facing greater challenges as we are met with the increased need, such as in-person crisis intervention, counseling, case management and other supportive services.

Our immigrant survivors must navigate the intersection of gender, racial and class discrimination when trying to access our essential services while addressing the hurdles of the pandemic and the anti-Asian racism and violence, community members health, economic and safety needs.

KAFSC looks forward to working with the Council this community and our community partners to address this continued service specifically for immigrant survivors and their children. We thank the Council and the Committee for the opportunity to testify today.

COMMITTEE COUNSEL: Thank you so much for your testimony. I'm going to now turn it to Chair Hanif for any questions.

CHAIRPERSON HANIF: Thank you. Thank you to Lisha, Medha, and Mina for your testimonies. Mina, could you share more specifically how your organization is working with survivors around their access to COVID care and other healthcare services?

MINA LINN: Sure, uhm, so currently beside counseling, our counselors and case managers, we currently have a 24/7 hotline services and we have clients that calls in for assistance with counseling, case management or other access to programs.

However, with the rise of the anti-Asian hate crimes as well as questions around the pandemic, COVID, we basically expanded our services with T2 information. Other public benefit information such as EOEF, so we expanded our services to support the community with all the information that they need with governmental information that we have.

CHAIRPERSON HANIF: And from your work through COVID with survivors, are there any specific challenges that survivors are experiencing as a

result of both the COVID crisis and intimate partner violence?

MINA LINN: So, the biggest challenge is the language barrier and that's why we, the organization had to step up. Although we're focusing domestic violence, gender-based violence, sexual abuse, the reason why we decided to step up and provide language access and information and provide more information to our community is because the clients and the survivors that we support, they don't have the English support. They can't have direct access to the government support. Therefore, we're basically there to help them overcome the challenges of the language barrier. So, that would be the first challenge.

CHAIRPERSON HANIF: Got it, thank you. No more questions for this panel.

COMMITTEE COUNSEL: Thank you Chair. Just checking if there are any other questions. Not seeing any hands. I'm going to thank this panel for their testimony and we'll be moving on to our next public panel.

Thank you everyone for your patience. We're getting through everyone shortly. So, the next

public panel in order I'll be calling on Mia Soto followed by Jose Chapa followed by Rebecca Antar Novick followed by Zachary Ahmed.

Mia Soto, you may begin your testimony as soon as the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

MIA SOTO: Good afternoon. Thank you for that and thank you to the Committees of Immigration, Health and Hospitals and the Subcommittee on COVID Recovery and Resiliency for giving us the opportunity to present testimony today.

Specifically regarding the importance of passing lifesaving legislation that will provide access to healthcare coverage for New Yorkers who are uninsured because of their immigration status.

My name is Mia Soto and I'm the Community Health Justice Organizer at the New York Lawyer of the Public Interest, also known as NYLPI. NYLPI's really should be part of the City Council's Immigrant Health Initiative, which also provides vital funding to organizations such as ours who work towards improving access to healthcare for all New Yorkers.

We are also part of the coverage for all Coalition Steering Committee and as a coalition, we

pursue healthcare coverage for all New Yorkers, regardless of immigration status. We are advocating for — we are and we will continue to advocate for a safe plan to cover people kept from Medicaid based on immigration status and to maintain coverage for people who may lose their immigration status because of changes in federal law.

We strongly support for the passage of Resolution Number 84, calling on the State Legislature to pass and the Governor to sign A880A to provide coverage or healthcare services other than the basic health program for over 150,000 individuals whose immigration status renders them ineligible to receive federal financial participation into these programs.

Uhm, especially during this critical time during the ongoing COVID-19 health crisis, according to a report by Families USA, more than 8,000 New Yorkers died from COVID-19 due to the lack of healthcare coverage. It is estimated that at least over 2,000 of these individuals, of them were undocumented. Making it extremely urgent to continue our work —

SERGEANT AT ARMS: Time expired.

MIA SOTO: Toward healthcare coverage. We thank and applaud our allies in City Council who continue

to advocate for the inclusion of immigrants in New York States Healthcare and despite the setback from the states budget process, we look forward to continuing collaboration with City Council and to ensure that all New Yorkers, regardless of their immigration status receive healthcare coverage they deserve. Because healthcare coverage and healthcare is a human right. Thank you.

COMMITTEE COUNSEL: Thank you for your testimony. I'd like to now welcome Jose Chapa to testify. You may begin as soon as the Sergeant queues you.

SERGEANT AT ARMS: starting time.

JOSE CHAPA: Hi, good afternoon. My name is Jose Chapa and I'm the Senior Policy Associate at the Immigrant Defense Project, which was founded over 20-years ago to combat the ongoing crisis of immigrants being targeted for mass deportation.

IDP is devoted specifically to fighting court fairness and justice for immigrants caught at the intersection of the racially biased US criminal and immigration system. We would like to thank the Committees on Immigration, Health + Hospitals for holding this hearing. COVID has affected every community member in New York City, especially

immigrant New Yorkers who have been on the frontlines as essential workers.

As we have learned, testing and the vaccination programs rely on community buy in and participation from all New Yorkers. And inclusion between ICE and local agencies is key to ensuring New Yorkers can feel confident in interacting with local agencies and feel clear that their information will not be shared with immigration officials. And for this reason, we are particularly grateful to the Committee's for today's hearing in supporting 112, supporting the New York For All Act.

New York State Senate bill 3076 and Assembly bill 2328. This important piece of legislation will keep immigrant and customs to enforcement from conspiring with local and state agencies. An entanglement which has led to the search, harassment and deportation of immigrant New Yorkers across the city and the state. Causing permanent separation from their families and communities. When local agencies conspire with ICE, it multiples the injustices of racially biased criminal legal system and discriminatory policing.

For these reasons, we call on the Council to pass this Resolution. All New Yorkers regardless of

immigration status want to participate in and be a part of their communities. They want to be able to provide for their families, access healthcare and public goods without fear and intimidation.

Much like what we saw when ICE had un-flattered access to our state courts the potential to be arrested by ICE when accessing a government service has been a significant chilling effect. This extends to the accessing proper medical care —

SERGEANT AT ARMS: Time expired.

JOSE CHAPA: And public hospitals accessing agencies like the DMV, fulfilling civil and legal responsibilities including those following our requests of local law enforcement or probation officers. Every day on our helpline we hear stories about how a single police stop can snowball into a deportation nightmare or how people are punished for responsibly meeting probation requirements for probation requirements for probation officers turning them over to ICE.

Our state and local agencies should not be taken advantage of for people who are complying with legal obligations or availing themselves with services. We encourage you to pass Resolution 112 in order to let

our lawmakers now leading know that everyone in New York can access their local resources without fear of knowing that private information can be shared with federal agencies like ICE. Thank you for your time.

COMMITTEE COUNSEL: Thank you for your testimony. I'd like to now welcome Rebecca Antar Novick to testify. You may begin as soon at the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

REBECCA ANTAR NOVICK: My name is Rebecca Antar Novick. I'm the Director of the Health Law Unit at the Legal Aid Society. We provide direct legal services to low-income healthcare consumers from all five boroughs.

Thank you very much to all of the Council Members for holding this important hearing. Today, I'm going to briefly mention the importance of protecting insurance coverage for immigrants at the end of the public health emergency and also protecting immigrants from experiencing destructive and unfair Medicaid overpayment collection processes when the Public Health Emergency or PHE ends. The number of Medicaid enrollees has grown substantially in the pandemic, adding 800,000 in New York City during this

time that nobody can lose their Medicaid. The unwinding of the PHE will be a massive undertaking that could result in extensive coverage loss. The Legal Aid Society and other advocates have closely collaborated with HRA and the State Department of Health throughout the pandemic to help Medicaid beneficiaries get and remain insured. We're confident that the state and city share our goal of minimizing coverage loss but we're very concerned of the sheer scale of the unwinding and how much avoidable coverage loss could happen a' we've seen many mistakes resulting in loss, in coverage loss even during the PHE.

We encourage the City Council to distribute information to constituents about the importance of updating contact information with Medicaid and the Council should call on HRA to collect and report demographic data to capture disparities and loss of Medicaid after the PHE ends.

Second, the current Medicaid overpayment investigation and collections processes in New York State and particularly the city are deeply flawed and deprive benefits recipients of basic due process before imposing these debts, which are often in the

thousands to tens of thousands of dollars. The Health Law Unit has represented clients in hundreds of over payment cases, in our experience the majority of those investigated are immigrants and those with limited English proficiency.

Individuals are pressured into signing settlement agreements for debts for which they're not liable. Others who don't sign settlements are sued or subject to default judgements, often in cases with little or no proof.

SERGEANT AT ARMS: Time expired.

REBECCA ANTAR NOVICK: Since March 2020, uhm, sorry, just one more second. The HRA has foregone collection efforts in most investigations. Now is the perfect time to fix and reform this broken system. We ask the City Council to take action, to call on the State Legislature to pass and the Governor to sign A5613 S4540 to amend the social services law to reform this process and we call on the City Council to exercise oversight over HRA's collection processes. Such as collecting audits on who was impacted and where this money goes. Thank you very much.

COMMITTEE COUNSEL: Thank you so much for your testimony. I'd like to now welcome Zachary Ahmed to testify. You may begin as soon as the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

ZACHARY AHMED: At the New York Civil Liberties Union, the New York affiliated VACLU. The advocate for the Civil Liberties and Civil Rights of all New Yorkers including the areas of immigrants rights and healthcare equity. I want to thank Chair Hanif along with Chair Schulman and Narcisse for holding this important hearing.

There's a lot that falls under the umbrella of today's hearing topic and we will be submitting written testimony that touches on a number of areas including coverage for all in the city's efforts to expand vaccine equity and accessibility. For the bit of time that I have today, I want to focus on Resolution 112 of 2022 in support of the New York For All Act.

As Assembly Member Reyes spoke to earlier, New York will finally bring New York State in line with other states like California, Washington, and Illinois and having a statewide law that restricts

government employees at all levels from colluding with ICE and sharing sensitive information with immigration authorities.

This is a vital piece of legislation for a number of reasons including its potential impact on public health. Across the state, undocumented immigrants are people in mixed status families living here that a common place government interaction will lead to arrests by ICE and deportation for themselves or someone in their family. That creates a chilling effect and often prohibits people from accessing important public services or otherwise interacting with local government.

During the COVID-19 pandemic, we have seen greater involvement by government agencies and the direct provision of healthcare services such as COVID testing and vaccine distribution. The fear that their information might be shared or that public health officials might be in communication with ICE is one of the many barriers faced by immigrant communities in accessing COVID related services.

Assuring that government agencies and employees are not working with ICE can provide an extra layer of comfort for people as they seek out necessary

services amid the ongoing pandemic and can aid the city's attempts to recover from the COVID-19 pandemic.

Here in New York City, despite some notable exceptions that I'm hoping can be explored at another hearing sometime soon, we have some of the stronger local laws and policies in place to keep government employees from engaging with immigration enforcement.

But across the state, there is very loose patchwork of rules on colluding with ICE. Including many places with no restrictions at all. Where government employees are free to work hand and hand —

SERGEANT AT ARMS: Time expired.

ZACHARY AHMED: New York For All would change that by putting in place uniformed binding policies that apply to nearly all government entities across New York. Fixing this patchwork is critical. There's no reason a traffic stop or other encounter in outer Queens should have different consequences for a persons immigration status and a similar encounter a few miles away in Nassau County. This legislation provide assurance to immigrant New Yorkers across the state that they can participate in public life in their local communities without the

constant threat that public entities that serve them are colluding with ICE.

I want to thank Chair Hanif for introducing Resolution 112 2002 and urge the City Council to pass it and to further use its voice to press for the passage of this important legislation. Thank you.

COMMITTEE COUNSEL: Thank you so much for your testimony. I'm just going to pause here if there any other questions, Council Members can raise their hands.

Seeing none, I'd like to thank this panel for their testimony and we'll be moving onto our next public panel. In order, I'll be calling on Arline Cruz followed by Ilon Rincon Portas followed by Annabelle Ng. Arline Cruz, you may begin your testimony as soon as the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

ARLINE CRUZ: Good afternoon. My name is Arline Cruz and I am the Associate Director of Health Programs at Make the Road New York. We thank the Committee of Immigration, Health + Hospitals and the Subcommittee on COVID-19 Recovery and Resilience for the opportunity to testify today.

On behalf of Make the Road and our 25,000 members, our Queens, Brooklyn and Staten Island communities have been some of the hardest hit by COVID-19. Many passed away and many more have lost family and continue getting sick. These past few years health inequities experienced by our communities have been greatly exacerbated.

Make the Road New York co-leads the Coverage for All Campaign. A coalition of community members, community organizations, healthcare providers, legal service providers and labor and immigration healthcare advocates. Our objective is to create a statewide health insurance program for New Yorkers who are excluded from eligibility for coverage because of their immigration status.

We have been advocating for the state to pass bills A880A and S1572A to create a state funded essential plan for low-income New Yorkers not eligible for insurance due to their immigration status. We therefore fully support Resolution Number 84 which calls on the State Legislature to pass and the Governor to sign those bills, to provide coverage for health insurance care services under the basic health program for individuals whose immigration

status renders them ineligible for federal financial participation.

New York City Comptroller Brad Lander unveiled an analysis finding that coverage for all would provide $710 million in estimated economic benefits annually while increasing healthcare access for undocumented New Yorkers. The Comptrollers office analysist estimates yearly benefits of $649 million for preventing premature deaths, $22 million in increased labor productivity, $20 million in lower out of pocket costs.

SERGEANT AT ARMS: Time expired.

ARLINE CRUZ: And $19 million in reducing uncompensated care costs included uncovered emergency room visits. We are extremely disappointed that the coverage for all was not included in the final state budget this year, too many New Yorkers needlessly died over the course of the pandemic due to no healthcare coverage including many immigrant New Yorkers who worked essential jobs keeping the state running. And if the pandemic taught us anything, it is that we are only as healthy as our most vulnerable neighbors and yet at a time when leaders in Albany should be ensuring the health and security of every

New Yorker, tens of thousands of immigrants and their families already disproportionately impacted by COVID-19 will continue to suffer.

I'll just end by sharing uhm, just a quote about Renna Tellez, a Make the Road New York member, a Queens resident who struggled without healthcare New York and recently shared her story with us emphasizing the need for coverage for all.

"In the past, I have paid over $200 for a single doctors visit and about $300 for medication. Sometimes I have had to take out a loan to pay for medication. Early last year, I found a lump on my breast and finally in June, a biopsy was done, however the hospital told me they could not remove the mass because I do not have health insurance. I am scared and still in pain. I am a single mother and I am afraid for my two children."

Renna's experience is unfortunately a common one for undocumented immigrants who cannot access health insurance and necessary medical care because of exuberant costs. Renna would greatly benefit from the creation of a state funded essential plan. Thank you again for providing this opportunity to provide

the written testimony and your consideration for proposed and recommendations. Thank you.

COMMITTEE COUNSEL: Thank you so much for your testimony. I'd like to now turn to Ilon Rincon Portas to testify. You may begin as soon as the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

ILON RINCON PORTAS: Hello, I am Dr. Ilon Rincon Portas. I am an LGBTQI immigrant and resident of New York City. I work in medical education and I am part of the Board of Directors of Immigration Equality. I alongside many other immigrants were part of the first responders throughout the pandemic. I worked in one of the first testing sites in the early days and all through 2020, as well as helping set up vaccination sites in Yankee Stadium, different schools, NYCHA residency, churches, subway stations, all the way to the middle of 2021.

In early April of 2020, I took the subway every morning at 4:30 in the morning to get to the testing site in Aqueduct Racetrack in Queens. During this two hour ride, I observed that 90 percent of my fellow riders were the essential workers that kept this city running. On their way to staff

supermarket, restaurants, pharmacies and other healthcare institutions. It was obvious to me that many of them were part of immigrant communities, if not immigrants themselves.

The remaining ten percent of riders were individuals experiencing homelessness in different stages of mental health crisis. I have witnessed how profoundly COVID-19 has effected the Black and Brown communities of the city.

As a physician, I believe that health is a fundamental human right. After two years of this globally painful event, I can't help but think that this will happen again, unless we continue to correct course. I hope we have learned two things. The poor health of one individual can impact everyone in the community. And two, that health issues do not pause or stop based on documentation.

It is a well-known fact that immigrants, both documented and undocumented are less likely to seek care for fear of deportation or high healthcare costs, making them more likely to develop worse health outcomes. This scenario effects their ability to continue to work and make them more likely to invert large medical bills that no one can afford

further straining them, their families and the healthcare system.

Immigrants kept New York City running. They always have and always will. If we want to move forward, we have to make sure —

SERGEANT AT ARMS: Time expired.

ILON RINCON PORTAS: We are providing health coverage to every individual that's part of our collective life in this city. We need to open pathways to quality healthcare and be creative in how we address the different issues affecting immigrant communities and their families.

This pandemic has shown us that we can do hard things as society when we have to. For instance, I work mostly with international medical graduates who are trying to make a place for themselves in the counties healthcare system. I believe New York City can play a role in facilitating their entry into another staff healthcare system. There are many ways to improve our situation here in the city if we employ the imagination and determination that makes this city great.

Uhm, thank you for hearing my perspective and supporting the New York for All Act. I'll stop there.

COMMITTEE COUNSEL: Thank you so much for your testimony. I'd like to now turn to Annabelle Ng to testify. You may begin as soon as the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

ANNABELLE NG: Good afternoon. My name is Annabelle Ng, Health Policy Associate at the New York Immigration Coalition. We thank the Committee Chairs and Council Members for the opportunity to testify today.

The NYIC is an advocacy and policy umbrella organization for more than 200 groups across the state working with immigrants and refugees. And I want to talk about coverage for all and the New York for All Act.

Immigrant New Yorkers have been on the frontlines of the pandemic yet suffer reduced access to health services because of the states persistent health insurance discrimination against those without status.

Despite the urgent need for Coverage for All, the governor continued to exclude low income immigrant New Yorkers from health coverage by failing to include $345 million in funding for Coverage for All legislation in the final state budget. While we express our gratitude to the legislature for ensuring 12-months of continuous post-pregnancy coverage for everyone, regardless of status and allowing undocumented immigrants age 65 and over to access Medicaid for the first time, much more needs to be done so that all New Yorkers, regardless of immigration status can have access to health coverage.

I also want to briefly speak in support of funding $4 million to Access Health NYC, a citywide initiative that supports community-based organizations to provide critical education, outreach and assistance to all New Yorkers about how to access healthcare and coverage. Moreover, to ensure that New York fully recovers from COVID-19, the State Legislature must pass the New York for All Act. This bill ensures our state and local law enforcement resources are not used to help ICE target and

separate immigrant families and sew fear in our communities.

The New York for All Act is closely tied to immigrant health. The understanding that local government can share information or collaborate with ICE discourages people who lack proof of lawful immigration status or have undocumented family members from utilizing government services. Throughout the COVID-19 pandemic, where local governments have implemented testing and vaccination programs, the public health repercussions have been especially alarming.

Apprehensions about police collusion with ICE and anxiety about how their data —

SERGEANT AT ARMS: Time expired.

ANNABELLE NG: Have impeded immigrants access to healthcare and fear of deportation has cased appall over vaccination efforts and immigrant communities despite supportive messaging by health officials.

As long as state and local governments are regarded as acting in concert with immigration authorities, such concerns are sure to persist and hinder attempts to recover from the COVID-19 pandemic.

We thank Chair Hanif and Council Member for championing these issues and Resolutions 84 and 112 and for all of the above reasons, we urge the swift passage of the Coverage for All Act and the New York for all Act at the State Legislature. Thank you.

COMMITTEE COUNSEL: Thank you so much for your testimony. I'm just going to check if there are any questions.

I'm not seeing any hands. I'd like to thank this panel for their testimony. At this time, we have concluded public testimony. If we have inadvertently missed anyone that has registered to testify today and has yet to be called, please use the Zoom raise hand function now and you will be called on in the order in which your hand is raised.

Okay, seeing no hands, I'm going to turn it to the Chairs for closing remarks. Chair Hanif.

CHAIRPERSON HANIF: Thank you all so much. A big shoutout to the Administration, the Healthcare Providers, and Doctors we heard from, Community Health Advocates, and Outreach Workers, Advocates from countless community-based organizations where working with targeted community in the diversity of languages that New Yorkers speak for testifying and

teaching us so much. I learned a lot and I'll be reflecting on what I heard at today's joint hearing and continue to work my hardest to ensure that every single immigrant New Yorker feels safe to receive healthcare and mental healthcare services. We really need to push Reso's 84 and 112, to show as a city that we care deeply about expanding coverage. To healthcare for all undocumented people this city, not just some and of course ending the brutal violent collaboration of local and state officials with ICE.

This is again, Reso's 84 and 112 respectively. Thank you to Chairs Schulman, Narcisse and Moya for this marathon hearing and really an honor to be serving at this time in this pandemic that has ravaged our city and to see the commitment of every single person tuning in, sharing and doing the work to make sure that healthcare is indeed a human right.

So, thank you and with that, I want to pass it to Chair Schulman for her closing remarks.

CHAIRPERSON SCHULMAN: Thank you Chair Hanif. I want to also thank the Administration and the Advocates, Representatives from the Committee of Interns and Residents and everyone who testified today.

First of all, I want to say health care is a human right and we have a lot more work to do and I'm going to underscore a lot. We have a lot more work to do. This was, yes, this was marathon hearing. I too learned a lot and it's a little frustrating with some of the knowledge I have to know that there's somethings that are going on that have been going on for years. I also want to say to Arline, who testified a little earlier, I'm a breast cancer survivor and I know if I didn't have — I had it about a year ago, I know if I didn't have insurance, I wouldn't be here and so, and I acknowledge that and I'm also somebody who just recently got over COVID. And I understand if you don't have the resources, it's really difficult even for those of us that do to get care.

I want to be mindful that we are a city of immigrants and that there's intersectionality and diversity within the immigrant community. And also, it's very important to support our public hospital systems. I want to say that again. Our public hospital systems. The FQHC's, the Federally Qualified Healthcare Centers and CBO's who not only serve immigrants but employ them as well. And that

goes to us making sure that we have people in the communities who look like us, serving us and that we can take care of them.

I also want to acknowledge the fear that immigrants face in seeking healthcare and we need to make sure our government and hospitals are doing enough to engage communities that are shut out of care. Equity matters when it comes to individuals as well as systemically who gets funded and who doesn't.

And I also want to say that it is so important for us to make sure that no matter what zip code somebody lives in, no matter what their economic status is, no matter what their documentation status is, that we all are able to get good, quality healthcare. Because without it, the city is not going to survive and that's really important. And in order for us to recover from COVID and to thrive, we really need that and I want to thank everybody. I want to thank my fellow Chairs, not only Chair Hanif but Chair Narcisse and Chair Moya and everyone on the staff and everyone who participated today. Thank you.

COMMITTEE COUNSEL: Thank you Chair Schulman and turning it to Chair Narcisse for closing remarks.

CHAIRPERSON NARCISSE: Hello. Hi, hi everyone. Is that my time? Sorry, I cannot see everyone because I'm on the phone.

COMMITTEE COUNSEL: Yes Chair, it's your time.

CHAIRPERSON NARCISSE: Okay, I just want to say thank you for everyone. Thank you for the whole team. You've been the best. Uhm, I cannot say any other words saying thank you for all your support and all the team. My Chair of Immigration Hanif, Schulman, you've been phenomenal, Moya.

So, that's what keeps the city — the equity that we're looking for, that's how we address it and we heard you. All the folks that stayed so long to testify, we appreciate you. All the doctors. Everyone on the panel, panelists. That's the time to say thank you. We appreciate you. And all the Sergeants, that stayed on for so — for how many hours now. We appreciate you.

Uhm, I don't know what else I can say but to appreciate you guys. Continue the work that you're doing. I'm in the middle of packing up but uhm, I just have to come back to say, everyone, the hospitals are doing better. We are improving on COVID, it's still a problem but we work together to

change the dynamic. So, we are moving forward working as a team to make sure the city is a place where we can live and address the immigrants issue, the language access, making sure all the advocates that doing the work. Thank you and looking forward to continue working for the city that I love. Thank you so much.

And what can I say about uh our team. I don't know if there is a word about the Council, everyone thank you so much. Thank you. God Bless you all.

CHAIRPERSON HANIF: I just want to give a special shoutout to our Committee Counsel Harbani who is last, this is her last hearing on the Immigration Committee but not the last hearing in the City Council. But thank you so much Bani for your incredible commitment and what we've been able to accomplish together thus far and really excited to continue doing good work together. Thank you.

COMMITTEE COUNSEL: Thank you Chair. Just turning it back to you to close out the hearing.

CHAIRPERSON HANIF: Amazing. And with that, I will gavel us out. [GAVEL] Thank you all so much. Take care.

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date June 15, 2022