

THE COMMITTEE ON HOSPITALS

1

CITY COUNCIL
CITY OF NEW YORK

----- X

TRANSCRIPT OF THE MINUTES

Of the

**THE COMMITTEE ON HOSPITALS
JOINTLY WITH THE SUBCOMMITTEE ON
COVID RECOVERY AND
RESILIENCY**

----- X

Monday, June 27, 2022

Start: 10:16 a. m.

Recess: 11:48 a. m.

HELD AT: Hybrid Hearing - Committee Room,
250 Broadway, 16th Floor

B E F O R E: Hon. Mercedes Narcisse
Hon. Francisco Moya

COUNCIL MEMBERS:

Charles Barron
Selvena N. Brooks-Powers
Jennifer Gutiérrez
Rita C. Joseph
Francisco P. Moya

Other Council Members Attending: Brewer and Brannan

THE COMMITTEE ON HOSPITALS

A P P E A R A N C E S

Dr. Ted Long,
Senior Vice President for Ambulatory Care and
Population Health at New York City Health +
Hospitals

Dr. Celia Quinn,
Deputy Commissioner of the Division of Disease
Control

Annabelle Ng,
Health Policy Associate at the New York Immigration
Coalition

THE COMMITTEE ON HOSPITALS

[BLANK]

1
2 SERGEANT BIONDO: [INAUDIBLE 00:00:05] microphone
3 test. Today's date is June 27, 2022; Subcommittee on
4 COVID Recovery and Resiliency jointly with The
5 Committee on Hospitals being recorded by John Biondo.

6 Alright, we are rolling, and if you could start
7 the webinar, please?

8 And good morning everyone, welcome to today's New
9 York City Council Hybrid co-committees on The
10 Committee on Hospitals jointly with the Subcommittee
11 on COVID Recovery and Resiliency. At this time please
12 silence all electronic devices. If you would like to
13 submit testimony, you may do so to
14 testimony@council.nyc.gov again that is
15 testimony@council.nyc.gov.

16 Thank you for your cooperation, Chairs, we are
17 ready to begin.

18 CHAIRPERSON NARCISSE: Mm-hmm

19 [GAVELING IN] [GAVEL SOUND]

20 Good morning, everyone, I am Council Member
21 Mercedes Narcisse, Chair of The Committee on
22 Hospitals.

23 I would like to start by thanking the co-chair of
24 this hearing, Council Member Moya, for this important
25 discussion.

1
2 I would also like to thank my colleagues for
3 being present today, Ms. Rita Josephs, Council Member
4 on Education, we have joined been joined by Council
5 Members... Uhm, no? Not yet? Is anyone here you
6 can see on the screen? Not yet.

7 Today we will discuss Long COVID treatment in New
8 York City Hospitals. As the COVID-19 pandemic
9 continues, more and more people are experiencing Long
10 COVID symptoms. Symptoms of Long COVID-19 can
11 include tiredness; fatigue, fever, respiratory and
12 heart symptoms; neurological symptoms; depression or
13 anxiety; digestive symptoms; joint or muscle pain,
14 and several other symptoms. There are also reports
15 of people who have recovered from COVID-19 being more
16 prone to develop new health conditions such as
17 diabetes, heart conditions, or neurological
18 conditions compared with people who have not had
19 COVID-19. This is an enormous concern.

20 According to the CDC estimates of the proportion
21 of people who had COVID-19 that go on to experience
22 post-COVID conditions include 13.3 percent at one
23 month or longer after infection, and 2.5 percent at
24 three months or longer, based on self-reporting. For
25

1
2 those who were hospitalized, more than 30 percent
3 experienced Long COVID symptoms at 6 months.

4 Even though many people will recover from COVID-
5 19 and will not experience long term symptoms, given
6 the sheer number of COVID-19 infections, Long COVID
7 is a severe health concern for our city hospitals,
8 clinics, and residents.

9 Thousands of people in New York City continue to
10 test positive for COVID-19 every, single day.
11 Utilizing the CDC health estimates, at least tens of
12 thousands of New Yorkers may be living with some Long
13 term health impacts of COVID-19.

14 Additionally, given the disproportionate impact
15 of COVID-19 on Black and Latinx communities,
16 immigrant communities, older communities, and others,
17 particularly at the beginning of the pandemic when
18 vaccines were not available. We know that there are
19 equity concerns tied to this topic.

20 Today we will examine what we are doing to help
21 New Yorkers with Long COVID and discuss what more may
22 need to be done.

23 I very much look forward to hearing about H+H
24 COVID Centers of Excellence, which I had to chance to
25 visit about two of them now. [INAUDIBLE 00:05:01]

1
2 The Test & Trace Corps has an AfterCare program, for
3 example, those with Long COVID may experience stigma,
4 dismissive attitudes, and frustration with how much
5 there is left to learn about their conditions.

6 I would like to hear about how H+H and Test &
7 Trace is working with those with Long COVID to ensure
8 that their needs are being met and that they are
9 receiving compassionate care.

10 The and Test & Trace AfterCare Program, which is
11 for those recovering from COVID, notes on its site
12 that in addition to its medical impact, Long COVID
13 also has social and economic implications, partially
14 for populations already disproportionately burdened
15 by health inequity. Fatigue and pain can effect
16 mobility, concentrating at work is harder with brain
17 fog, and anxiety and depression can alter ones
18 outlook on life. The Test & Trace Corps' AfterCare
19 program supports New Yorkers with Long COVID by
20 connecting them with resources that meet their health
21 and social needs.

22 I would love to hear more about this work and
23 what resources are available including how this
24 connects to H+H COVID Centers of Excellence.

1
2 I thank the administration for being here today
3 and for their tireless work since the pandemic began.

4 I would also like to thank Chair Moya again, as
5 well as the members of the Hospital Committee and the
6 Subcommittee on COVID Recovery and Resiliency for
7 joining us.

8 I also want to thank the committee staff for
9 their work on these issues: Committee Counsel Harbani
10 Ahuja; Policy Analyst Em Balkan, as well as my
11 amazing team including Saye Joseph and the rest of my
12 staff that have been working on this.

13 I will now turn it over to the co-chair for this
14 hearing, Council Member Moya, thank you.

15 CHAIRPERSON MOYA: Thank you, uh, Chair Narcisse.
16 Good morning, everyone, I am Council Member Francisco
17 Moya, Chair of the Subcommittee on COVID Recovery and
18 Resiliency. I would like to start, uh, off by
19 thanking the co-chair for this hearing, Council
20 Member Narcisse, for this important discussion. I
21 would also like to thank my colleagues for being
22 present here today.

23 Today we are here to discuss Long COVID treatment
24 in New York City hospitals. COVID-19 has had a
25 devastating impact on the health of New Yorkers.

1
2 Since early 2020, millions of New York residents have
3 contracted the virus. While COVID-19 is still new,
4 we continue to learn more about its effects both
5 short and Long term. We know the impact of the virus
6 can last Long after an individual recovers from the
7 typical COVID-19 infection.

8 For many folks COVID-19 infections lead to Long
9 COVID or a wide range of new, returning, or ongoing
10 health problems that can last weeks, months, or even
11 years after first being infected.

12 As my co-chair mentioned, symptoms of Long COVID
13 can include a wide range of symptoms that effect both
14 physical health, such as fatigue, respiratory, and
15 heart symptoms, and digestive, mental health, uh,
16 such as depression and anxiety. Some people may also
17 be more likely to develop new heath conditions
18 compared with people who had not had COVID-19.

19 Estimates show that as many as 24 million Americans
20 have experienced Long COVID symptoms. The Mayo
21 Clinic has reported that Long COVID is not rare and
22 occurs in at least 10 to 20% of people who have had
23 COVID-19. The overwhelming majority of people with
24 Long COVID, approximately 75% only had mild illness
25 with COVID, and did not see their doctor or go to the

1 hospital. Long COVID also appears to be more common
2 in younger people, and more common in women than men.
3 While studies are still ongoing, we are still
4 understanding what exactly caused Long COVID.
5 Research has begun to indicate that certain patients
6 might face a greater risk of Long term symptoms.
7 This includes people who have experienced a more
8 severe COVID-19 illness, people who have had
9 underlying health conditions, people who did not get
10 a vaccine, and people who have experienced
11 multisystem inflammatory syndrome, uh, during the
12 COVID-19 illness -- and some people affected by
13 health inequities including people from racial or
14 ethnic minority groups and people with disabilities.

16 As new COVID-19 variants continue to emerge, we
17 must continue to focus on the Long term effects that
18 this virus has on the health of New Yorkers. How do
19 we work to ensure that people with Long COVID are not
20 dismissed if they have difficulty explaining or
21 proving their symptoms? How do we ensure that folks
22 with Long COVID do not find themselves falling
23 through the gaps in the social safety net? How Long
24 COVID treatments and services can invest in to
25 improve the overall health of New Yorkers (sic)?

1
2 These are questions that my colleagues and I hope to
3 discuss with the administration today. I look
4 forward to hearing from H+H's COVID Center of
5 Excellence and The Test & Trace Corps AfterCare
6 Program.

7 I want to thank the administration for being here
8 today. I look forward to our discussion. And I want
9 to thank, again, Chair Narcisse, as well as the
10 Subcommittee on COVID Recovery and Resiliency for
11 joining our hearing today. I also want to thank the
12 committee staff for their great work on this issue:
13 Committee Counsel, Harbani Ahuja; Policy Analyst Em
14 Balkan; and my Chief of Staff, Meghan Tadio.

15 Uh, thank you, and now I would like to turn it
16 over back to Chair Narcisse.

17 CHAIRPERSON NARCISSE: Thank you, Chair Moya.

18 I will not turn to Committee Counsel to
19 administer the oath, thank you.

20 COMMITTEE COUNSEL: Thank you, Chairs.

21 Members of the administration, if you could
22 please raise your right hands? Do you affirm to tell
23 the truth, the whole truth, and nothing but the truth
24 in your testimony before this committee, and to
25 respond honestly to council member questions?

1

2

SENIOR VICE PRESIDENT LONG: [MICROPHONE NOT ON]

3

[INAUDIBLE 00:11:10]

4

DEPUTY COMMISSIONER QUINN: [MICROPHONE NOT ON]

5

[INAUDIBLE 11:11]

6

COMMITTEE COUNSEL: Thank you, uhm, just can you

7

state your names for the record and then you can

8

begin.

9

SENIOR VICE PRESIDENT LONG: [MICROPHONE NOT ON]

10

[INAUDIBLE 11:16]

11

DEPUTY COMMISSIONER QUINN: [MICROPHONE NOT ON]

12

[INAUDIBLE 11:18]

13

COMMITTEE COUNSEL: Thank you.

14

You can start your...

15

SENIOR VICE PRESIDENT LONG: [INAUDIBLE 00:11:25]

16

so good morning, Chair Persons Narcisse and Moya and

17

members of The Committee on Hospitals and the

18

Subcommittee on COVID Recovery and Resiliency...

19

(CROSS-TALK)

20

SERGEANT AT ARMS: [INAUDIBLE 00:11:34]

21

SENIOR VICE PRESIDENT LONG: it's like when you

22

forget the... The webx and to unmute yourself.

23

Good morning Chair Persons Narcisse and Moya, and

24

members of The Committee on Hospitals and The

25

Subcommittee on COVID Recovery and Resiliency. I am

1
2 Dr. Ted Long, Senior Vice President for Ambulatory
3 Care and Population Health at NYC Health + Hospitals,
4 and I have served as the Executive Director of the
5 NYC Test & Trace Corps since its launch in June 2020.
6 Thank you for the opportunity to testify on the work
7 NYC Health + Hospitals has led to understand, treat,
8 and support Long COVID patients.

9 While we are still learning about the depth and
10 extent of Long COVID, NYC Health + Hospitals is proud
11 to be at the forefront of offering comprehensive
12 clinical services to meet the needs of patients who
13 are navigating this emerging condition. Our
14 commitment to supporting Long COVID patients has
15 resulted in the creation of two key programs:

16 (1) Through the opening of new, community-based
17 COVID-19 Centers of Excellence in neighborhoods that
18 experience some of the most devastating impacts of
19 the pandemic; and (2) through the launch of
20 AfterCare.

21 NYC Health + Hospitals recognized early on that
22 Long COVID was an emerging clinical issue, and began
23 planning to open COVID-19 Centers of Excellence sites
24 in fall 2020. It was critical to our hospital system
25 leader ship that the COEs -- or Centers of Excellence

1
2 -- were located in regions of the city hardest hit by
3 the pandemic (Brunswick, Jackson Heights, and
4 Tremont) in order to deepen access to specialized
5 healthcare services and communities most likely to
6 need them.

7 The CEOs provide short and Long-term care for
8 those recovering from COVID-19 services include:

9 Lung care and supplemental extra oxygen; heart
10 care; x-rays, scans, and ultrasounds; mental health
11 services for anxiety, depression, posttraumatic
12 stress disorder, and psychological distress; rooms to
13 safely isolate patients who may have COVID-19 or are
14 being tested for COVID-19.

15 CEOs work to treat the whole patient, and thus
16 offer comprehensive primary health care services,
17 including colon cancer screenings, dental and vision
18 care, diabetes management, podiatry, adult medicine,
19 pediatrics, and much more for not only patients with
20 Long COVID but for all patients and their family
21 members without exception.

22 Patients can be referred to The Centers of
23 Excellence after hospital visits, through their
24 primary care provider, or through our AfterCare
25

1
2 programs to receive short and Long-term care to. To
3 address the recovery from COVID-19.

4 For AfterCare in April 2021, NYC Test & Trace
5 Corps launched the AfterCare Program, which connects
6 New Yorkers with Long COVID to resources to support
7 them in their recovery process.

8 To address the various symptoms Long COVID
9 patients may experience, as well as a social and
10 economic impacts that the condition may create, such
11 as loss of employment or social isolation location,
12 AfterCare Navigators connect patients to holistic
13 resources that address physical health, mental
14 health, community support and financial assistance.

15 AfterCare makes phone calls to former COVID-19
16 cases who were still reporting symptoms at the end of
17 isolation. Clients are directed to the AfterCare
18 website, nyc.gov/AfterCare, where they can select the
19 resources most relevant to their needs and get
20 connected.

21 New Yorkers who are suffering from or believe
22 they may have Long COVID can also directly call
23 AfterCare Navigators Health Outreach Specialist with
24 experience supporting people during their COVID
25 infections.

1
2 Through this program, people can be assessed for
3 their specific health and social needs and connected
4 to Long COVID resources. Individuals suffering from
5 Long COVID can call 212-COVID19 that's (212-268-
6 4319), select their preferred language, and press
7 four to speak to an AfterCare Navigator.

8 Since the launch of AfterCare and April 2021,
9 AfterCare Navigators have sent more than 334,000
10 texts and completed over 114,000 phone referrals for
11 New Yorkers who have recently been diagnosed with
12 COVID-19 following up approximately four weeks later
13 if the patient reported having symptoms on their last
14 day of COVID-19 monitoring.

15 AfterCare Navigators have sought to prioritize
16 patients in zip codes identified by the task force on
17 racial inclusion and equality (TRIES) as
18 disproportionately impacted by COVID-19 and other
19 health socioeconomic disparities.

20 NYC Health + Hospitals has a long history of
21 meeting the healthcare needs of all New Yorkers
22 regardless of insurance, income, and immigration
23 status. We look forward to continuing this work to
24 partner with the City Council and all local
25

1
2 stakeholders to expand access to critical healthcare
3 services in the City.

4 Thank you to the committees for your attention to
5 this important topic and for your continued support
6 of NYC Health + Hospitals. I look forward to
7 answering any questions you may have.

8 CHAIRPERSON NARCISSE: Alright, uhm, thank you...
9 Thank you again, I appreciate, uhm, taking the time,
10 Dr. Long, to be here. And, uhm, I had a chance to
11 visit two of the Excellence centers, and, uhm, I am
12 very much impressed. We came a long way.

13 Having said that, I know that, uhm, we're hit
14 hard in many communities. Right? Many of high risk
15 communities. So, now, from my understanding, is
16 three areas that we have the centers right now.
17 Right?

18 SENIOR VICE PRESIDENT LONG: Mm-hmm

19 CHAIRPERSON NARCISSE: We have it Bushwick,
20 Tremont, and Jackson Heights. I had a chance to go to
21 Bushwick and Tremont, and I loved it. There is
22 very... It beautiful, state of the art. The
23 equipment, everything is great.

24 SENIOR VICE PRESIDENT LONG: Mm-hmm
25

1
2 CHAIRPERSON NARCISSE: Everything is great. The
3 services, like I said, so far, I am very impressed as
4 well. As nurse for three decades, I... (CROSS-TALK)

5 SENIOR VICE PRESIDENT LONG: Mm-hmm

6 CHAIRPERSON NARCISSE: I... I am always focusing
7 on preventive care.

8 So, what do you determine... What... What do
9 you determine, what do you base on... What metrics
10 do you use to determine where to put the centers
11 exactly?

12 SENIOR VICE PRESIDENT LONG: That's a great
13 question. So, uh, I want to start by, uhm, you know,
14 saying that when we decided initially where we wanted
15 to place the centers, this was years ago now in the
16 pandemic. We were very early to open this COVID
17 Center of Excellence, and since we have, many others
18 across the city and country have followed. So, when
19 we initially chose these three locations, these were
20 chosen based on those communities disproportionately
21 impacted by the initial waves of COVID. So, we knew
22 we needed to move fast. Right out of the gates, we
23 opened these centers. We're seeing patients now.
24 But, this is not the end of the story. We want to
25 continue to... We... Our goal is to support all New

1
2 Yorkers to make sure that any New Yorker with Long
3 COVID can have access to one of our centers or one of
4 the other centers across the City that has been
5 started since we started to create our COVID Center
6 of Excellence. If there is a need in other
7 communities, we would love to hear from your
8 perspective where that need might be. But our goal
9 is to the best job we can with our first three
10 centers, which by the way, as you know, we've built
11 centers, which otherwise would have taken six years
12 to build in about six months. We pulled out all of
13 the stops to help New Yorkers, and want to continue
14 to do that moving forward together.

15 CHAIRPERSON NARCISSE: I know it, and I do believe
16 you, but I live in the 46th district, which covers
17 Bergen Beach, Canarsie, Flatlands, Georgetown,
18 Gerritsen Beach, Marine Park, Mill Basin, Mill
19 Island, and Sheepshead Bay...

20 SENIOR VICE PRESIDENT LONG: Mm-hmm

21 CHAIRPERSON NARCISSE: But Canarsie area was hit
22 hard. Hard. So, I know we are in the conversation.
23 I have been talking about it. So, where are we in
24 the phase? Because I know we have to open more.

25

1
2 Because my goal is every high risk area -- not only
3 my area, I know it's Flatbush as well.

4 SENIOR VICE PRESIDENT LONG: Mm-hmm, mm-hmm.

5 CHAIRPERSON NARCISSE: A lot of people died. So,
6 those are other high risk where we have the diabetes,
7 hypertension already, heart disease and all. So,
8 what's... Where are we in the planning? When are we
9 going to see the next centers, because my goal is to
10 have it throughout the City and all the high risk
11 areas? Not specifically those three.

12 SENIOR VICE PRESIDENT LONG: Mm-hmm. I... I am
13 at the end of the day, just a primary care doctor.
14 I... I love seeing my patients... (CROSS-TALK)

15 CHAIRPERSON NARCISSE: I understand.

16 SENIOR VICE PRESIDENT LONG: it means a lot to me
17 that we're able to offer these COVID Center of
18 Excellence to New Yorkers. I would love nothing more
19 than to partner together to open up more centers in
20 the areas where we can work together to figure out
21 where the highest needs are. But, you can count on
22 New York City Health + Hospitals providing all the
23 clinical expertise that we have in the centers that
24 you have visited to all communities across New York

1
2 City that need us. We are ready to be there with
3 you.

4 CHAIRPERSON NARCISSE: I appreciate that.

5 You mentioned about a phone number 212-COVID19...

6 (CROSS-TALK)

7 SENIOR VICE PRESIDENT LONG: Yes... (CROSS-TALK)

8 CHAIRPERSON NARCISSE: How are you do to promote
9 (sic)... What do you do to promote it? What kind of
10 marketing strategy are you using right now to make
11 sure? Because, most people don't know about that
12 212-COVID19.

13 SENIOR VICE PRESIDENT LONG: So, if I was to,
14 uhm... (CROSS-TALK)

15 CHAIRPERSON NARCISSE: Mm-hmm?

16 SENIOR VICE PRESIDENT LONG: To make one I think
17 important point from my perspective having addressed
18 COVID for what feels like a very long time now, uh,
19 it would be that I think that our ability to
20 meaningfully treat Long COVID as a City, uh, it
21 really relies on our ability to inform New Yorkers
22 about the resources that we have. We have built
23 these centers. We have created this phone line, which
24 by the way, is a one stop shop for everything that
25

1
2 you might need from COVID. It connects you -- if you
3 press four -- to uh... (CROSS-TALK)

4 CHAIRPERSON NARCISSE: Mm-hmm

5 SENIOR VICE PRESIDENT LONG: to an AfterCare
6 Navigator... (CROSS-TALK)

7 CHAIRPERSON NARCISSE: Mm-hmm

8 SENIOR VICE PRESIDENT LONG: If you press nine, in
9 a matter of minutes you could be on the phone with
10 one of our emergency room doctors and have Paxlovid
11 sent to your home if you have COVID and you meet the
12 criteria for it. You can also have questions
13 answered by clinical staff, and you could find out
14 where to get tested nearest to you.

15 So, the phone number itself is a one stop for a
16 variety of things... (CROSS-TALK)

17 CHAIRPERSON NARCISSE: Mm-hmm

18 SENIOR VICE PRESIDENT LONG: It will only ever be
19 as effective as we are able to communicate to people
20 about it... (CROSS-TALK)

21 CHAIRPERSON NARCISSE: Mm-hmm

22 SENIOR VICE PRESIDENT LONG: And I would your help
23 in communicating especially to the people that you
24 know have not heard about it yet. I would love to
25 hear feedback on how we could do a better job of

1
2 that. But we... We build the phone line to use it;
3 it's a fantastic resource for New York City, and we
4 would love to work together to help to get the word
5 out, so that everybody in New York City knows 212-
6 COVID19 is where I can go for anything related to
7 COVID for myself or my family.

8 CHAIRPERSON NARCISSE: You know I appreciate your
9 working, once again, as medical person myself, uhm, I
10 will suggest that you use more of the CBOs within the
11 community, the churches in the communities...

12 (CROSS-TALK)

13 SENIOR VICE PRESIDENT LONG: Mm-hmm

14 CHAIRPERSON NARCISSE: Uhm, just like we did for
15 census. Keep on pushing it. Making sure of that,
16 because COVID-19, unfortunately, I don't think is
17 going to go anywhere any time soon.

18 SENIOR VICE PRESIDENT LONG: Mm-hmm

19 CHAIRPERSON NARCISSE: We have to deal with it.
20 Approximately how many patients does H+H serve
21 who have Long COVID symptoms? Does H+H collect any
22 data regarding Long COVID? Could you give an
23 estimate of how many patients were hospitalized that
24 go on to experience Long COVID symptoms? What
25

1 additional, please take notes, because I have a
2 few... (LAUGHING)... (CROSS-TALK)

3 SENIOR VICE PRESIDENT LONG: (LAUGHING)

4 CHAIRPERSON NARCISSE: What additional supports do
5 those with Long COVID need?

6 Recently, the CDC released a report which found
7 that COVID-19 survivors have twice the risk for
8 developing pulmonary embolism or respiratory
9 conditions. Have you seen this occur at H+H?

10 Do you feel the general population has a good
11 understanding of the potential risks of COVID?

12 SENIOR VICE PRESIDENT LONG: Uh, great series of
13 questions. Let me do my best answer them, uh,
14 sequentially, and if I do miss any answers, please
15 call me out, and I can... I can go back to them.

16 Uhm, so with respect to first, uhm, the first
17 part I'll answer, is the way that we formulated our
18 COVID Centers of Excellence, is we... (CROSS-TALK)

19 CHAIRPERSON NARCISSE: Mm-hmm

20 SENIOR VICE PRESIDENT LONG: Looked at the time...
21 (CROSS-TALK)

22 CHAIRPERSON NARCISSE: Mm-hmm

23 SENIOR VICE PRESIDENT LONG: And have continued to
24 do this, of all of the evidence of what the primary
25

1
2 or most common symptoms are of patients suffering
3 from Long COVID. For example, shortness of breath,
4 or cardiac issues. That is why we have an onsite
5 pulmonologist and onsite cardiologist that can do
6 onsite pulmonary function tests, and onsite cardiac
7 echocardiography. It is based on the evidence, and
8 as the evidence continues to evolve, we are very,
9 very open, interested in, and have an eagle eye focus
10 on, uh, continuing to evolve our centers to make sure
11 that we are meeting the needs as we further determine
12 them of people with Long COVID.

13 You mentioned the example of pulmonary emboli...

14 CHAIRPERSON NARCISSE: Mm-hmm

15 SENIOR VICE PRESIDENT LONG: This is something
16 that... I... I... I looked into it, and we
17 haven't, uh, in our system noticed, of note anything
18 that is different from what we are seeing nationally.
19 But, that's the type of thing where, uh, if it turns
20 out that a patient suffering Long COVID, because, as
21 you have shared earlier, the statistic of your risk
22 for Long COVID if you have been hospitalized is
23 substantially higher than your risk of Long COVID if
24 you were not hospitalized or if you were
25 asymptomatic. Those types of things we'd want to

1
2 build in to our COVID Center of Excellence. Which,
3 uh, and we are very capable of doing so. For
4 example, as you visited with me, uh, the Center in
5 Bushwick, we have a CT scanner and an MRI machine
6 there. So, it gives us... It... And even going
7 beyond pulmonary function tests for lungs, it gives
8 us an ability to really do a lot more for our
9 patients depending, uh, for whatever, uh, they...
10 For whatever symptoms they are having, or whatever
11 new conditions they might develop.

12 Going back to some of your initial questions on,
13 uhm, what we are seeing in our system, and how we are
14 going to track that over time, uhm, nationally, I
15 just want to highlight a couple of statistics, and
16 this is true for our system I believe, as well as the
17 rest of the country, between 10 and 15% of people
18 with Long COVID... That have COVID, will go on to
19 develop Long COVID at the four week mark. The CDC
20 says 13.3% if you look at the nature of some of the
21 other preeminent publications, it falls generally
22 between 10 and 15%. Among hospitalized patients,
23 it's about... It could be as high as triple that.
24 So, that's much higher for them. What we are
25 beginning to see in our system, is in our primary

1
2 care practice in The Bronx, I am now seeing more and
3 more patients that have Long COVID -- of my patients
4 -- Council Member. And that bothers me. I care
5 deeply about my patients, and I am seeing more and
6 more of them that I am diagnosing with Long COVID.
7 In the past, one of the challenges has been, I have
8 diagnosed many of my patients with Long COVID, but
9 how I entered in to the electronic medical record,
10 uh, it hasn't kept up with what we are actually...
11 with the care that we are providing. There hasn't,
12 uh, over the last several years, been icd 10 codes
13 for Long COVID. So, where I may... In the
14 electronic medical record list shortness of breath,
15 depression, and I will write that it is due to Long
16 COVID. If you were trying to extract that from the
17 medical record, it would be challenging. Now we have
18 an icd 10 code, so I am able to actually, for my
19 patients I am diagnosing today, or I am continue to
20 treat today, I actually enter that in to the
21 electronic medical record. So, moving forward, we
22 are going to have a much more precise sense of what
23 the true prevalence of Long COVID is, in particular
24 among our patients.

1
2 Right now, I would believe that it is similar to
3 what we are seeing nationally. So, we should assume
4 10 to 15% of patients that had, uh, have had COVID in
5 the past, will go on to develop Long COVID, with the
6 number dropping off at 60 and 90 days, which is
7 encouraging, but my patients, at the four week mark
8 that are still having symptoms, many of them are
9 terrified. Many of them are really afraid of what
10 their experiencing. They don't what's going on.
11 They don't know if it's related to COVID. I have had
12 patients with hair loss. Is that related to COVID-
13 19? (CROSS-TALK)

14 CHAIRPERSON NARCISSE: Yes. Mm-hmm

15 SENIOR VICE PRESIDENT LONG: it is... (CROSS-
16 TALK)

17 CHAIRPERSON NARCISSE: Mm-hmm sometimes.

18 SENIOR VICE PRESIDENT LONG: Uh, for some people.
19 Thank you.

20 CHAIRPERSON NARCISSE: Mm-hmm

21 SENIOR VICE PRESIDENT LONG: Uhm, and, you know,
22 our ability as a system... (CROSS-TALK)

23 CHAIRPERSON NARCISSE: Mm-hmm

24 SENIOR VICE PRESIDENT LONG: We have to be there,
25 uh, knowing the prevalence of developing Long COVID,

1
2 uh, knowing that if you have been hospitalized it's
3 much higher, knowing that we can... are continuing
4 to find new symptoms like the pulmonary emboli, that
5 are likely associated with COVID. We need to be
6 there to immediately be able to answer our patients'
7 questions to be able to address that. It's partly
8 through our COVID Center of Excellence, but we are
9 doing trainings for all of our doctors, too. So,
10 that... And my primary care practice in Morrisania,
11 I can feel comfortable taking care of my patients
12 there similar to how patients would receive excellent
13 care at the COVID Center of Excellence that you have
14 visited.

15 But I do want to make a final point related to I
16 think the underlying intent of your questions, which
17 is... (CROSS-TALK)

18 CHAIRPERSON NARCISSE: Mm-hmm

19 SENIOR VICE PRESIDENT LONG: given that we know
20 how common Long COVID is, and given that I am seeing
21 more of it in my patients in The Bronx, and now that
22 we have the icd 10 code, we are going to have a
23 precise sense moving forward of how many patients in
24 our system truly have it, what keeps me up at night,
25 is all of the patients that haven't.... that don't

1
2 have me as their doctor. They haven't made it in to
3 one of our COVID Center of Excellence or don't have a
4 primary care physician. I really believe that we
5 need to have laser focus on them, so the next time
6 you ask me how many patients in our system have Long
7 COVID... (CROSS-TALK)

8 CHAIRPERSON NARCISSE: Mm-hmm

9 SENIOR VICE PRESIDENT LONG: I am not just telling
10 you about the patients that already have a primary
11 care physician today... (CROSS-TALK)

12 CHAIRPERSON NARCISSE: Mm-hmm

13 SENIOR VICE PRESIDENT LONG: I am telling you
14 about all of the New Yorkers that today are suffering
15 in silence, because they don't know what's going on,
16 but they have Long COVID. But they don't know how to
17 get into the... some of the excellent care that we
18 provide at our COVID Center of Excellence or the rest
19 of our system or COVID Center of Excellence across
20 New York City. The way that we are going to solve
21 that together is what you said earlier, getting the
22 word out about 212-COVID19, getting the word... And,
23 having our AfterCare Program, which we are really
24 ramping up now, recall or call back everybody that
25 has had COVID before. And, if you are still having

1
2 symptoms, we exist to help you, to bring you in to
3 care now. That what is going to make a definable
4 difference in New York City that no other city has.

5 CHAIRPERSON NARCISSE: I do appreciate you. But,
6 uhm, so, you don't have any approximate data of how
7 many patients that you've seen? Because, since we
8 are laser focused on that in those Gotham clinics, so
9 don't we have a number of approximately how many they
10 see it in The Bronx and Bushwick or in Queens? No?

11 SENIOR VICE PRESIDENT LONG: We have back of the
12 envelope, but I would rather give you, which we are
13 happy to follow up with, is when we have used the icd
14 10 code, that's the way... Because that's the
15 diagnosis code. So as opposed to trying to make
16 sense of our medical records before we had that code,
17 we would actually use that code so I could tell you,
18 this is the percent of people. Now that we have the
19 code, that it's gone... that the federal code is
20 created, we will be able to that hopefully in short
21 order.

22 CHAIRPERSON NARCISSE: Okay. Alright. Could...
23 Could we do more to inform COVID patients and those
24 of high risk COVID, could we? (CROSS-TALK)

25 SENIOR VICE PRESIDENT LONG: Yes... (CROSS-TALK)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CHAIRPERSON NARCISSE: We could do more? Okay...

(CROSS-TALK)

SENIOR VICE PRESIDENT LONG: We could.

CHAIRPERSON NARCISSE: So, what do you think we could do more of?

CHAIRPERSON NARCISSE: So what do you think we could do more on?

SENIOR VICE PRESIDENT LONG: I'd like to work together on that. I like the idea of working more with CBOs. We have started to do that through our T2 CBOs, which have been prolific in getting the word out about testing and vaccination efforts in our communities... (CROSS-TALK)

CHAIRPERSON NARCISSE: Mm-hmm

SENIOR VICE PRESIDENT LONG: Uhm, and we have our NYC Care CBOs as well... (CROSS-TALK)

CHAIRPERSON NARCISSE: Mm-hmm

SENIOR VICE PRESIDENT LONG: which have done a phenomenal job of bringing more... We now have more than a 100,000 NYC Care members in New York City. Which, by the way, half of them are new to primary care, meaning they may not have seen a doctor in 40 years, which has been my experience in The Bronx. And, by the way, they... NYC Care members in New

1
2 York City have twice the prevalence of diabetes as
3 the general population. These are the people that it
4 is critical we reach out to now, because they are at
5 higher risk of developing Long COVID. They're...
6 And, they're at higher risk at developing
7 complications as well. So, we need to get the word
8 out to all of these groups of people. We will
9 continue to work with CBOs. And, I would welcome
10 your, and I know Council Member Moya's,
11 recommendations on anything more we can do with
12 community based organizations. It's been one of our
13 secrets to success or key ingredients to success in
14 New York City. Uhm, and other methods including paid
15 media and trying to get the word out with meetings
16 like this where we can share 212-COVID19 as the one
17 number you need to remember that can connect you to
18 everything. But, I would really welcome more of your
19 recommendations about what more we can do, because we
20 are only going to do as good of a job as the number
21 of New Yorkers that we inform about these unique
22 efforts that we have in New York City.

23 CHAIRPERSON NARCISSE: Okay, now before I get in
24 any further, I wanted acknowledge Council Member
25 Brannan, thank you, and, uh, Council Member Charles

1
2 Barron had called that he had an emergency [INAUDIBLE
3 00:30:41] in his community.

4 Uh, what other CB... Uh, visiting nurse
5 services? I know not giving [INAUDIBLE 00:30:49]
6 visiting nurse services, I know that they do homecare
7 in all other homecare agencies. I'm sure, because I
8 used to be homecare nurse... (CROSS-TALK)

9 SENIOR VICE PRESIDENT LONG: Yeah...

10 CHAIRPERSON NARCISSE: Uhm, maybe we can share
11 data to see how many people are staying at home, so
12 that we can reach (sic), because especially if they
13 are in the Bushwick area... (CROSS-TALK)

14 SENIOR VICE PRESIDENT LONG: Mm-hmm

15 CHAIRPERSON NARCISSE: where you have the
16 facilities that are providing the care.

17 SENIOR VICE PRESIDENT LONG: That's a great idea.

18 CHAIRPERSON NARCISSE: Mm-hmm.

19 Some Long COVID issues can be managed with
20 existing medication or treatment for symptoms like
21 headaches or gastrointestinal problems. Physical
22 therapy and cognitive rehab, including approaches
23 often used for patients who have experienced strokes
24 or brain injuries can also be helpful over time.

25 What sort of services has H+H provided?

1
2 SENIOR VICE PRESIDENT LONG: So, the way that we
3 constructed our COVID Center of Excellence, using the
4 examples just like you did, is we looked at all of
5 the lingering symptoms or new symptoms that is the
6 constellation we refer to as Long COVID, and we built
7 the most common ones into our COVID Center of
8 Excellence. So, the most common... And just to go
9 back for a moment, the most common symptoms
10 associated with Long COVID are things like fatigue as
11 you mentioned, uh, brain fog, shortness of breath,
12 cardiac issues, and very importantly, depression and
13 anxiety, which cannot be overlooked or missed as we
14 think about Long COVID. So, we made sure to have all
15 of those services onsite at our clinics. And one of
16 the things that we are going to be doing over time,
17 well two things rather, one is we are going to see
18 among our New York City patients which services they
19 really need, and that's going to help us to further
20 refine our model, and then the other is, and this is
21 something you had brought up earlier, uh, the
22 pulmonary embolism... (CROSS-TALK)

23 CHAIRPERSON NARCISSE: Mm-hmm

24 SENIOR VICE PRESIDENT LONG: uh, thought. So, as
25 we learn, uh, as a scientific community, as multiple

1 national studies are ongoing, uh, what other symptoms
2 may be associated with Long COVID...

3
4 CHAIRPERSON NARCISSE: Mm-hmm

5 SENIOR VICE PRESIDENT LONG: We want to make sure
6 that we can build access to any treatment that our
7 patients may need into our COVID Center of
8 Excellence. Uh, and I did too just want to make a
9 point one more time, and Celia (sp?) is welcome to...
10 If you want to jump in on this... Is that that is
11 our approach to our centers. And I really do believe
12 that other COVID Center of Excellence that have come
13 up across New York City, now we were fast out of the
14 gate, but since then, many others have, uhm, have
15 constructed similar models, that they are looking to
16 do a similar thing.

17 DEPUTY COMMISSIONER QUINN: Yeah, thank... Uhm,
18 Ted, it's true that there are other health systems in
19 New York City that are also developing Centers of
20 Excellence in other models to help take care of
21 people that have post-COVID conditions. That is
22 something that is Health Department is making
23 available for everyone on our website so people can
24 find out about Long COVID and how they can access
25 care -- including at the H+H Centers of Excellence.

1 SENIOR VICE PRESIDENT LONG: Mm-hmm

2 CHAIRPERSON NARCISSE: Mm-hmm

3 Talking about the sub specialties, because I know
4 you know... You don't have all of the sub
5 specialties in, uhm, every facility, so... (CROSS-
6 TALK)
7

8 SENIOR VICE PRESIDENT LONG: Mm-hmm, yeah...

9 CHAIRPERSON NARCISSE: Did you have a referral
10 base that... Where you send, uhm, patients and...

11 SENIOR VICE PRESIDENT LONG: Yeah, so the way that
12 we have constructed our Centers of Excellence is we
13 have the most commonly needed sub specialties. So,
14 again, uh, when you were at, uh, Tremont you may have
15 met the onsite cardiologist and pulmonologist, uh,
16 the pulmonary function tester, and The Pulmonologist
17 Room. So, and as we have further needs that we, uhm,
18 are able to determine over time as the research
19 continues to evolve, we will place whatever sub
20 specialties we need to onsite to make sure that
21 people have immediate access.

22 Uh, for anything that we don't have onsite, uh,
23 perhaps some of the less common symptoms, but again,
24 equally important for us to address for people, we
25 have a referral network among our hospitals so that

1
2 you can receive any care that you might need for any
3 of those symptoms as well.

4 CHAIRPERSON NARCISSE: Mm-hmm. Uh, if I recall, I
5 asked some questions about, uhm, do you have
6 nephrologist? I don't think you have nephrologists
7 or are doing dialysis in the centers, right? You
8 don't have that?

9 SENIOR VICE PRESIDENT LONG: Correct. So, uhm,
10 for the... To separate them out, so, uh, for
11 nephrology, if we believe you are having, uh, a
12 nephrology condition that could be associated with
13 COVID... (CROSS-TALK)

14 CHAIRPERSON NARCISSE: Mm-hmm

15 SENIOR VICE PRESIDENT LONG: We have referral
16 network to our local hospitals for that specifically,
17 too. For hemodialysis, we have hemodialysis centers
18 that we would refer you to. So, a bit of a
19 difference, uh, a different approach, but both of
20 those are available now.

21 CHAIRPERSON NARCISSE: Don't forget, I am a nurse,
22 and I used to work in both [INAUDIBLE 00:34:51] for
23 hematology, you know.

24 Uhm, follow up...

25 SENIOR VICE PRESIDENT LONG: Yeah?

1
2 CHAIRPERSON NARCISSE: Do you follow up after you
3 refer them, so you can... they can come back. Or
4 you have the referral... How is the referral, like,
5 coming back to the... to the clinic?

6 SENIOR VICE PRESIDENT LONG: That's a good
7 question. So, let me actually back up and maybe
8 share a little more about... with aftercare, how
9 we're doing the outreach... (CROSS-TALK)

10 CHAIRPERSON NARCISSE: Mm-hmm

11 SENIOR VICE PRESIDENT LONG: For both outbound
12 calls... (CROSS-TALK)

13 CHAIRPERSON NARCISSE: The returns... (CROSS-
14 TALK)

15 SENIOR VICE PRESIDENT LONG: And inbound. Yeah.

16 CHAIRPERSON NARCISSE: Mm-hmm

17 SENIOR VICE PRESIDENT LONG: And then the return
18 piece, too.

19 CHAIRPERSON NARCISSE: Mm-hmm

20 SENIOR VICE PRESIDENT LONG: So, uhm, the way that
21 we started off with AfterCare, uh, and actually let
22 me just premise by saying, after I share with you
23 what we are doing here, I want to also make the
24 point, this is an evolving program, too. We are the
25 only... (CROSS-TALK)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CHAIRPERSON NARCISSE: Mm-hmm

SENIOR VICE PRESIDENT LONG: city in the county
I'm familiar with that has a program like this that's
focused on connecting people with Long COVID to
resources... (CROSS-TALK)

CHAIRPERSON NARCISSE: Mm-hmm

SENIOR VICE PRESIDENT LONG: proactively. But, if
there is more that we can do, this is the time to let
us know. We are very, very open to continuing to
craft our model together. And that includes with how
we get the word out including through community based
organizations.

So, let me explain to you a little bit of
backdrop here and then I'll get to answering
questions.

So, the way that we started the AfterCare Program
is we looked at patients, uhm, in particular at
higher risk, so patients in disproportionately
affected communities, uhm, and that were still having
symptoms at the end of their monitoring period, that
we... (CROSS-TALK)

CHAIRPERSON NARCISSE: Mm-hmm

SENIOR VICE PRESIDENT LONG: monitored you through
The Test & Trace... (CROSS-TALK)

1 CHAIRPERSON NARCISSE: Mm-hmm

2 SENIOR VICE PRESIDENT LONG: Uhm, and then we sent
3 text messages, 334,000 in total now, starting to
4 them. Because the people at highest risk for
5 developing Long COVID are those that still of course
6 had more severe COVID... (CROSS-TALK)

7 CHAIRPERSON NARCISSE: Mm-hmm

8 SENIOR VICE PRESIDENT LONG: Evidenced by still
9 having symptoms at the end of their monitoring or
10 infectious period. We then started to make outbound
11 phone calls, and we started to receive inbound phone
12 calls. So, right now if you call 212-COVID19, you
13 press... (CROSS-TALK)

14 CHAIRPERSON NARCISSE: Mm-hmm

15 SENIOR VICE PRESIDENT LONG: and you press four,
16 you'll be put through and somebody will pick up the
17 phone, and that would be one of our AfterCare
18 navigators. And, we complete the phone referral that
19 way.

20 But, moving forward, what we want to do with the
21 AfterCare Program... And, this is something I feel
22 very, very passionately about, is we want to make a
23 very, very proactive outreach based program where
24 we're going through the lists of people that reached
25

1 before. Before, uh, Omnicom, we reached 90% of all
2 New Yorkers for contract trace when they had COVID.
3 Ninety percent -- more than other jurisdiction in the
4 whole country by a longshot. We reached you before,
5 that tells me one thing -- we can reach you again.
6 And that's what AfterCare is going to start by doing,
7 is really proactively reaching out to New Yorkers
8 again. We have a winning formula for reaching
9 people. So, we want to be able to reach New Yorkers.
10 And, again, if you're at home suffering in silence,
11 you have confusing symptoms, or you're having... you
12 need to community, because you're not... you don't
13 really understand what's happening and what's going
14 on around you, or you maybe you need specific
15 financial supports, we can do all of that for you.

16 So, what we want to do is be very proactive in
17 how we reach out to people.

18 Now, to your question, so what if you need
19 medical care at a Center of Excellence? So, with
20 AfterCare, if we have reached you before, and we
21 refer you to one of our Centers of Excellence, we
22 make you... We facilitate in making you an
23 appointment there. If we didn't reach you, or we
24

1
2 tried to reach you before and you were in that
3 initial tranche...

4 CHAIRPERSON NARCISSE: Mm-hmm

5 SENIOR VICE PRESIDENT LONG: We are going to reach
6 back out to you know to see how you are doing. And
7 if you are still having symptom, we are going to
8 again talk to you about medical care, talk to you
9 about whatever else you may need... (CROSS-TALK)

10 CHAIRPERSON NARCISSE: Mm-hmm

11 SENIOR VICE PRESIDENT LONG: And our goal is,
12 specific to the Centers of Excellence for instance,
13 anybody that needs care in one our Centers of
14 Excellence, so anybody... (CROSS-TALK)

15 CHAIRPERSON NARCISSE: Mm-hmm

16 SENIOR VICE PRESIDENT LONG: who needs medical
17 care for Long COVID, there's going to be multiple
18 bites at the apple. And our goal is to make sure
19 that we offer you the excellent medical that we have
20 worked hard to be able to build.

21 CHAIRPERSON NARCISSE: Thank you.

22 If we are in the height of the pandemic, you will
23 see the room packed, right? So, now since we don't
24 have like health... You know, it's... When the
25 moment... When the crisis, the pandemic... the

1 pandemic you find a lot of people are interested.
2 So, thank you for continuing to understand that we
3 have to reach out to folks. Because they're not
4 going through the process, they tend to forget. And
5 the Long COVID is important, because a few, the
6 percentage that is having the Long COVID is not all
7 of the population. So, the ones that are not
8 experiencing Long COVID forget about COVID once they
9 get COVID.
10

11 SENIOR VICE PRESIDENT LONG: Yup.

12 CHAIRPERSON NARCISSE: And as you... Even in the
13 panel, even though, me... Myself and Council Member
14 Moya, we are very much interested in the health,
15 because once you understand health, you know that you
16 have to keep your eye on it, so thank you.

17 SENIOR VICE PRESIDENT LONG: Agreed.

18 CHAIRPERSON NARCISSE: Are those seeking services
19 also connected to mental health services?

20 SENIOR VICE PRESIDENT LONG: Absolutely. I would
21 have... I would never have it any other way. So, to
22 walk through what that means is we use the
23 collaborative care model. So, uh, if you're coming
24 in, and you're evaluated by a primary care clinician
25 like myself... (CROSS-TALK)

1
2 CHAIRPERSON NARCISSE: Mm-hmm

3 SENIOR VICE PRESIDENT LONG: that's an expert in
4 Long COVID, and you have mental health or behavioral
5 health, meaning substance abuse too, needs, we refer
6 you to our collaborative care model which is social
7 work based with super, and you have mental health or
8 behavioral health, meaning substance abuse too,
9 needs, we refer you to our collaborative care model
10 which is social work based with supervision by a
11 psychiatry to get you immediate access.

12 I also want to make the point though that with
13 Long COVID, that's... the majority of issues are
14 around depression, anxiety, things like that, which
15 our collaborative care model is tried and true --
16 evidence based. My mom is a social worker, so I am a
17 little bit biased here, uh, but I think it's an
18 excellent way to provide behavioral healthcare to
19 people.

20 If you are having some of the other less common
21 symptoms of Long COVID that are in the behavioral
22 health spectrum, like we are unfortunately seeing a
23 little bit more of intermittent psychosis for
24 patients who have been in the ICU, things like that.
25 We do have the ability... that goes beyond the

1
2 collaborative care model, so in that case we would
3 refer you directly to a psychiatrist.

4 CHAIRPERSON NARCISSE: Thank you.

5 What is the age range of those that you serve? Or
6 are you seeing the Long COVID patients who are
7 children?

8 SENIOR VICE PRESIDENT LONG: We are seeing
9 everybody. And not only patients with Long COVID.
10 So, in our Centers of Excellence, we will see... we
11 treat everybody without exception. For Long COVID
12 specifically, we will treat children with Long COVID
13 or adults with Long COVID. For people who come to us
14 that are family members that have never had COVID-19,
15 we will treat them too. That's why we have onsite
16 mammography, dexamethasone scans, and United States Preventive
17 Service Taskforce recommended studies. Things like
18 that -- x-rays. We have all the resources to provide
19 you comprehensive primary care whether you have
20 COVID, Long COVID or not. Even if you have COVID
21 when you come and see us, as you remember, we have
22 negative pressure rooms, so that you could see a
23 primary care clinician [INAUDIBLE 00:40:52]...

24 (CROSS-TALK)

25

1
2 CHAIRPERSON NARCISSE: Yeah, I love those rooms by
3 the way.

4 SENIOR VICE PRESIDENT LONG: And... Sorry, I have
5 to brag for a second, uhm... (CROSS-TALK)

6 CHAIRPERSON NARCISSE: Mm-hmm you can brag, when
7 you can back it up. That's what Muhammad Ali said.

8 SENIOR VICE PRESIDENT LONG: I'll try. Even for
9 dental care, one of the things is, uh, we want to
10 make sure that we can provide all care to everybody
11 at all times.

12 CHAIRPERSON NARCISSE: Mm-hmm

13 SENIOR VICE PRESIDENT LONG: Dental care is one of
14 the risky types of care to provide, because your
15 mouth is open. So, if you have COVID, you could be
16 at risk for transmitting of course. But, we have
17 developed a very sophisticated ventilation system in
18 the dental rooms, so that if you have a dental
19 emergency, uh, if you have Long COVID we will treat
20 you, no COVID we will treat you, or if you have COVID
21 we will be able to treat you safely there as well.
22 So truly our sites are based on turning nobody away
23 and seeing everybody without exception.

24 And I was just informed by my colleague
25 [INAUDIBLE 00:41:36] that another interesting fact

1
2 about our Centers of Excellence in terms of who is
3 coming so far... (CROSS-TALK)

4 CHAIRPERSON NARCISSE: Mm-hmm

5 SENIOR VICE PRESIDENT LONG: The majority of
6 people, uh, English is not their preferred language.
7 We are making inroads in terms of getting through to
8 people from diverse communities. The three top
9 languages are Spanish, Bengali, and Polish so far.

10 CHAIRPERSON NARCISSE: What are the most common
11 attributes of those with Long COVID?

12 SENIOR VICE PRESIDENT LONG: So, what we are
13 seeing so far in terms of the most common symptoms
14 are consistent with what we are seeing across the
15 country.

16 I will share what we are seeing at our sites and
17 turn to Celia if you want to paint more of the full
18 picture about New York City and what we're seeing.

19 So, brain fog and fatigue are very common;
20 shortness of breath is very common, and mental health
21 [INAUDIBLE 00:42:13]... (CROSS-TALK)

22 CHAIRPERSON NARCISSE: Mental health?

23 SENIOR VICE PRESIDENT LONG: Yes... (CROSS-TALK)

24 CHAIRPERSON NARCISSE: That's what I would
25 [INAUDIBLE 0042:17] okay, mm-hmm.

1
2 SENIOR VICE PRESIDENT LONG: So, that's one of the
3 top ones we are seeing at our sites... (CROSS-TALK)

4 CHAIRPERSON NARCISSE: Mm-hmm uh... Go head.

5 DEPUTY COMMISSIONER QUINN: Oh, sure, thanks...
6 (CROSS-TALK)

7 CHAIRPERSON NARCISSE: Go ahead.

8 DEPUTY COMMISSIONER QUINN: So, uhm, I think Ted
9 is right to say that the symptoms that you're seeing
10 are very consistent with what has been seen in
11 studies done nationally. Uhm, the New York City
12 Health Department isn't tracking every case of Long
13 COVID. There's no standard definition, so it's
14 really hard to measure this at a citywide level.

15 What we have been doing is since February 2021,
16 uh, we have collected data that is self-reported as
17 part of our population health surveys that related to
18 people's experience with COVID and their symptoms
19 that might extend after they have COVID. And from
20 those surveys, our data is suggesting that up to 30%
21 of people who uhm, have had COVID-19 may be
22 experiencing symptoms four or more weeks later. So,
23 those are all people who may have Long COVID. And, I
24 think some of the issues that are being raised during
25 this hearing about the access to care and how

1
2 important it for everyone is really the most critical
3 takeaway point.

4 CHAIRPERSON NARCISSE: Thank you, I am going to
5 pass it on to Chair Moya, because he has some
6 questions. So I can take a break and I will come
7 back.

8 CHAIRPERSON MOYA: Thank you, Chair Narcisse,
9 thank you, uh, and thank you, Dr. Long.

10 So, just, uh, I want switch over to the T2
11 AfterCare Program if we could.

12 SENIOR VICE PRESIDENT LONG: Please.

13 CHAIRPERSON MOYA: So, can you please outline the
14 services that are offered by T2 AfterCare, uh, the
15 program? And, how many people have been contact...
16 Uh, have contacted T2 seeking assistance with, uh,
17 Long COVID related symptoms or other issues related
18 to living with long term COVID?

19 SENIOR VICE PRESIDENT LONG: Yeah, good question.
20 So, and I appreciate your question, because I think
21 it is important... Excuse me [INAUDIBLE 00:43:58]...
22 It is important that once of the unique things about
23 our AfterCare Program is we have constructed to not
24 just be focused on medical care. But, medical care,
25 uhm, [INAUDIBLE 00:44:07] physical health and mental

1 health, uhm, creating the sense of community, I mean
2 my patients who have Long COVID, they're still ,you
3 know, not knowing what this means for them. They
4 need a lot of support -- more than I can provide to
5 them often times in my one visit with them. Uhm, and
6 we have created that. The Body Politic is an
7 organization that helps people to know that there is
8 a community of people experiencing similar things who
9 recently had a Long COVID symposium as well -- a full
10 day event -- where we invited patient, they were the
11 first speakers, patients -- it always should be that
12 way. Uhm, and one of things that they brought up is
13 really the need, uhm, for community around what
14 they're experiencing. That was the type of support
15 that they told us they needed. So, that has been a
16 very... That's a very important part of the program.
17 And, then the financial part is very important to us
18 as well. If you are going to be evicted from your
19 home because you're having... because you have Long
20 COVID and it affects your ability to work or other
21 things like that, we'll work it through with you.
22 Our navigators are experts in working things that
23 through. So, between the financial piece, the
24 community based support piece, and the physical and
25

1
2 mental health piece, that is what the AfterCare
3 Program is.

4 The specific number you asked about is how many
5 people have reached out to us? That's more than
6 50,000 who have called our hotline, uh, pressed the
7 press off button, and been connected to one of our
8 AfterCare Navigators. In addition to those more
9 50,000 people that have reached out to us, I think
10 showing that there is, uh, that people are beginning
11 to, uhm, at least, uh, know about the resources that
12 we have through 212-COVID19 with respect to Long
13 COVID, but in addition to that number, uh, we have
14 proactively reached out to 334,000 people via text
15 and more than 114,000 people via completing phone
16 based referrals with them.

17 So, these are numbers I want to see them go up,
18 up, up. And, uh, but in particular the one of the,
19 uh, people reaching out to us, I think our ability
20 work together with you all and with community based
21 organizations will be very helpful there, too.

22 CHAIRPERSON MOYA: So, yes, uh, I'll get to the
23 community based... (CROSS-TALK)

24 SENIOR VICE PRESIDENT LONG: Yeah.
25

1
2 CHAIRPERSON MOYA: organizations, uhm, soon. But,
3 so, just what I'm... I'm hearing correct, 50,000,
4 uh, reached out to the hotline?

5 SENIOR VICE PRESIDENT LONG: Yes.

6 CHAIRPERSON MOYA: And out of those 50,000 how
7 many people received services? Did you say it was
8 114 [INAUDIBLE 00:45:13]... (CROSS-TALK)

9 SENIOR VICE PRESIDENT LONG: No, uh... (CROSS-
10 TALK)

11 CHAIRPERSON MOYA: Sorry, I want to make sure I
12 have it...

13 SENIOR VICE PRESIDENT LONG: Uhm, so, uh, we have
14 114,000 people that have completed referrals by
15 phone... (CROSS-TALK)

16 CHAIRPERSON MOYA: Got it...

17 SENIOR VICE PRESIDENT LONG: What that means is
18 that you called and said, "I need, uhm, support from
19 a... from other people experiencing Long COVID,"
20 place a referral for our community based support; "I
21 am going to be evicted," place a referral for that.

22 Uh, so when we complete those referrals and not
23 just, you know, I called and hung up the phone...
24 (CROSS-TALK)

25 CHAIRPERSON MOYA: Right.

1
2 SENIOR VICE PRESIDENT LONG: That wouldn't count
3 as the completed referral, uh, that has happened
4 114,000 times.

5 Uh, among people that called us, that's 50,000
6 people -- picked up the phone and proactively called
7 us through 212-COVID. We didn't call you, you called
8 us. Uhm, so that's, uh, a subset if you will of the
9 completed referrals.

10 CHAIRPERSON MOYA: So... So, just one thing, how
11 many people actually received services?

12 SENIOR VICE PRESIDENT LONG: So, uh, the
13 114,000... (CROSS-TALK)

14 CHAIRPERSON MOYA: 14... Got it... (CROSS-TALK)

15 SENIOR VICE PRESIDENT LONG: [INAUDIBLE 00:47:06]
16 completed for [INAUDIBLE 00:47:07] referrals...
17 (CROSS-TALK)

18 CHAIRPERSON MOYA: Perfect, thank you.

19 Uh, and staying on that, like, what... What sort
20 of assistance, uh, do folks with Long COVID need when
21 it comes to doing daily tasks of ,you know, uh,
22 cleaning, grocery shopping, etc.?

23 SENIOR VICE PRESIDENT LONG: Yeah, I'm going to,
24 uh, if I may, I am going to intentionally evade your
25 question.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CHAIRPERSON MOYA: (LAUGHS)

SENIOR VICE PRESIDENT LONG: Because, uhm, to make a point, there is no one thing that... (CROSS-TALK)

CHAIRPERSON MOYA: [INAUDIBLE 00:47:35]

SENIOR VICE PRESIDENT LONG: people with Long (LAUGHS)... (CROSS-TALK)

CHAIRPERSON MOYA: (LAUGHS) Yeah, I got it, yeah.... (CROSS-TALK)

SENIOR VICE PRESIDENT LONG: There's no one thing that people need. And, that's... And, that's the reason why we created the AfterCare Navigator role. We could have set up a hotline to connect to our COVID Centers of Excellence where you would talk to, uhm, a, you know, primary care doctor like me. But, honestly a lot of people what they need is not to talk to a primary care doctor like me; I am not as helpful in navigating if you're being evicted from your apartment or if you have another financial stress or need to be connected to the... a community group that can embrace what you're experiencing. Our AfterCare Navigators are multifaceted. They can do - - whatever you're experiencing -- they will work it through with you. So, we intentionally wanted to keep our model very broad. Not wanting to try to say

1
2 there's only one thing people are going to have a
3 problem with respect to Long COVID.

4 CHAIRPERSON MOYA: Mm-hmm. Uh, are those seeking
5 services also connected to mental health... (CROSS-
6 TALK)

7 SENIOR VICE PRESIDENT LONG: Yeah.

8 CHAIRPERSON MOYA: services as well? I know you
9 were talking about that earlier, but... (CROSS-TALK)

10 SENIOR VICE PRESIDENT LONG: Absolutely.

11 CHAIRPERSON MOYA: Uh, when it comes to this, I
12 just want to... (CROSS-TALK)

13 SENIOR VICE PRESIDENT LONG: And, so, can I...
14 (CROSS-TALK)

15 CHAIRPERSON MOYA: Yeah...

16 SENIOR VICE PRESIDENT LONG: actually...
17 They're... They're... Not only are they, but
18 they're... They're, uh, connected in two important
19 ways. One is, if you're referred to let's say to one
20 of our Centers of Excellence, and you're seeing a
21 primary care doctor like me, we will assess you and
22 we will connect you to the specific mental health
23 services that you need. If it's anxiety and
24 depression, it's our collaborative care model. If
25 it's [INAUDIBLE 00:48:44] it's a virtual

1
2 psychiatrist. However, when you're on the phone with
3 our AfterCare Navigators, you don't even need to wait
4 until that step necessarily do be connected. They
5 can connect you immediately to NYCwell, which is a
6 24/7, uhm, service that's offered to New Yorkers for
7 mental health needs. So, that's part of the reason
8 why our AfterCare Navigators, it's not a one size
9 fits all model. We want to make sure that we sort of
10 meet you where you are. Some patients prefer to talk
11 to a doctor first and wait, some patients want to
12 talk to somebody right then and there, either way we
13 will meet you where you are.

14 CHAIRPERSON MOYA: Uhm, so, I... I was going to
15 ask you this, but, uh, I am going to ask you this,
16 and then I just want to go back to... to 50,000
17 calls that were made.

18 SENIOR VICE PRESIDENT LONG: Sure.

19 CHAIRPERSON MOYA: Because the... The... What
20 are the most common languages spoken by those seeking
21 assistance, uh, with Long COVID? Uh, and how does
22 language translation work when one contacts, uh, T2
23 AfterCare?

24 SENIOR VICE PRESIDENT LONG: So, uhm, when you
25 call the COVID Hotline, we immediately put up the

1
2 most common languages. So, you can call after this
3 meeting 212-COVID19, and if you don't press anything,
4 there will be... the same message will be delivered
5 to you in multiple languages. So, you wait for the,
6 uh, wait for your language, and then you will, uh,
7 you'll press that button, uhm, and then you'll be
8 take through the phone tree in your language of
9 choice. If you get, uh, if you speak a less common
10 language or dialect, we then do use our
11 interpretation service at New York City Health +
12 Hospitals. So, that is what I use in my primary care
13 practice, uh, as you know, uh, there are hundreds of
14 languages and dialects... (CROSS-TALK)

15 CHAIRPERSON MOYA: Mm-hmm

16 SENIOR VICE PRESIDENT LONG: Including, I have one
17 patient that I love to talk about, which I won't
18 belabor, uhm, that speaks a very rare African
19 dialect, and I want... She always smiles when she
20 seems me, because I am one of the only people that
21 she can talk to in New York City, because when she
22 sees me she knows that my interpreter service can
23 connect her to her language.

24

25

1
2 CHAIRPERSON MOYA: So, that's what I was trying to
3 get at. Now, just, it... Was the 50,000 ever broken
4 down in to... (CROSS-TALK)

5 SENIOR VICE PRESIDENT LONG: Ah... (CROSS-TALK)

6 CHAIRPERSON MOYA: like languages... The
7 different languages that were called, or... or...
8 or, uh, different, ethnicities, uh, that you are
9 tracking in terms of those actually picked up the
10 phone and called, uh, on their own?

11 SENIOR VICE PRESIDENT LONG: That's a great
12 question. I don't have that piece of data off the
13 top of my head, but I would be happy to look into it
14 and circle back with you.

15 CHAIRPERSON MOYA: Okay, that would be great.
16 Just... (CROSS-TALK)

17 SENIOR VICE PRESIDENT LONG: Yeah.

18 CHAIRPERSON MOYA: You know, I would like to see,
19 uh, is it reaching the immigrant population, that
20 they are actually doing this on their own? Or, is it
21 that there is not enough, that we have to do more in
22 order to get them the information, uhm, to be able to
23 know that this is a place where they can go and get,
24 uh, all of these services?

1
2 And, so it would be great if we could work on
3 that, uh... (CROSS-TALK)

4 SENIOR VICE PRESIDENT LONG: Yeah, totally, and
5 the one number again, I have, uhm, which is, uhm,
6 sort of gets at that a little bit, is at the end for
7 the, uh, the end stage outcome there is that over
8 half of the patients that make it into our COVID
9 Center of Excellence, uh, English is not their
10 preferred language... (CROSS-TALK)

11 CHAIRPERSON MOYA: Yeah.

12 SENIOR VICE PRESIDENT LONG: And, again, I gave
13 you some of the more common ones. But, I really do
14 believe... I... I think you're asking the right
15 question, because we set up this phone line to be
16 used... to be easy to remember and usual be for
17 anybody across New York City. So, I think your
18 question is right on. So, I look forward to
19 following you up (sic)... (CROSS-TALK)

20 CHAIRPERSON MOYA: Thank you.

21 SENIOR VICE PRESIDENT LONG: Following up with
22 you.

23 CHAIRPERSON MOYA: Thank you, Dr.

24 Uh, with The Test & Trace, uh, AfterCare Program,
25 uh, AfterCare Program supports New Yorkers with Long

1
2 COVID by connecting them with the resources that meet
3 their health and social needs, uh, what sort of
4 resources does the program connect folks to? Like,
5 what is the turnaround time of receiving services?
6 What happens if it's an emergency situation? And do
7 we formally contract with any CBOs to do this work?

8 SENIOR VICE PRESIDENT LONG: Yes, uh, so two parts
9 to your question...

10 CHAIRPERSON MOYA: Yeah.

11 SENIOR VICE PRESIDENT LONG: So, in terms of how
12 we, uh, think about timeliness with services, this
13 really does get back to how we wanted to have our
14 AfterCare Navigators be equipped to deal with every
15 situation uniquely and not have ,you know, an average
16 every time somebody calls about "x" it's a two week
17 wait. That doesn't make sense, because some people
18 need it tomorrow, some people... Traveling

19 CHAIRPERSON MOYA: Right.

20 SENIOR VICE PRESIDENT LONG: need it in a month.
21 So our AfterCare Navigators, when they're on the
22 phone with you they'll figure out together, let's say
23 if it's reaching out to HRA about a housing issue,
24 the acuity of you specific need is what they'll take
25

1
2 into account as they make a plan with you and
3 complete that referral.

4 CHAIRPERSON MOYA: I see.

5 SENIOR VICE PRESIDENT LONG: So, when we say
6 completed referrals that means we got... We made a
7 plan together with you that meets your needs.

8 CHAIRPERSON MOYA: Right.

9 SENIOR VICE PRESIDENT LONG: Uh, the second part
10 of your question was?

11 CHAIRPERSON MOYA: What happens in an emergency
12 situation... (CROSS-TALK)

13 SENIOR VICE PRESIDENT LONG: Oh, and CBOs we're
14 using... (CROSS-TALK)

15 CHAIRPERSON MOYA: And CBOs, yeah, what, uh, do we
16 formally, uh, contact with any CBOs, uh, to do this
17 work?

18 SENIOR VICE PRESIDENT LONG: Yeah, so, uh, the
19 actual AfterCare Navigators are from CBOs. So, the
20 actual... (CROSS-TALK)

21 CHAIRPERSON MOYA: Got it.

22 SENIOR VICE PRESIDENT LONG: AfterCare Navigators
23 are from the Chinese-American Planning Council,
24 BronxWorks, and CUNY.

1
2 Uh, so we intentionally, uh, chose to work with
3 CBOs to actually give us the staff that constitutes
4 our AfterCare Navigators believing that they are the
5 right people to get through to our communities and to
6 gain the trust of our community members that are
7 making the inbound calls, uh, that they are making
8 calls outbound or inbound. Uh... (CROSS-TALK)

9 CHAIRPERSON MOYA: It's those three CBOs?

10 SENIOR VICE PRESIDENT LONG: Those three CBOs are
11 the actual ones that furnish the AfterCare
12 Navigators.

13 CHAIRPERSON MOYA: Okay.

14 SENIOR VICE PRESIDENT LONG: Uh, we work with many
15 other CBOs in terms of getting the word out about
16 that. [INAUDIBLE 00:53:41] program... (CROSS-TALK)

17 CHAIRPERSON MOYA: Okay, uh, thank you for that.
18 Uh... (CROSS-TALK)

19 SENIOR VICE PRESIDENT LONG: Yup.

20 CHAIRPERSON MOYA: Just a couple of more
21 questions...

22 SENIOR VICE PRESIDENT LONG: Yeah

23 CHAIRPERSON MOYA: that deal with equity and
24 stigma.

25 SENIOR VICE PRESIDENT LONG: Yeah.

1
2 CHAIRPERSON MOYA: Uh, those ,you know, we have
3 seen that those with Long COVID have experienced, uh,
4 or may have experienced stigma and kind of be
5 dismissed, uh, they have difficulty in explaining or
6 proving their symptoms, uh, and may lack the
7 definitive answers as to why, uhm, they are expiring
8 this. Uh, the CDC points out people with Long COVID
9 may develop or continue to have symptoms that are
10 hard to explain and manage, while clinical
11 evaluations and results of routine blood tests, chest
12 x-rays, and electrocardiograms may be normal. Have
13 you heard of such instances, uh, with patients? And
14 what do you recommend these patients do when they
15 experience that type of stigma?

16 SENIOR VICE PRESIDENT LONG: So, I'll start, and
17 then I would love to have Dr. Quinn weigh in.

18 I just want to start by saying, I completely
19 agree with you. This is a huge problem. That stigma
20 is causing, directly causing, people to suffer in
21 silence at home today as we sit here. Because with
22 Long COVID that don't know if it's Long COVID, if
23 it's just them, if it will go away on its own. And
24 they're scared. I have had patients, again, with
25 their hair falling out. Uhm, and it is critical,

1
2 critical, critical, that we work together to get the
3 word out about what we have created in New York City
4 both by creating a great inbound way for people
5 reaching out to us when they know the number to call,
6 but, for us to equally and importantly, getting the
7 word out to them. Because, this council, as The
8 Chair stated earlier, if we look around the room
9 today, it does look different than at the height of
10 COVID. That's why we need to be calling people on an
11 outbound basis to engage them where they are to help
12 to fight back on the stigma that is causing them...
13 that literally is causing them to suffer in silence
14 today. So, that work is incredibly important. That
15 is what AfterCare... That is why we exist for the
16 AfterCare Program.

17 But, I will turn to Dr. Quinn to share more.

18 DEPUTY COMMISSIONER QUINN: Yeah, thank you, I
19 also really agree, this is a really important piece
20 of what we are doing. We are doing a lot of work to
21 educate providers in New York City about Long COVID -
22 - how to recognize it; how to listen to patients;
23 how to document it so that we have better information
24 about what is going on. Uh, so to that end we
25 have... The Health Department did release a Dear

1
2 Colleague Letter that went to tens of thousands of
3 providers in New York City just earlier this month,
4 uh, that really, uh, emphasis some of those points
5 that you were just bringing up. Uh, and then I
6 think, uhm, Dr. Long mentioned earlier the symposium
7 that H+H and The Health Department cohosted earlier
8 this month. And starting with the voices of the
9 patients, I agree, was really powerful. And we got
10 that feedback from providers who were attending that
11 symposium. So, I think this is really the important
12 role of The Health Department to continue making sure
13 that as information comes out about this emerging
14 condition that we are sharing that with providers
15 making sure that they know how to work up a patient
16 that might be experiencing Long COVID and where to
17 refer them for additional resources.

18 CHAIRPERSON MOYA: Thank you. So, uhm, we know
19 that such stigma can intersect with the bias with
20 regard to long.... biased that is faced by Black
21 patients and other patients of color, older folks,
22 immigrants, people living with disabilities, uh,
23 those with limited English proficiency, uhm, members
24 of LGBTQ community and others, uh, how is this
25 addressed by the H+H staff?

1
2 SENIOR VICE PRESIDENT LONG: Yeah, that's a great
3 question. I think the way that we are addressing
4 this is through working with community based
5 organizations. So, for example, the community based
6 organizations that where AfterCare Navigators come
7 from, our AfterCare Navigators -- 74% of them --
8 speak more than one language. Some speak multiple
9 languages, uh, which is something that you get when
10 you work with community based organizations.

11 You mentioned also immigrants, so our NYC Care
12 CBOs have been a critical piece here as the trusted
13 messengers in many of our communities. You know,
14 immigrants can often times be the people that would
15 suffer the most from stigma, because they already
16 have barriers in front of them about seeking medical
17 care. So, we want to tear all of those barriers down
18 with trusted messengers. And that's why, for
19 specifically, our NYC Care CBOs, this had been, but
20 will become even more important moving forward as
21 what we need to do help New Yorkers, uh, meeting them
22 where their needs are today.

23 CHAIRPERSON MOYA: Thank you. Uh, just two more
24 questions and then... (CROSS-TALK)

25 SENIOR VICE PRESIDENT LONG: Yeah.

1
2 CHAIRPERSON MOYA: I will turn it back to Chair
3 Narcisse.

4 Uh, given that the Black and Latino New Yorkers,
5 immigrants, older adults, and other communities were
6 disproportionately impacted by COVID towards the
7 beginning of the pandemic, uhm, when there were no
8 vaccines available, do you find that these
9 populations are also disproportionately impacted by
10 Long COVID?

11 DEPUTY COMMISSIONER QUINN: Yeah, I can start with
12 that one, and then, uhm, it will be interesting to
13 hear what H+H's experience with this has been. It's
14 unfortunately hard to know, because like I mentioned
15 earlier the way that we find out about Long COVID has
16 been mainly through The Health Department through our
17 Population Based Surveys. There is not a standard
18 definition. Until recently there wasn't an icd 10
19 code. It is very difficult to get surveillance level
20 data about this particular condition. It would not
21 surprise me that people who are more
22 disproportionately impacted by COVID have a higher
23 burden of Long COVID. Unfortunately, some of those
24 populations also have a lot of difficulty accessing
25 care and might not get diagnosed with Long COVID.

1
2 So, those are all things that impact our ability to
3 have really good information about what's going on at
4 the patient level.

5 SENIOR VICE PRESIDENT LONG: And I would add --
6 I'll go back to one... This... I shared earlier,
7 the fact that our... At our Centers of Excellence
8 today, more than half of the patients, English is not
9 their preferred their language. I think that speaks
10 to the need of people from our diverse communities
11 that need help especially with respect to Long COVID.
12 So, uh, with respect to our Centers of Excellence, we
13 are going to... We have built them in areas that
14 were disproportionately impacted for the initial
15 tranche of three, we are going to continue to provide
16 those services and seek to expand services beyond
17 that as well as we gain better data.

18 But, I think that it... We have enough evidence
19 -- we have more than enough evidence -- to have this
20 be a called action to have our outreach and our focus
21 really be on our other neighborhoods that were
22 disproportionately affected as well across New York
23 City -- How we make phone calls; how we're getting
24 the 212-COVID19 number out; how we're working with
25

1
2 CBOs. Those are things that we all need to focus on
3 now for the reasons that you were just articulating.

4 CHAIRPERSON MOYA: Right, and I think that that's
5 kind of the key thing we saw. Like, I represent the
6 epicenter, the epicenter of this, and we know how
7 slow it was to get that information. We also, uh,
8 saw that most immigrant New Yorkers are very
9 reluctant or don't have the time and the luxury to
10 take a day off. Uh, they traditionally don't see a
11 doctor on a regular basis. So, with this diagnoses
12 that they will get, as we were talking about all of
13 this, it is so critical that there is a real
14 investment that's made in those communities, that it
15 really have a deep rooted structure here. We have
16 seen that faith based organizations have proven to be
17 a key factor in how we got that population to get
18 tested, get the vaccine, things like that.

19 Is that model still there that you are actively
20 engaging with those key partners to get this
21 information out, uhm, to folks?

22 SENIOR VICE PRESIDENT LONG: Yes, that's a great
23 question. I'll start now and then turn to Dr. Quinn.

24 Uh, you know, if I was to say what one of the
25 definably different things, uh, in New York City has

1
2 been compared to other places that's enabled us to
3 have a higher per capita testing rate than almost any
4 other country in the world, I would say it's our
5 ability to keep things local and to work with local
6 community based organizations. I truly believe that.
7 Uhm, and, you know, for example, uh, home tests are
8 something that we... that I believe in. I want to
9 have every... in my ideal world, every New Yorker
10 would have a home test, at least one home test at
11 home, so if they aren't feeling well, maybe even a
12 little bit off, before you go and see your
13 grandmother or before you go to work that day, you'll
14 be empowered to know you can test yourself for COVID
15 and know in a matter of minutes whether you test
16 positive for COVID. That's what I want for every New
17 Yorker. But, in terms of doing that, to your point,
18 there is a variety of barriers. So, we... Right now
19 we're working with 858... Eight, five, eight, big
20 number, uhm, of community based organizations and
21 houses of worship across New York City to distribute
22 these home tests. I think it's an effective way;
23 we've distributed more than 33 million home tests to
24 date as a city. But, we need to... What we can do
25 now, to your point, and what I'd love to get more of

1
2 your thoughts on honestly, is how should be
3 communicating with these new 858 CBOs and houses of
4 worship about 212-COVID19? That... AfterCare.
5 We've started something with things like home tests
6 and with, you know, our NYC Cares CBOs in the past.
7 But, I think we are at the point now where I really
8 want to continue to build off of all of that. Uhm,
9 and, uh, certainly the, you know, the very specific
10 point you're bringing around churches, around houses
11 of worship, they have been a core partner in our
12 ability to get homes tests out. I would love for
13 them to be a core partner in our ability to have them
14 as trusted messengers to talk to their congregations
15 and members about Long COVID to help to tear down
16 that stigma.

17 CHAIRPERSON MOYA: Right. And we would love to
18 have that conversation, because if we do it now,
19 we'll be here until like 10 o'clock at night.

20 SENIOR VICE PRESIDENT LONG: Yes, we will.

21 CHAIRPERSON MOYA: Oh, I'm sorry, no go ahead...

22 DEPUTY COMMISSIONER QUINN: yeah, I just want to
23 add that...

24 CHAIRPERSON MOYA: Yeah...

25

1
2 DEPUTY COMMISSIONER QUINN: you know, The Health
3 Department also has Public Health Corps, uh,
4 community based organizations, faith based
5 organizations, community based organizations that we
6 are also... It's very similar set of activities that
7 are also tightly coordinated with H+H. So, we are
8 all happy to be a part of that conversation.

9 CHAIRPERSON MOYA: Right. And, this is the last
10 question, because it's the same thing, but with NYC
11 Cares, right, uh, with H+H and the enrollees, uhm,
12 have you seen that there's been people that are
13 coming in with Long term COVID, uh, symptoms?

14 SENIOR VICE PRESIDENT LONG: Good question. So,
15 actually, uh, over the weekend I touched base with,
16 uh, Dr. Jiménez, our Executive Director of, NYC Care,
17 uhm, and we are starting to see patients, uh, NYC
18 Care members with Long COVID either engaged with care
19 now or coming in for care. I expect those numbers to
20 only go up, and I... I mean, I hate to say it this
21 way, but I want those numbers to go up. Long COVID
22 exists whether or not we are detecting it. So, the
23 more those numbers go up, the more people we are
24 able... that we're going to be able to help.

1
2 I will tell you that in my practice in The Bronx,
3 again, and I know [INAUDIBLE 01:04:09] of one, but I
4 have a lot of NYC Care patients. And, uhm, I am...

5 (CROSS-TALK)

6 CHAIRPERSON MOYA: Are you taking any new
7 patients, Doctor?

8 SENIOR VICE PRESIDENT LONG: I absolutely am. I
9 have stories about that, too. But, uh, and I am
10 seeing more Long COVID among my patients including my
11 NYC Care patients. And I think, you know, from my
12 perspective, one of the interesting things I see is I
13 ask my patients, especially of my new patients, why
14 today? Why today have you sought medical care,
15 especially if you haven't seen a doctor in 10 - 20
16 years? One of the things I'm hearing more and more
17 now from my patients is, *I had a great experience*
18 *with The Test & Trace getting tested, or I had a*
19 *great experience getting vaccinated; I previously*
20 *knew that there were these City sites, but I didn't*
21 *really think too much of it, and I had a good*
22 *experience, so I figured I would reach out now,*
23 *because either I am having a problem, or I am not*
24 *having a problem, and I want to be... I want to talk*
25 *about preventive care.*

1
2 But, I think that we have an opportunity now, all
3 of that's to say, uh, through programs like AfterCare
4 to build on what we have started. And I think we're
5 go... We're... I would measure our success as our
6 effectiveness of getting the word out about what we
7 have built through programs like AfterCare, but not
8 just AfterCare, through our community based
9 organizations. We are there. I think we have done a
10 great job over the last couple of years in helping a
11 lot of New Yorkers. Now we need to get them all to
12 be aware of Long COVID and to know how to get into
13 care.

14 CHAIRPERSON MOYA: Great, uh, thank you. Thank
15 you, Dr. Long, thank you, Dr. Quinn. I'd like to now
16 turn it back over to, uh, Chair Narcisse.

17 CHAIRPERSON NARCISSE: Thank you, Chair Moya.

18 And, one of the things I can tell you, I am so
19 happy that we have a hearing with a real doctor
20 that's practicing. I hate talking to... You know, I
21 don't want to go there. I... (CROSS-TALK)

22 CHAIRPERSON MOYA: No, names are being
23 mentioned... (CROSS-TALK)

24 CHAIRPERSON NARCISSE: So, when we are talking
25 about health, and you're talking about somebody that

1
2 don't have no business in... Anyway, thank you so
3 much.

4 Now, I want to acknowledge our Council Member
5 that just joined us, Council Member Brewer, thank
6 you. And, we have some folks submitting written
7 testimony online and we thank them. And we want to
8 let them know that we will go through everything that
9 is submitted. So, uhm, like I said before, when it's
10 not the height of the pandemic, you're talking about
11 COVID, not many people are watching it, but for those
12 who take the time to do that and those who are in the
13 room, thank you, thank you, I really appreciate you.

14 Uhm, Dr. Long, some questions I have for you
15 here.

16 SENIOR VICE PRESIDENT LONG: Yeah.

17 CHAIRPERSON NARCISSE: Oh, with the CBOs, uhm, to
18 piggyback on what Chair Moya just was talking about,
19 what is the process that you use to determine who
20 gets the contract for AfterCare for Long COVID?

21 SENIOR VICE PRESIDENT LONG: Great question. Uhm,
22 so, uhm, so with... How we work with CBOs, there is
23 the piece of how we work with CBOs, and I am going
24 to, uh, I am going to go with Dr. Quinn in a moment,
25 uhm, how we work with CBOs to get the word out about

1
2 AfterCare, and there is the piece of the CBOs that
3 actually provide for us the actual AfterCare
4 Navigators. Uh, so we have been working with the
5 Chinese-American Planning Council, BronxWorks, and
6 CUNY for a while. Actually, their previous role was
7 to provide for us our resource navigators. So, in
8 New York City, we have always had a unique way of
9 connecting people to whatever resources you might
10 need if you have COVID or if you have been exposed.
11 We've had our free hotel program, we have delivered
12 more than 2 million free meals to people. One of the
13 things that I am really proud of, I hate to belabor
14 the point, but I am so proud of this site and I will
15 tell a quick story if I may, uh, is I have had a lot
16 of my patients over the years tell me ,you know, that
17 when they have COVID, uhm , ,you know, they have to
18 go to work the next day, uh, they're often times
19 undocumented immigrants, and they have to make the
20 choice of, *Do I go to work infectious to support my*
21 *family? -- which is the wrong public health answer --*
22 *Or, do I stay home and not get paid, if I don't*
23 *qualify for paid sick leave, and jeopardize my*
24 *family's financial future, potentially getting*
25 *evicted? That's false choice that nobody in this*

1
2 world should ever have to make. Now, listening to my
3 patients that actually triggered a thought that we
4 had, which was that we, through our resource
5 navigators, created a direct cash assistance program,
6 which I am proud in New York City we had --I don't
7 know if any other places had this -- where we were
8 able to pay you to not have to make that false
9 choice. Because it's not a choice choosing between
10 your family getting evicted and doing the right thing
11 for public health. So, we enabled New Yorkers to
12 make what is the only choice, the right choice to
13 stay home and not lose their apartment for their
14 family.

15 So things like that, our resource navigators, for
16 the last two years, have worked with people on. So,
17 building off of their ability to engage with people,
18 those same CBOs with a lot of the same navigators
19 themselves, are switching into this new role. These
20 are the world experts, both these CBOs and the
21 navigators, in talking to you about meeting you where
22 you are, to Council Member Moya's earlier point,
23 about figuring out what your unique needs are and
24 formulating a plan with you.

25

1
2 Before it was formulating a plan if you had
3 COVID, now it's formulating a plan if you have Long
4 COVID. But, that's how we work with these CBOs, and
5 that's where these navigators come from. They are
6 very, very good at what they do.

7 For the question of the other CBOs we work with,
8 that's where I'll turn to Dr. Quinn in a moment, uh,
9 we have a couple of different buckets of CBOs that we
10 work with in terms of getting the word out about, uh,
11 what we are doing, you know, acting as our trusted
12 messengers. We have our T2 CBOs; we have our NYC
13 Care CBOs; and we have the new network we've built
14 getting home tests out. And I'll turn to Dr. Quinn
15 to talk about the other CBOs relationships that The
16 Department of Health has.

17 DEPUTY COMMISSIONER QUINN: Right, so specific to
18 COVID, we have, uhm, a lot of the public health
19 corps. CBOs are focused on COVID, Long COVID,
20 vaccination, testing, a lot of these topics at the
21 moment. But, there are also CBOs that have a lot of
22 experience in their communities working on a number
23 of different health topics and public health topics.
24 So, it really runs the gambit.

25 CHAIRPERSON NARCISSE: Thank you.

1
2 Before I turn it to our colleagues, that just
3 came in, Gale Brewer, that has questions, I have a
4 couple of questions for you.

5 Those with Long COVID may experience stigma, and
6 we talked about the stigma before, have difficulty
7 explaining or providing their symptoms and they may
8 lack definitive answers as to why they are
9 experiencing the long term effects they have. As the
10 CDC points out, people with Long COVID may develop
11 and continue to have symptoms that are hard to
12 explain and manage. While clinical evaluations and
13 results are routine blood tests, chest x-rays, and
14 electrocardiograms may be normal. Have you heard of
15 such instances from patients?

16 SENIOR VICE PRESIDENT LONG: Too often that's
17 happening. And that is why, you know, I think it's
18 important to have a program like AfterCare where,
19 uhm, you know, you may have symptoms that may be
20 having different meanings in your life. They may be
21 confusing to you, they may be confusing to your
22 doctor. And, what you need sometimes maybe is to
23 have a doctor who understands or maybe it's not a
24 doctor at all that you need. But, AfterCare, the
25 reason we have structured it as we have is to be able

1
2 to help meet you wherever you are. That's I think
3 has been one of our most successful mantras with
4 COVID, is we have to meet everybody where they
5 uniquely are. So whatever needs you have, our
6 AfterCare Navigators specialize in figuring them out
7 with you.

8 To your point, though, we are also hearing -- and
9 this is brought in the COVID symposium, that there
10 are doctors out there who are less familiar with Long
11 COVID than other doctors are. That's why Dr. Quinn,
12 and I will turn it to her in a moment, has sent out
13 the provider letter and we are thinking together
14 about how we can make sure that we are able to have
15 all doctors feel comfortable treating patients with
16 Long COVID or, honestly, knowing when to say, *I don't*
17 *know*.

18 DEPUTY COMMISSIONER QUINN: Yeah, I don't have a
19 lot to add, but, you know, the... We would encourage
20 people to read the Dear Colleague Letter that was
21 sent on June 7th, because I think it actually does a
22 really nice job of explaining why it's important for
23 providers when they're evaluating any symptom to
24 really listen to their patients without stigma to try
25 to search answers, even when some of those might not

1
2 be easily findable, given that this is an emerging
3 condition, uh, and to think of Long COVID when they
4 are faced with a difficult diagnostic challenge.

5 CHAIRPERSON NARCISSE: Do you keep on updating
6 your website to additional symptoms that come out?
7 Because, alopecia, I didn't know that alopecia was
8 part of it, which is hair loss, sorry. Uhm, I didn't
9 know that it was part of COVID until I started
10 talking to a few folks, and they told me, yes, they
11 suffer alopecia due to COVID, because they never had
12 alopecia before.

13 DEPUTY COMMISSIONER QUINN: Yes, there is such a
14 wide variety of symptoms that can be -- and we are
15 learning may be associated with having had COVID-19,
16 so we do try to keep our website as up to this date
17 as possible with the emerging science. But, I think
18 the message that we are trying to get across to
19 providers is to think Long COVID for any really wide
20 range of symptoms. We don't want people to close off
21 their minds to the possibilities, when... based on
22 the symptoms that they're looking at, because we
23 really don't understand what is the underlying cause
24 of the symptoms that are associated with Long COVID -

1
2 - yet. And so that is why there is such a wide
3 variety of conditions that could be associated.

4 CHAIRPERSON NARCISSE: So, definitely we have to
5 keep on talking about it as we go along. Like I
6 said, I don't think COVID-19 is going to leave us any
7 time soon. So, we have to be alert and, uh, focused.
8 And thank you for, you know, things that... the work
9 that you're going. Thank you.

10 I am now going to pass it on to Council Member
11 Brewer because she has a question.

12 COUNCIL MEMBER BREWER: Thank you very much. I
13 think if we... If all of the doctors were like you,
14 we wouldn't have a healthcare crisis. So, I
15 appreciate... Because they're not, I can tell you
16 that from personal experience.

17 I am more interested in the... if there is data
18 on the housing and the job issues? And, I don't know
19 if that is something that you collect. I am the
20 author of the Open Data bill and I am very data
21 oriented. So, because goodness knows that you're
22 doing the best you can on the healthcare, but, you
23 know, housing and jobs are a whole other world.

24

25

1
2 So, with your CBOs your three or your larger
3 universe, do you keep track of those... I call them
4 constituent issues, but there is better term.

5 SENIOR VICE PRESIDENT LONG: Yeah, I'll start and
6 then I'll turn it to Dr. Quinn, too.

7 So, uh, for AfterCare, when we're talking with
8 you about what your needs are, we absolutely do. So,
9 I can share the data with you, and some of it is on
10 our website as well. But, I'll send you a... We'll
11 send you a note to give it to you directly. Because
12 what we do is we walk through, uhm, you know, if
13 you're having economic issues, is it related to "x"
14 or "y", is it housing? Uhm... (CROSS-TALK)

15 COUNCIL MEMBER BREWER: And they're not so easy to
16 solve. That's why I'm asking [INAUDIBLE 01:14:33]
17 ... (CROSS-TALK)

18 SENIOR VICE PRESIDENT LONG: Yeah, yeah, yeah, no,
19 totally.

20 COUNCIL MEMBER BREWER: Okay. So, are you able
21 to... I mean, what I want to do is see them. Are
22 they solvable? We don't want anybody to end up
23 homeless. We don't want anybody to end up jobless.
24 And none of that should be happening over... If it's
25 not happening at all, and all 100% of your patients

1
2 are housed and have jobs, fine. But, I think that
3 would be something to look at unless you have
4 already.

5 SENIOR VICE PRESIDENT LONG: No, I mean I think
6 the data we have shows that it is an important
7 problem. The data that we have agrees with you.
8 Uhm, and specifically with respect to housing, uh,
9 you know, our AfterCare Navigators, uh, can connect
10 you to HRA. It can figure out if there's anything
11 that... (CROSS-TALK)

12 COUNCIL MEMBER BREWER: That doesn't... I won't
13 use a bad word.

14 SENIOR VICE PRESIDENT LONG: Please... (CROSS-
15 TALK)

16 COUNCIL MEMBER BREWER: Okay... (CROSS-TALK)

17 SENIOR VICE PRESIDENT LONG: [INAUDIBLE 01:15:11]

18 COUNCIL MEMBER BARRON: It doesn't... It's
19 not... do any good. Just so you know. Okay.

20 SENIOR VICE PRESIDENT LONG: Well, and actually on
21 that point, if I may, uhm... (CROSS-TALK)

22 COUNCIL MEMBER BREWER: One shot and some money.

23 But, it doesn't keep you in our home forever. Now go
24 ahead.

1
2 SENIOR VICE PRESIDENT LONG: If there is more our
3 AfterCare Navigators can do, I... We would be
4 happy... Maybe offline we can [INAUDIBLE 01:15:27]
5 with you... (CROSS-TALK)

6 COUNCIL MEMBER BREWER: Well [INAUDIBLE 01:15:28]
7 even... I am the best AfterCare Navigator around.
8 Okay? Uh, there is nothing I can't do. I can get
9 20... I can get you \$29,000 for a one shot, and I
10 can get you all the money. But, it's still doesn't
11 solve the overall problem if you can't pay the rent
12 in the future. Right? So, without getting...
13 (CROSS-TALK)

14 SENIOR VICE PRESIDENT LONG: Understood,
15 understood.

16 COUNCIL MEMBER BREWER: into all of the specifics.
17 So, that's what I'd like to know, whether the...
18 What the job and housing situation is just to see the
19 list and whether they're actually working or not.

20 SENIOR VICE PRESIDENT LONG: We'll share data with
21 you... (CROSS-TALK)

22 COUNCIL MEMBER BREWER: Just because you're a
23 navigator doesn't mean you can solve the problem.

24 SENIOR VICE PRESIDENT LONG: Yeah, I agree, and
25 we'll share the data with you... (CROSS-TALK)

1
2 COUNCIL MEMBER BREWER: Okay.

3 Second, in terms of, yes, everybody had a great
4 experience with the free vaccinations and so on and
5 so forth. So, we do need to build on that. So, the
6 question I have is, I know you talked about it, but,
7 like, is that something that as a result of this
8 collaboration, coordination -- which is not normal
9 for New York City -- as you know. Then, uhm, I... I
10 have been doing this a long time. Then, uh, what are
11 we doing to see... Because your patients appreciated
12 it, the City appreciated it. Do we have, I know that
13 we... I know all about you have to, uh, [INAUDIBLE
14 01:16:32] obviously you don't share, uh, information,
15 because that's not appropriate, and I got that. But,
16 do we know all the pharmacies that have been
17 participating? Do we know all... Who is looking to
18 see how do we solve this healthcare desert problem,
19 where there's nobody taking care of a community in
20 terms of healthcare? And, people found the
21 pharmacies, they found the places where they were...
22 I know I did a whole lot of, you know, uh, finding a
23 barber shop that would do something... That's what
24 we did. Is somebody looking at all of that to see
25 how we need to replicate that? If Mrs. Jones went to

1
2 the pharmacy, then she perhaps would go back if there
3 was something there for her to go back to.

4 SENIOR VICE PRESIDENT LONG: Mm-hmm

5 COUNCIL MEMBER BREWER: Because, we're... You
6 know, people are not going to go to the health
7 centers necessarily. How are we thinking about... In
8 other words, how can we change the quality and the
9 outreach of healthcare in the future?

10 I know you're thinking that way, but I just want
11 to know specifically.

12 SENIOR VICE PRESIDENT LONG: Well, I'll start and
13 I'll turn it to Dr. Quinn.

14 I think one of the things that is very important
15 to me, again, as a primary care doctor, is thinking
16 about what we have done that has been successful
17 during COVID, and bridging that... (CROSS-TALK)

18 COUNCIL MEMBER BREWER: Correct.

19 SENIOR VICE PRESIDENT LONG: into being a
20 permanent part of our healthcare system.

21 COUNCIL MEMBER BREWER: Right.

22 SENIOR VICE PRESIDENT LONG: So, for example, our
23 Street Health Outreach & Wellness program or SHOW
24 program, uh, which I know you're familiar with,
25 that's the example of we... Why did we start that?

1
2 Because homeless people living on the street were not
3 getting vaccinated, and they were at risk and we
4 needed to help them.

5 COUNCIL MEMBER BREWER: Yep.

6 SENIOR VICE PRESIDENT LONG: Uh, figured out that
7 the best way to help them is to figure out what they
8 needed, maybe it's food, maybe it's treating their
9 wound, and then they're willing to get vaccinated.
10 That's so successful as a mantra though; that program
11 isn't going anywhere, and I am even actually expanded
12 that now, we have more units now than we did, you
13 know, six months ago. So, that's one thing that we
14 want to do to keep going. And specifically with
15 respect to vaccines and pharmacies and things like
16 that, one of the things that I have also learned
17 through COVID is something that I want to continue to
18 build is really we have to meet people where they
19 are. And I think our mobile infrastructure that we
20 have built has been our way of achieving equity
21 there. And it has been one of our more... most
22 successful elements both for testing, vaccinations,
23 and for other things in the future -- and we should
24 think about what those things should be--uh, but I
25 talk a lot. Uhm... (CROSS-TALK)

1
2 COUNCIL MEMBER BREWER: Keep going.

3 SENIOR VICE PRESIDENT LONG: But, I am very
4 interested in thinking together, too, Council Member
5 Brewer, about how we can take more of what we've done
6 with COVID that has been successful, especially from
7 your perspective, and continue to grow it.

8 Community health workers that were former contact
9 tracers is another example... (CROSS-TALK)

10 COUNCIL MEMBER BREWER: Yeah. Because, what
11 happens there, you go back to the way we were, and
12 that group still gets continually underserved. Go
13 ahead, Dr. Quinn.

14 DEPUTY COMMISSIONER QUINN: Yeah, I think Dr. Long
15 gave some really excellent examples. And I would
16 also add that we really built on our relationships
17 with our community based organizations, making them
18 part of the public health corps, bringing them closer
19 in to some of the programs that The Health Department
20 has around a range of different ,you know,
21 conditions. And so that is part of what we are doing
22 to help build trust with the community to help... to
23 help facilitate that connection to care and
24 connection in to the healthcare delivery services...

25 (CROSS-TALK)

1
2 COUNCIL MEMBER BREWER: Are they being funded for
3 this? I know the three that you mentioned are, but
4 the other ones partners, so we're... Are they being
5 funded? In other words, do we need... I think about
6 the 9/11 Fund, right? Successful. Different group
7 of people. Not so many languages. Not so
8 challenging, because people do, uh, know about it. I
9 can... I've spent hours with borough presidents and
10 getting more people to participate. But, uh, it's
11 well known.

12 So, the question is, with your... we're working
13 with these CBOs, but they don't survive on air. So,
14 are you... Do we need a new fund, for lack of a
15 better word, that would help them get funded to do
16 this work?

17 DEPUTY COMMISSIONER QUINN: Uh, so [INAUDIBLE
18 occurring 01:20:00]... (CROSS-TALK)

19 COUNCIL MEMBER BREWER: Because I haven't heard
20 that discussed.

21 DEPUTY COMMISSIONER QUINN: Our public corps CBOs
22 are funded, uh, but we will never turn down more
23 funding to do more great work with them... (CROSS-
24 TALK)

25

1
2 COUNCIL MEMBER BREWER: I know, but are you asking
3 for... In other words, you're... What you're saying
4 is you're... So, the CBOs that are part of the
5 public health fund, is that what you're saying? They
6 are all funded?

7 DEPUTY COMMISSIONER QUINN: The public health...
8 What our... (CROSS-TALK)

9 COUNCIL MEMBER BREWER: You have your own corp...
10 (CROSS-TALK)

11 DEPUTY COMMISSIONER QUINN: [INAUDIBLE 01:20:18]
12 public health corp... (CROSS-TALK)

13 COUNCIL MEMBER BREWER: You have your own corps?
14 Right, that's... (CROSS-TALK)

15 DEPUTY COMMISSIONER QUINN: Right, community based
16 organizations are funded on contracts with The Health
17 Department.

18 COUNCIL MEMBER BREWER: Okay. So, you think you
19 have enough? Because it sounds to me like there are
20 a lot of folks who are not accessing healthcare. And
21 there is a reason for that, which is that they don't
22 know about it, they don't feel comfortable with it,
23 etc.

24 DEPUTY COMMISSIONER QUINN: There is always more
25 we can do with more funding.

1
2 SENIOR VICE PRESIDENT LONG: Alright, and if I may
3 make an additional point, I think in terms of folks
4 that haven't accessed healthcare, the NYC Care CBOs
5 are really an important piece of that as well.
6 Between those and between the CBOs, for the public
7 health corps now, uh, I really do believe that our
8 grassroots approach to COVID has been why we have
9 been so successful as a city. And, I really do
10 believe we need to make sure -- together -- from your
11 perspective more than mine, that we are continuing to
12 meet that.

13 COUNCIL MEMBER BREWER: Okay. How do you work
14 with the pharmacies just to [INAUDIBLE 01:21:03]...
15 (CROSS-TALK)

16 CHAIRPERSON MOYA: Uh, Council Member, I'm just...
17 The time expired, we're going to... (CROSS-TALK)

18 COUNCIL MEMBER BREWER: Right, okay... (CROSS-
19 TALK)

20 CHAIRPERSON MOYA: Come back to you...

21 COUNCIL MEMBER BREWER: Okay... (CROSS-TALK)

22 CHAIRPERSON MOYA: If you want to come for a
23 second round. Thank you.

24 COUNCIL MEMBER BREWER: Just... I just want to
25 ask them about the pharmacies, and then I'll stop.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

So, how do you work with the pharmacies?

CHAIRPERSON MOYA: Okay, please, uh, you can answer that.

SENIOR VICE PRESIDENT LONG: You mean with respect to continuing to connect people to treatments, vaccines?

COUNCIL MEMBER BREWER: Pharmacies or the doctor.

SENIOR VICE PRESIDENT LONG: Do you want to start?

DEPUTY COMMISSIONER QUINN: Uh, sure, so I... You know, we have several different programs that The Health Department does with pharmacies around different topics. So, this might be a good thing to follow up with later.

COUNCIL MEMBER BREWER: Alright, thank you.

CHAIRPERSON MOYA: Thank you. We'll turn it over to Chair Narcisse.

CHAIRPERSON NARCISSE: Thank you, everyone. Uh, like I said, I wish the room would be packed, but we know we're know we're not in the height of the pandemic, but the people, the folks that really keep it going and everyone in the room, those who have submitted their testimony online, I want to say thank you. We acknowledge you for taking the time, because this pandemic is a long pandemic. So, we are going

1 to have to continue doing the work. And, Dr. Ted
2 Long, thank you. Dr. Celia Quinn, thank you for
3 being here. And, uh, before I close, I would like to
4 pass it on for my colleague to make his closing
5 remarks. And, uh... (CROSS-TALK)

6 CHAIRPERSON MOYA: [INAUDIBLE 01:22:31]

7 CHAIRPERSON NARCISSE: Because we're done, uhm,
8 any more... Pretty much...

9 COMMITTEE COUNSEL: [INAUDIBLE 01:22:39]

10 CHAIRPERSON NARCISSE: Oh, members of the public,
11 do we have questions? Oh, so I cannot close, see if
12 they have testimony. I thought we had [INAUDIBLE
13 01:22:44]

14 COMMITTEE COUNSEL: [INAUDIBLE 01:22:44]

15 CHAIRPERSON NARCISSE: Okay, so I will pass it on
16 to Harbani Ahuja, please, so you can take it on,
17 thank you.

18 COMMITTEE COUNSEL: Thank you, Chair, and thank
19 you to the administration for your testimony.

20 We are going to move on to public testimony at
21 this time.

22 We have registrations from Anthony Feliciano,
23 Annabelle Ng, and Alejandro [INAUDIBLE 01:23:09].

24 Uh, at this moment, I am only seeing Annabelle Ng
25

1
2 present on the Zoom. So, we will turn it over to you
3 for testimony. You may begin as soon as soon as
4 you're ready.

5 SERGEANT AT ARMS: Starting time.

6 ANNABELLE NG: Hi, my name is Annabelle Ng, and I
7 am the Health Policy Associate at the New York
8 Immigration Coalition (NYIC). We really thank the
9 Chairs and Council Members of the Committee on
10 Hospitals and Subcommittee on COVID Recovery and
11 Resiliency for the opportunity to testify today.

12 The NYIC is an advocacy and policy umbrella
13 organization for more than 200 multi-ethnic, multi-
14 racial, and multi-sector groups across the state
15 working with immigrants and refugees.

16 As researchers continue to uncover the effects of
17 COVID-19 on one's health and why certain individuals
18 develop post-COVID conditions, it is clear that
19 COVID-19 can cause a wide range of ongoing health
20 problems that may last long after an individual has
21 been infected with the virus.

22 As you have mentioned, the debilitating symptoms
23 of long COVID are not only physical but also mental.

24 Long COVID has affected our communities and
25 myself personally. For almost a year following a

1
2 relatively mild case of COVID, I experienced fatigue
3 and parosmia—a condition that made almost all food
4 smell and taste unpleasant. It became difficult for
5 me to eat and get through my day, and because my
6 doctor had no information about how my symptoms could
7 be treated, I was told to simply wait it out.

8 And just as low income individuals, immigrants,
9 and people of color have suffered disproportionately
10 from the pandemic and inequitable COVID testing and
11 vaccinations, these communities will continue to
12 experience significant barriers to accessing
13 culturally appropriate long term care especially for
14 conditions that are not fully understood.

15 Immigrant New Yorkers in particular have suffered
16 reduced access to health services throughout the
17 pandemic because of the state's persistent health
18 insurance discrimination against those without
19 status. Many immigrants still lack access to the long
20 term care that is required to manage post-COVID
21 conditions.

22 We are encouraged by the continued partnership
23 with community-based organizations to conduct NYC
24 Care-specific outreach and the elimination of the
25 six-month residency eligibility requirement, which

1 enables more New Yorkers living in the five boroughs
2 to access NYC Care.

3 We urge NYC Health + Hospitals and City Council,
4 in its oversight role, to ensure that all low-income,
5 immigrant COVID long-haulers can receive the care
6 they need. And most of all we cannot achieve,
7 equitable recovery from the COVID-19 pandemic without
8 addressing both physical and mental health needs of
9 vulnerable communities and providing coverage for ALL
10 New Yorkers regardless of their immigration status.

11 Thank you for the opportunity to submit this
12 testimony.

13 CHAIRPERSON NARCISSE: And, thank you so much for
14 being here. And, uh, like I said, it's popular, but
15 when we have organizations that come on to testify, I
16 appreciate that.

17 And, what community are you... Do you serve,
18 mostly?

19 ANNABELLE NG: We serve immigrant communities
20 from... yeah, all over in New York State, many of
21 whom are undocumented.

22 CHAIRPERSON NARCISSE: Yes, and do you find that
23 during the height of the pandemic, because they don't
24

1
2 have documents, were they able to get services during
3 that time with the height of the pandemic?

4 ANNABELLE NG: Uh... (CROSS-TALK)

5 CHAIRPERSON NARCISSE: Were they able to get
6 services? Or you had difficulty for them getting
7 services? Or, were they able to come out, not be
8 afraid to get the services?

9 ANNABELLE NG: Yes, I think that one of the
10 biggest barriers for them to access services was
11 their lack of insurance coverage beyond emergency
12 Medicaid. That was a barrier that continues to
13 remain for many immigrant communities despite the
14 progress that we made with the state budget this
15 year... (CROSS-TALK)

16 CHAIRPERSON NARCISSE: Mm-hmm

17 ANNABELLE NG: for our seniors and postpartum,
18 uhm, people. But, we have also seen how, uh, as you
19 have all mentioned previously, uh, people, for a
20 variety of reasons did not access care whether it was
21 because they had to keep working and could not risk
22 losing income, or just having vaccine hesitancy
23 because of history racist discrimination that they
24 experienced in the healthcare system, those factors

1
2 were things that we all experienced throughout the
3 pandemic.

4 CHAIRPERSON NARCISSE: Mm-hmm, thank you. And one
5 of the things the council member next to me, Council
6 Member Brewer, spoke about, so I am going to pass it
7 onto her since I am sure she has questions. Uh,
8 Council Member Brewer, do you have any questions for
9 Annabelle from NYIC?

10 COUNCIL MEMBER BREWER: Thank you very much. My
11 question is specifically, I know you mentioned NYC
12 Cares and insurance as the barriers, but what would
13 you suggest would be the way that individuals who do
14 not get healthcare now, maybe had a good experience
15 when they were vaccinated, should continue to get
16 their healthcare? What would be your dream
17 healthcare for these individuals? I know your
18 organization very well.

19 ANNABELLE NG: Uh, my dream, uhm, I think it would
20 be ideal, uh, and really needed if, you know, like no
21 matter what language you speak or what culture you
22 come from that when you are experiencing pain or any
23 sort of health issue that you can be quickly
24 connected to someone who can help solve and manage
25 that health problem, and for, you know, whatever

1
2 healthcare setting that you enter to manage those
3 symptoms that is a trusted place. And, yeah, that
4 there is not cost barrier... cost barrier when you
5 have to get medication or get treatment for those
6 conditions.

7 COUNCIL MEMBER BREWER: Thank you.

8 CHAIRPERSON NARCISSE: Any, questions, Council
9 Member Moya? No, Council Member Moya has no
10 questions? So, I just want to say thank you so much
11 for your patience being here with us and being able
12 to contribute to what we are trying to do -- making
13 sure that we have quality healthcare for all, and
14 focus on preventive care. And my colleague just
15 mentioned about the housing, it's like you just get a
16 one shot deal, and we know the problem, and having
17 you testify means a great deal to all of us, so,
18 thank you.

19 ANNABELLE NG: Thank you.

20 CHAIRPERSON NARCISSE: Now, is there any more
21 questions for... from anyone from the public?

22 So, I am going to turn it to Council Member Moya,
23 uh, Chair of COVID Recovery for closing remarks.

24 CHAIRPERSON MOYA: Thank you, Chair Narcisse. I
25 just want to say thank you to the administration, and

1
2 thank you to, uh, Chair Narcisse and my colleagues
3 for this great hearing today and to the public. But,
4 I want to just give a big shout out today to Em
5 Balkan who is having her last hearing here. I can
6 only say, thank you so much for the great work that
7 you have done here at The Council and for this
8 committee. I am very, very fortunate to have had the
9 opportunity to work alongside of you. I think you
10 have made us a better place, and you have done, uh,
11 really great in ensuring that we were taking on the
12 issues that mattered most, uh, for a lot of needy New
13 Yorkers. You have played a major role in how our
14 policies have been developed here, and we just want
15 to say thank you so much for the great work that you
16 have done, and we wish you all the best in your
17 future endeavors. Thank you.

18 CHAIRPERSON NARCISSE: Thank you, Council Member
19 Moya. And, should I go on for Em Balkan, because she
20 had so much patience with us, as a rookie coming in,
21 for the policies, for... I know you have been with
22 her for a long time, but for my short period of time,
23 I really appreciate you. You, for me, like I said,
24 you're the best. Don't get, jealous, you're the
25 best. You are the best. You have been very patient

1
2 with us, and your knowledge is remarkable, very much
3 and you're willing to share your knowledge and have
4 patience to teach others. And, I appreciate that.

5 Wherever you go, I know you're going to be great.

6 But, I am hoping during my time here, you're coming
7 back, so you can finish here and then come back.

8 So, I want to say thank you to Harbani Ahuja, we
9 can say all of that for you, but you are not leaving
10 us, and we don't want you to go.

11 I want to say thank you to Council Members
12 Brewer, Rita Joseph, and Brennan, and Council Member
13 Barron, who called in that he could not make it. So,
14 thank you, and to everyone that testified, and the
15 doctors, everyone.

16 So, thank you. Now, I cannot stop saying thank
17 you to my staff, Saye Joseph, Frank Shea, Stephanie
18 Laine, Kim Robinson, Bonnie Solomon, Irene Khlevner,
19 and Evens Prosper. Thank you, because while I am
20 here, you keep the office going, so I thank you so
21 much, and God bless. I appreciate everyone, thank
22 you.

23 [GAVELING OUT] [GAVEL SOUND]

24 We're done.

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 August 10, 2022