NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Ashwin Vasan, MD, PhD
Commissioner

Testimony

of
Ashwin Vasan, MD, PhD
Commissioner
New York City Department of Health and Mental Hygiene

before the

New York City Council

Committee on Health

on

Oversight - Monkeypox Virus (MPV) in New York City

August 24th, 2022
City Council Chambers
New York, New York

Good morning, Chair Schulman and members of the committee, I am Dr. Ashwin Vasan, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined today by my colleague Dr. Torian Easterling, First Deputy Commissioner and Chief Equity Officer— who will be supporting me in answering your questions today.

I want to start by thanking you all for the opportunity to testify and provide an update on the City's response to the ongoing public health emergency of monkeypox, which for the purposes of this hearing, and for reasons which I have publicly explained related to language, stigma, and discrimination, I will refer to MPV going forward. As we all know, New York City is once again the epicenter of an outbreak of a relatively unknown (to us) infectious disease in this country, and we are responding with the urgency and equity this serious virus merits. As of yesterday, we have 2,794 confirmed cases of MPV in our City, which makes up 18% of cases in the country. In recent days we have seen cases begin to fall, and transmission slow, due in no small part to our City's efforts to get tens of thousands of people vaccinated, the heroic efforts of community leaders and advocates to disseminate messages around primary prevention and behavior modification, and of course community members themselves. All of this is clearly taking hold and having a positive effect in slowing this outbreak.

I want to take this opportunity to educate New Yorkers about the virus, and address what we do and do not yet know about its behavior in the current outbreak.

MPV is a contagious disease caused by the monkeypox virus, a member of the family of orthopoxviruses, and related to smallpox. There are now over 42,000 cases in 88 countries where the virus had not been previously seen. The World Health Organization, the US federal government, New York State and New York City, have all declared a state of emergency due to the rapid spread of the virus. The most common symptom is a rash or sores, and some people also experience flu-like symptoms. While usually these symptoms are self-limited and self-resolving, the discomfort and shame caused by this disease should not be understated. Symptoms can last for several weeks and can be very painful. We are seeing the virus spread mostly during sex and other intimate contact. MPV can also spread through direct, usually prolonged, contact with the rash or sores of someone with the virus; contact with items—such as towels and sheets— they may have used; and prolonged face to face contact. We *do* know that MPV is less contagious than COVID-19 or the flu. There are still unknowns about whether asymptomatic spread can occur, and whether the presence of virus in semen, blood, and vaginal fluids means that sexual transmission is a primary mode of spread.

Anyone **of any sexual orientation or gender identity can get MPV.** *Currently*, reported cases in New York City, in the U.S., and across the world show that the virus is spreading primarily in the social circles and networks of gay, bisexual, and other men who have sex with men, and among transgender, gender-nonconforming and nonbinary people. People in these communities with multiple or anonymous sex partners are currently at highest risk of exposure. While the current outbreak continues, the best way to protect yourself is to avoid sexual and other intimate contact **with multiple or anonymous partners.** The Department has put out guidance on how people can lower their risk, what precautions they can take, and harm reduction measures so people can best protect themselves *if* they choose to engage in high-risk activities. We are also working directly with health care providers to provide technical assistance on how to best care for patients with a suspected MPV infection.

Since the first reported case of MPV in New York City in May, the Department has mobilized efforts to ensure we are deploying all available resources to the communities impacted— focusing on how to get vaccines, treatment and testing to people as quickly and effectively as possible. Notably, we did this before a federal strategy was announced. This trailblazing effort has been very challenging, and I am proud to speak to the work our tireless staff has undertaken in the face of multiple ongoing public health crises.

New York City led the country in setting up the first MPV vaccine "extended post-exposure prophylaxis (PEP)" clinic using the very limited vaccine supply we had received from the federal government. Since that initial pilot in late June, and with the lessons learned throughout the process, we have been able to administer more than 63,000 doses of the MPV vaccine, more than twice the number of any other jurisdiction in the country. This has been done, mostly through our City-run sites, but also in close partnership with private healthcare providers and referrals from community-based organizations who are our partners in serving LGBTQ+ and BIPOC communities. In an environment of extremely constrained vaccine supply, we have adopted a delayed second dose strategy. After reviewing the data, we have concluded that significant protection is conferred from a single dose, if not as much as two doses. This has allowed us to protect more people through first dose vaccination and to help stop the spread of the virus.

Leveraging our experience and infrastructure from COVID-19, we mobilized 13 City-run vaccination sites— in the Health Department's Sexual Health Clinics, at mass vaccination sites across the boroughs and at NYC Health + Hospitals' locations. Appointments that are publicly available continue to be posted on the Vax4NYC platform and 877-VAX4-NYC call center on a rolling basis as vaccine allocation arrives from the federal government. We have also partnered with our colleagues at NYC Emergency Management to deploy text alerts via NotifyNYC in both English and Spanish to further our communication strategy.

We have prioritized data transparency throughout the response, making information available on our website as quickly as possible. Our website displays case and vaccination data, including demographic breakdowns by race and ethnicity, gender identity, sexual orientation, and borough. Last week, we released vaccination data that shows that while we have reached more than 63,000 New Yorkers so far– an enormous accomplishment and testament to the operational capability of our Agency and City— it also shows that there is work to do to realize full equity in vaccination rates. We remain committed to making sure that those at highest risk of exposure to MPV have speedy and equitable access to vaccine, testing, and treatment – particularly New Yorkers who have long borne the brunt of racism and its intergenerational impacts on access to and quality of health care. It is clear we have more to do, and I am happy to answer questions about the specific equity strategies we are deploying to address this. These new data show that our efforts are making a difference, but just as importantly, that we must double down to ensure the distribution gap is addressed.

This goes without saying, but COVID-19 has fundamentally shifted people's expectations of what a public health emergency response should look like, and what they should expect from their public health system at large. New Yorkers depend on us to rise to the occasion in crisis, and we strive to deliver for them. My team, leading the health apparatus of the City, is driving this response with

expertise, speed, and a focus on equity, while simultaneously fighting two other infectious diseases. Despite these challenges we have worked tirelessly to meet these demands. I am proud of the commitment, strength, and integrity of the Department's staff.

We cannot do this alone. The role of the City's public health agency is to strategize, organize and to plan our public health responses; to be the chief architect of public health for our city. But we work in partnership with sister agencies for some key aspects of execution and operations. For this response, we are working closely with Emergency Management to leverage broad city agency expertise across multiple disciplines, under a unified and coordinated public health vision. This is in addition to the Health Department's internal Incident Command System, which was activated at the end of June. ICS– as we call it— allows the Department to pull expertise from across the agency to support emergency needs.

Finally, we rely heavily on the federal government for vaccine supply, treatment procurement, and testing capacity. It has been extremely challenging to mount an effective and equitable response to MPV in an environment of limited access to vaccines, testing, and treatment. We are thankful for The federal government's efforts to expand access and we will continue to rely on these to mount an ongoing public health campaign at this scale. We also work in close collaboration with the New York State Health Department and thank them for the actions they have taken to help facilitate our work, including redirecting their relative oversupply of vaccines back to New York City, and the declaration of an Imminent Threat to Public Health, which allows us to temporarily increase our Article 6 match rate from the State for core public health functions related to the response.

This work, and the work to respond to public health crises to come, requires a massive investment and attention to the public health workforce, our public health infrastructure, and empowerment of public health leadership. I hope that this is an opportunity to draw attention to these needs in the City, which is often the first port of call for infectious outbreaks in our nation, and in the country. To meet the expectations that New Yorkers, and all Americans, have of their public health systems, we need to renew trust, and that begins by investing in public health, including its workforce, its data systems, communications, its physical infrastructure, and its position in balancing prevention and treatment to achieve population health goals, in our case, to improve the health and wellbeing of all New Yorkers.

I want to take a moment to thank the Council specifically, and especially Chair Schulman, for your continued efforts to engage directly with the community and offer your support to the Department. As public health leaders, we rely on your partnership to get accurate and timely information out to your constituencies, as well as to escalate any issues, concerns, and problems that you hear from them. We will continue to work collaboratively, while prioritizing equity, leading with compassion, and keeping New Yorkers healthy. I look forward to hearing your questions and answering thoughtfully and to the best of my ability. Thank you once again for the opportunity to be here today.

CALLEN-LORDE

TESTIMONY BEFORE THE NEW YORK CITY COUNCIL
Committee on Health
August 24, 2022

Submitted by Anthony Fortenberry
Chief Nursing Officer

Good afternoon, Chairperson Schulman and the entire membership of the committee on Health for holding this hearing – we join your commitment to addressing MPV.

My name is Anthony Fortenberry, my pronouns are (he/him/his), and I serve as a Chief Nursing Officer for Callen-Lorde Community Health Center. Callen-Lorde provides gender affirming services focused on New York City's lesbian, gay, bisexual, and transgender communities while remaining welcoming to all, regardless of ability to pay. Callen-Lorde saw its first patient with a confirmed case of Monkeypox (MPV) on June 3, 2022. Over the next six weeks, that number would rise to 54 patients with MPV symptoms, exposures, and confirmed diagnoses. Since then, we have seen a rapid increase in the number of cases – and with this increase comes several challenges.

The lack of adequate vaccination supply stunts efforts to gain widespread immunity and negatively impacts health equity. New York accounts for over 20% of current MPV cases in the United States[1] and almost 800,000 New Yorkers identify as LGBTQ[2]. The vaccine series requires two doses and we only received 6,000 JYNNEOS last week[3]. When healthcare is rationed in this way, only those with the most resources are able to access care. The patients served at our health center do not always have these resources. A third of our patients are uninsured and many struggle with income, housing, and food insecurity. 20% of our patients are living with HIV and 30% are transgender or gender non-binary. Our patients are those who have historically lacked appropriate healthcare access. A woefully inadequate supply of MPV vaccine will favor those most connected and able to access healthcare services.

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[1] Centers for Disease Control and Prevention. (2022). *Monkeypox: 2022 U.S. map & case count.* https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html

[2] New York State Department of Health. (2017). *Sexual orientation and gender identity: Selected demographics and health indicators New York State adults, 2014-2016.* https://www.health.ny.gov/statistics/brfss/reports/docs/1806_brfss_sogi.pdf

[3] New York City Department of Health. (2022). *Health department announces next allocation of monkeypox vaccine and the opening of new appointments.* https://www1.nyc.gov/site/doh/about/press/pr2022/monkeypox-next-allocation-vaccines-new-appointments.page

CALLEN-LORDE

Further, the lack of transparent data is a significant catalyst in driving a system of inequity. I do want to acknowledge that DOHMH recently released vaccine data publicly on its website. With this data, I hope that we can do better in making sure equity is at the forefront of our collective vaccination efforts.

Last, we request that each level of government work more closely with community health centers and community organizations on inclusive messaging. We've heard anecdotes of individuals being turned away from being vaccinated because of confusion around the definition of MSM or men who have sex with men – mistakes like this are counterintuitive to the mass efforts of addressing MPV. We should and can do better in speaking to various communities. Additionally, I request that we think about our sex-workers when providing guidance on how to stay safe. We caution against any rhetoric that potentially excludes or shames how individuals make a living.

In conclusion, we need more access to vaccine supply, we need equitable data, and we need more inclusive messaging to disseminate public health information. Community organizations, like Callen-Lorde, is a willing partner to address MPV in New York City.

Thank you.

For more information, please contact Kimberleigh J. Smith at Ksmith@Callen-Lorde.org or Kyron Banks at KBanks@callen-lorde.org.

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By Email

Chair Lynn C. Schulman
Members of the Committee on Health
The New York City Council
City Hall
New York, N.Y. 10007

August 22, 2022

Re: **Committee on Health August 24, 2022 Oversight Hearing – Monkeypox Virus (MPV) in New York City, File # T2022-1872**

Dear Chair Schulman and Members of the Committee:

We represent **Dr. Don Weiss**, a long-time Department of Health and Mental Hygiene (DOHMH) employee and whistleblower concerning flawed DOHMH messaging about the Monkeypox pandemic.[1] We submit this letter and **ask that it be treated as written testimony and included in the public record** for the above-captioned hearing scheduled for Wednesday August 24, 2022 at 10:00 am in City Hall. Dr. Weiss is the victim of retaliation; we ask for your assistance.

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[1] Government Accountability Project (https://whistleblower.org/) is the nation's leading whistleblower protection organization. Through litigating whistleblower cases, publicizing concerns and developing legal reforms, our mission is to protect the public interest by promoting government and corporate accountability. Founded in 1977, we are a nonprofit, nonpartisan advocacy organization.

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Executive Summary

Dr. Weiss is a physician and medical epidemiologist who has proudly served at DOHMH for 22 years. Until August 1, he was the Director of Surveillance within the Bureau of Communicable Disease (BCD), part of DOHMH's Division of Disease Control. In mid-July, Dr. Weiss raised significant concerns with *at least ten* DOHMH staff and managers, including Commissioner Ashwin Vasan, about DOHMH's wrong public messaging about Monkeypox endangering public health and safety. His concerns were ignored; the messaging was never corrected (it remains on DOHMH's Monkeypox web page). It quickly became apparent that DOHMH was not going to do anything. Dr. Weiss disclosed his concerns to the *New York Times*. Its July 18 article, *Debate Over Monkeypox Messaging Divides N.Y.C. Health Department*, is available https://www.nytimes.com/2022/07/18/nyregion/nyc-monkeypox-health-department-information-inaccurate.html.

Four days later, on July 22, 2022, Dr. Weiss was informed that he was being stripped of his duties. Effective August 1, 2022, he was transferred a new DOHMH Division and Bureau where he has never worked – the Division of Family and Child Health – specifically to the Bureau of Maternal, Infant, and Reproductive Health. There, he has been tasked with creating training

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materials for home visitation staff and reviewing and providing feedback on existing home visitation educational materials. The *only* "reasons" for the "transfer" are DOHMH's "effort to better align our operations" and agency "urgency." These are plainly pretextual. Dr. Weiss is a victim of whistleblower retaliation. He seeks reinstatement as BCD's Director of Surveillance.

Background

About Dr. Weiss

Dr. Weiss is a renowned medical epidemiologist. He is the most senior, experienced, medical epidemiologist at the DOHMH. He has authored over 80 peer reviewed publications and has mentored dozens of medical public health trainees, including U.S. Centers for Disease Control (CDC) Epidemic Intelligence Officers, Infectious Disease Fellows, and Medical and Master of Public Health students.

Over his 22 years at DOHMH, Dr. Weiss has led or participated in investigations on every major public health crisis affecting millions in the City, State, Nation, and World. They include: COVID-19 (he was in the team that identified the first case in the City); Zika Virus; Legionnaire's Disease; Ebola; Meningitis; Botulism; H1N1 Influenza; SARS-Cov-1; Bubonic Plague; Anthrax; and Hepatitis C. He has also served as a consultant to the NYC Office of the Chief Medical Examiner, the NYC Poison Control Center, the Department of Homeless Services, the Metropolitan Transit Authority, the US Open Tennis Tournament, and the National Basketball Association.

Dr. Weiss has also been the chief scientist for Syndromic Surveillance, a program created in New York City and respected by health departments around the world (numerous countries have visited to learn about the program). He also served as a consultant to the European Union CDC during the 2013 meningococcal outbreak in Europe.

Dr. Weiss has also consistently received the highest annual evaluations. Between 2014 and 2018, he was rated Outstanding – the highest rating – in three out of four years. For instance, for his 2018 evaluation finalized in April 2019 his supervisor wrote:

> Dr. Weiss is an extremely experienced, dedicated and competent public health physician who has a practical and seasoned approach to acute public health issues. He continues to demonstrate great intellectual insight and initiative in addressing communicable disease issues, with his focus in recent years on ways the Bureau can better address the challenges of multidrug resistant organisms … as well as to move the DOHMH to being more proactive in our efforts to ensure judicious antibiotic use. One of his greatest strength[s] is his attentive mentorship to both students and junior epidemiology staff and over the years, he has definitely done his part to contribute to the growth of applied public health epidemiology in local and state public health.

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About DOHMH and BCD

DOHMH employs a staff of over 6,000 throughout the five boroughs. It is one of the largest public health agencies in the world and, with over 200 years of leadership, is one of the nation's oldest public health agencies. It is also "behind the scenes with our disease detectives, investigating suspicious clusters of illness. Our epidemiologists study the patterns, causes and effects of health and disease conditions in New York City neighborhoods. These studies shape policy decisions and the City's health agenda."[2]

BCD is headed by an Assistant Commissioner -- to whom Dr. Weiss reported directly -- who reports to the Deputy Commissioner for the Division of Disease Control. According to the DOHMH organizational chart,[3] the Deputy Commissioner also supervises six other Bureaus. While serving as BCD's Director of Surveillance, Dr. Weiss supervised seven to nine direct reports and over 50 indirect reports.

Since 2011 BCD has been located in Long Island City. Prior to this the offices were at 125 Worth Street, in Manhattan. During his 22 years at DOHMH, Dr. Weiss has worked with dozens of epidemiologists at those locations and external to BCD.

About the Monkeypox Pandemic

Monkeypox is not a new human disease; it has been endemic in the nations of Central Africa for decades. Starting in May 2022 it began to spread across the globe and continues to do so. Growth has been explosive. According to the CDC, as of August 19, 2022 (at 5 pm ET), there were 41,358 confirmed cases worldwide, of which 40,971 are in locations that have not historically reported Monkeypox.[4] Prior to May 15, 2022 there were *no* suspected or reported cases in the United States.[5] The U.S. now leads the world, with 14,594 cases,[6] New York State

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[2] *About the NYC Department of Health and Mental Hygiene*, available at https://www1.nyc.gov/site/doh/about/about-doh.page.

[3] Available at https://www1.nyc.gov/assets/doh/downloads/pdf/public/dohmh-orgchart.pdf.

[4] Available at https://www.cdc.gov/poxvirus/monkeypox/response/2022/world-map.html.

[5] Available at https://www.cdc.gov/poxvirus/monkeypox/response/2022/mpx-trends.html.

[6] https://www.cdc.gov/poxvirus/monkeypox/response/2022/world-map.html.

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leads the U.S. with 2,744 cases,[7] and New York City leads the State with 2,596 cases (as of August 18 at 10 am).[8] Within the City, 2,405 are men, 2,047 are under 45 and 1,644 identify as LGBT+.[9]

On August 1, 2022, Mayor Adams issued Emergency Executive Order No. 158 declaring a Local State of Emergency relating to Monkeypox.[10] Governor Hochul issued a similar disaster order for New York State on July 29,[11] and the CDC activated its Emergency Operations Center for Monkeypox on June 28.[12] DOHMH activated its Incident Command System (ICS) for Monkeypox on June 21, 2022. The ICS is an established protocol for handling emergencies. As DOHMH's leading expert, Dr. Weiss participated in multiple ICS meetings until July 22 when he was stripped of that duty.

Timeline

DOHMH's Flawed Public Messaging

Initial, Appropriate Messaging

The City of New York first publicly disclosed Monkeypox on May 19, 2022. Then, DOHMH issued its first press release, *Health Department Investigating Possible Monkeypox Case in New York City*.[13] On May 26, DOHMH issued a second press release announcing that one New Yorker had been presumptively diagnosed with Monkeypox.[14] On June 23, DOHMH issued its

[7] https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html.

[8] https://www1.nyc.gov/site/doh/data/health-tools/monkeypox.page#surveillance

[9] Id.

[10] Available at https://www1.nyc.gov/assets/home/downloads/pdf/executive-orders/2022/eeo-158.pdf.

[11] Available at https://www.governor.ny.gov/sites/default/files/2022-07/EO%2020.pdf.

[12] Available at https://www.cdc.gov/media/releases/2022/s0628-monkeypox-eoc.html.

[13] https://www1.nyc.gov/site/doh/about/press/pr2022/monkeypox-possible-nyc-case.page

[14] DOHMH Press Release, *Health Department Update on Person Diagnosed with Presumed Monkeypox in New York City* (May 26, 2022), available at https://www1.nyc.gov/site/doh/about/press/pr2022/monkeypox-presumed-case-update.page.

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third press release on Monkeypox.[15] It announced the opening of a vaccine clinic, that "[a]nyone can get and spread monkeypox, but most cases in the current outbreak are among gay, bisexual or other men who have sex with men" (MSM), and that the "new vaccine clinic expands eligibility to all gay, bisexual, and other men who have sex with men (cisgender or transgender) ages 18 and older who have had multiple or anonymous sex partners in the last 14 days." The press release closed with the following messaging about prevention and care:

> To reduce the chance of getting or spreading monkeypox, do not engage in sex or other close physical contact (such as touching, massage, or kissing) if you or your partners are sick and especially if you or they have a new or unexpected rash or sores anywhere on the body. Avoid gatherings and direct contact with others if you are unwell or have a rash or sores. Wash your hands, sex toys and bedding before and after sex or other intimate activities.

This messaging continued in press releases issued on July 6, 2022,[16] July 11, 2022,[17] and July 14, 2022.[18]

Switch to Wrong and Dangerous Messaging

The messaging materially changed in the DOHMH press release issued on July 15, 2022.[19] The new messaging stated (and continues to state), with emphasis added:

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[15] DOHMH Press Release, *Health Department Launches Monkeypox Vaccine Clinic for People Who May Have Been Exposed to Monkeypox* (June 26, 2022), available at https://www1.nyc.gov/site/doh/about/press/pr2022/monkeypox-vaccine-clinic.page.

[16] DOHMH Press Release, *Health Department Announces Next Phase of Monkeypox Vaccine Strategy* (July 6, 2022), available at https://www1.nyc.gov/site/doh/about/press/pr2022/health-department-announces-next-phase-of-monkeypox-vaccine-strategy.page.

[17] DOHMH Press Release, *Health Department Announces Next Allocation of Monkeypox Vaccine and the Opening of New Appointments* (July 11, 2022), available at https://www1.nyc.gov/site/doh/about/press/pr2022/monkeypox-next-allocation-vaccines-new-appointments.page.

[18] DOHMH Press Release, *Health Department Announces New Details of Monkeypox Vaccine Strategy* (July 14, 2022), available at https://www1.nyc.gov/site/doh/about/press/pr2022/health-department-announces-new-details-of-monkeypox-vaccine-strategy.page.

[19] DOHMH Press Release, *NYC Health Department on Monkeypox Vaccination Strategy and Prioritization of First Doses* (July 15, 2022), available at

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> In addition to vaccine, prevention measures offer some level of protection. These include avoiding close physical contact if sick, especially if there is a new or unexpected rash or sore. **For those who choose to have sex while sick, it is best to avoid kissing and other face-to-face contact. Also, sores should be covered with clothing or sealed bandages. This may help reduce — but not eliminate — the risk of transmission.** Cleaning hands, sex toys, and bedding before and after sex or other intimate activities is advised. **When making plans, New Yorkers should consider the level of risk. Having sex or other intimate contact with multiple or anonymous people (such as those met through social media, dating apps, or at parties) can increase risk of exposures.**

This public messaging had not changed. For instance, the August 3, 2022 DOHMH press release on Monkeypox states, with emphasis added:

> **If you choose to have sex or other intimate contact with someone while they are sick, cover all rashes and sores with clothing or sealed bandages.** This may reduce spread from contact with the rash or sores, but other methods of transmission may still be possible.[20]

This same messaging is also found on the current DOHMH Monkeypox web page.[21]

Dr. Weiss' Disclosures of Concerns to DOHMH Management

This messaging alarmed Dr. Weiss. Within minutes of learning of the press release in the late-afternoon of July 15, he emailed eight experienced DOHMH colleagues – including two Assistant Commissioners – about his concerns. Collectively, they have served the City and the agency for over 75 years.

Dr. Weiss wrote that the messaging in the release -- "[f]or those who choose to have sex while sick, it is best to avoid kissing and other face-to-face contact … sores should be covered with clothing or sealed bandages" – was "Unbelievable." He said the messaging should be (with emphasis in the original):

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https://www1.nyc.gov/site/doh/about/press/pr2022/monkeypox-vaccination-prioritization-first-doses.page.

[20] DOHMH Press Release, *Health Department Provides Update on Next Round of Monkeypox Vaccine Strategy* (Aug. 3, 2022), available at https://www1.nyc.gov/site/doh/about/press/pr2022/monkeypox-vaccine-update-new-clinics.page.

[21] https://www1.nyc.gov/site/doh/health/health-topics/monkeypox.page.

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> If you wish to avoid monkeypox, DON'T HAVE SEX, most importantly, not anonymous/multiple partner sex.

Dr. Weiss' Colleagues Concur

All eight recipients either agreed with Dr. Weiss or did not disagree. One replied: "It's mindboggling. Cover sores with clothing or bandages? Cover penile and perianal lesions? Avoid kissing? Face-to-face contact? Seriously?" The same writer observed in a second email:

> In my 20+ years of service here, I've had the pleasure of working with leaders who wouldn't hesitate to say and do what the circumstances demanded. … They never would have tolerated how we have refused to speak frankly while a sexually transmitted disease rampaged through LGBT communities. Growing up professionally during the worst of the HIV/AIDs pandemic, they accepted the ACT UP creed that silence=complicity.
>
> There's so much disingenuous claptrap in this and other press releases that it's pointless to say more about them.

Others replied with one word (emphasis in the original): "WOAH!!!" and "Wowza!!!" Another wrote:

> Why are we putting ourselves in the position to do damage control? Damage that has come from within, despite our group repeatedly insisting that the messages need to be clear direct, and unafraid? It's terrible for the community and making our jobs so much harder.

Senior DOHMH Managers Agree

Notably, one of the Assistant Commissioner recipients replied that -- after receiving approval from DOHMH's Deputy Commissioner for External Affairs -- she was working on a Monkeypox prevention letter to DOHMH organization partners "to provide more! better! clearer! information about risk and self-assessment and personal decision-making…. Very much borne out of this same frustration – and hoping it can help course correct a bit through a different channel…" In a second reply email the Assistant Commissioner wrote (with emphasis in the original): "Making it crystal clear here that I AGREE!! Very very problematic. And dangerous." And in a *third* email "written this evening to Celia [Quinn (the Deputy Commissioner for Disease Control)] to register my major concerns. Encourage others to do so!"

Dr. Weiss expressed similar concerns to that Deputy Commissioner earlier, during ICS meetings held at least twice per week. He told the group that vaccination alone was not going to be enough to stop transmission. DOHMH needed to advise MSM to alter their sexual practices and avoid sex; it was not doing enough through public messaging to alert MSM to the risk. No one

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at the ICS meetings disagreed. The Deputy Commissioner for Disease Control and the Deputy Commissioner for External Affairs informed Dr. Weiss they were working through community partners to get the message out.

Dr. Weiss also emailed his concerns on July 15 directly to the Executive Deputy Commissioner, writing: "This is a rather pitiful prevention message … Embarrassing." The Deputy Commissioner did not disagree. She replied, "I think they lifted this from CDC guidance," to which Dr. Weiss answered: "This is a sexually transmitted disease. The risk is any non-monogamous sex and likely people are infectious before rash. Saying anything less is doing MSM and the greater community a disservice."

Notwithstanding these significant concerns expressed by a meaningful consensus of experienced DOHMH managers and staff, it was apparent that DOHMH was not going to correct the faulty messaging. Dr. Weiss emailed the group the following later in the evening of July 15:

> I thank all of you for sharing my outrage. I was ready to resign in protest, but maybe I still have a little fight left in me.

Dr. Weiss Further Discloses His Concerns

The New York Times

Time was and is of the essence. Based on DOHMH's obvious inability to correct the flawed messaging, the daily, exponential expansion of the pandemic and the increasing danger to public health safety, Dr. Weiss reasonably concluded further action was needed. Public disclosure would alert the community at risk so that they could steps to protect themselves as well as shine a bright light on the problem – perhaps sufficient to persuade DOHMH to correct the flawed messaging and thus likely enhance public health and safety. Accordingly, on July 16, Dr. Weiss met with and shared his and his colleagues' concerns with the *New York Times* staff. Its article was published in the late afternoon of July 18.

Dr. Weiss Alerts Commissioner Vasan and Additional Senior DOHMH Managers

Hours before publication, Dr. Weiss sent an email to Commissioner Vasan and eight other senior managers, including four Deputy Commissioners and Two Assistant Commissioners. Four of the eight had received Dr. Weiss' July 15 email, discussed above, with which they either agreed or did not disagree. The July 18 email's subject was *Monkeypox Is a Sexually Transmitted Infection, Messages Suggesting Otherwise Are Misinforming and Prolonging the Outbreak.*[22] In

[22] The email is reprinted, with names of the other eight DOHMH recipients redacted, at https://doctor-with-a-badge.webnode.page/dear-commissioner/, a website operated by Dr. Weiss.

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it Dr. Weiss wrote: "[t]he evidence is overwhelming" that Monkeypox is a sexually transmitted infection and "[n]ot communicating this clearly and often is a public health failure." He went on to describe the statistical and epidemiologic evidence discussed above and he cited four supporting peer-reviewed articles involving cases in Europe and the Western Hemisphere.

Dr. Weiss also disclosed his meeting with the *Times* to the Commissioner, writing:

> I cannot in good conscience permit improper messaging to continue. I have shared the above information with The New York Times with the goal of fulfilling the health department's mission of informing the public about communicable disease risk.

Neither Commissioner Vasan nor any of the eight other DOHMH recipients replied to this email, or ever spoke to Dr. Weiss about his concerns.

DOHMH's Public Statement

However, the agency did reply to the *Times*, stating that Dr. Weiss was wrong. Its July 18 article reported:

> "For decades, the L.G.B.T.Q.+ community has had their sex lives dissected, prescribed, and proscribed in myriad ways, mostly by heterosexual and cis people," the statement said. The city's response to monkeypox is grounded in the science and history of "how poorly abstinence-only guidance has historically performed," the statement said, "with this disgraceful legacy in mind."

DOHMH provided no further explanation.

Additional Overwhelming Medical Evidence Demonstrating Dr. Weiss Is Right

Monkeypox is – and should treated openly and honestly as the sexually transmitted infection it plainly is. On August 8, 2022, the *Lancet* published the results of an assessment of confirmed Moneypox cases in three Spanish clinics from mid-May through the end of June 2022.[23] The study "strengthens the evidence for skin-to-skin contact during sex as the dominant mechanism of transmission of monkeypox, with important implications for disease control." On July 21, 2022, an international collaborative group of clinicians reported in the New England Journal of Medicine on an assessment of Monkeypox infections across sixteen countries between April and

[23] The Lancet, *Clinical Presentation and Virological Assessment of Confirmed Human Monkeypox Virus Cases in Spain: A Prospective Observational Cohort Study* (Aug. 8, 2022), available at https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01436-2/fulltext#.

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June 2022.[24] It found that "[s]exual activity, largely among gay or bisexual men, was by far the most frequently suspected route of transmission." The authors noted:

> Health care professionals need to be educated to recognize and manage cases of monkeypox. Targeted health promotion that sensitively supports enhanced testing and education in populations at risk is needed. Involving communities from the outset in shaping the implementation of public health interventions is essential to ensure that they are appropriate and nonstigmatizing and to avoid messaging that will drive the outbreak underground.

This has led scientists like Dr. Weiss to go to public media outlets to urge public health authorities like DOHMH and the CDC – based on so much overwhelming evidence -- to "update their monkeypox communication strategies to more strongly emphasize the centrality of intercourse among gay and bisexual men, who comprise nearly all U.S. cases, to the virus' spread."[25]

That is all that Dr. Weiss and his colleagues were – and are – saying. DOHMH's Monkeypox messaging is wrong and is harming public health. Advising at risk groups to "cover all rashes and sores with clothing or sealed bandages" when having sex has no scientific basis and is wrong. It remains on DOHMH's website to this day.

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[24] New England Journal of Medicine, *Monkeypox Virus Infection in Humans across 16 Countries — April–June 2022* (Jul 21, 2022), available at https://www.nejm.org/doi/full/10.1056/NEJMoa2207323.

[25] NBC News, *Sex Between Men, Not Skin Contact, Is Fueling Monkeypox, New Research Suggests* (Aug. 17, 2022), available at https://www.nbcnews.com/nbc-out/out-health-and-wellness/sex-men-not-skin-contact-fueling-monkeypox-new-research-suggests-rcna43484.

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DOHMH Retaliates Against Dr. Weiss

The "Reassignment"

On July 22, 2022, Dr. Weiss was directed to meet that afternoon with the DOHMH Assistant Commissioner in charge of the Bureau of Human Resources and Labor Relations. At the meeting, he was handed a one-page memorandum. Its Subject was "Reassignment." It states:

> This will serve as formal notice that as a result of [DOHMH]'s effort to better align our operations, you are reassigned to the Division of Family and Child Health effective [August 1]. Your schedule, civil service title and salary will remain unchanged."[26]

The memorandum further advised that Dr. Weiss was now to have the Office Title "Maternal, Infant and Reproductive Health Medical Specialist" within the Maternal, Infant and Reproductive Health Bureau (MIRH). His new work location was now on West 100th Street in Manhattan, where he was assigned a specific seat (Seat 2-13).

At the brief meeting, which Dr. Weiss openly taped,[27] the Assistant Commissioner read and handed to Dr. Weiss his memorandum. Dr. Weiss asked who authorized the move; the Assistant Commissioner he could not share that information. Dr. Weiss asked and was told he had no right to appeal to anyone because this was a "reassignment." The Assistant Commission also told Dr. Weiss that his ICS would terminate that day.

Dr. Weiss asked and the Assistant Commissioner acknowledged that he was aware of the whistleblower statute. Specifically, that the agency could not do any retribution for coming forward with information Dr. Weiss "felt was necessary for the public to know … because this could be seen as retribution. Especially the timing of it. Since the article came out on Tuesday, it is now Friday."

While Dr. Weiss was meeting with the Assistant Commissioner, the Deputy Chief of the Disease Control Division had convened a call with BCD Executive Staff. Dr. Weiss was told that the staff was told that the transfer was to "fill an urgent need," that the "urgent need" would not be revealed, and that the person who ordered the move would not be revealed.

Other than the foregoing, Dr. Weiss was never told anything else. This is especially remarkable given that as the most experienced DOHMH medical epidemiologist Dr. Weiss: (i) was

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[26] A copy of the memorandum is available at https://doctor-with-a-badge.webnode.page/our-services/.

[27] The recording is available at https://drive.google.com/file/d/1ZObObtYOo-jxJdFAFxYsC7gZXc-6dYU_/view.

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DOHMH's lead on limiting the spread of the exploding Monkeypox pandemic; (ii) had decades of experience on managing outbreaks; (iii) was a key player at the DOHMH ICS emergency response planning meetings for Monkeypox; (iv) had never worked on the issues addressed by MIRH during his 22 years at DOHMH; (v) was never told how the move would "better align our operations" or "fill an urgent need;" and (vi) no other staff were reassigned, no new positions were created to fill the need.

New York City was ground zero for Monkeypox. The pandemic was – and is -- growing by the hour.

The "Job"

DOHMH's retaliation came into even sharper focus once Dr. Weiss arrived for work at the MIRH outpost on the Upper West Side on August 1. There, unlike BCD, there was no one of comparable skills and experience – the facility was staffed with nurses and supervisors who do home visits and who worked in a different MIRH unit than Dr. Weiss. There, unlike BCDG, he supervised no one. There, unlike BCD, he worked with no other co-workers on site.

Dr. Weiss' assigned "tasks" were equally demeaning. He was told to create training materials for a program he had limited knowledge about, specifically four sets of training slides for new parent home visiting staff, and to review handouts and brochures. In an August 3 email from his new supervisor, Dr. Weiss was told MIRH was "interested in updating the training process" for home visitors and slide decks "will accomplish this goal." The four topics were infant feeding, safe sleep, "Warning signs for infant health in the first few weeks (to months)," and routine immunizations. Professionally produced, free training videos on these topics are already available online.[28]

In sum, there was no "urgent need" for reassigning Dr. Weiss. There was no "realignment" in DOHMH operations. What there is here is obvious: retaliation against a whistleblower.

[28] From among others the Institute for the Advancement of Family Support Professionals, available at https://institutefsp.org.

GOVERNMENT ACCOUNTABILITY PROJECT

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Conclusion

We ask for your assistance. Dr. Weiss should be reinstated immediately. For this new, exploding pandemic the public is entitled to the best public health experts available. This is not the time to keep Dr. Weiss on the sidelines.

Thank you.

Very truly yours,

/s/

DAVID Z. SEIDE

Government Accountability Project
davids@whistleblower.org

Cc: Speaker Adrianne E. Adams

EmblemHealth

55 Water Street, New York, NY 10041-8190

New York City Council Committee on Health
Oversight – Monkeypox Virus (MPV) in New York City

Testimony of EmblemHealth

August 24, 2022

My name is Andrea Jacobson and I am the Director of Public Policy for EmblemHealth. On behalf of our company and the thousands of New Yorkers we employ, I would like to thank Chair Schulman and the members of the Committee on Health for holding this hearing and for providing the opportunity to speak on this timely and important public health issue.

EmblemHealth is one of the largest community-based nonprofit health insurers in the country, serving more than 2 million New Yorkers including approximately 1 million New York City municipal workers who receive coverage in our plans. However, we are not only a health insurer. Our physician partner, AdvantageCare Physicians (ACPNY) is a primary and specialty care practice serving half a million patients at over 35 locations across the New York area. Additionally, our 14 EmblemHealth Neighborhood Care centers provide in-person and virtual services to all community members, offering health education, wellness classes, and connecting individuals to community resources to address social determinants of health (SDOH).

EmblemHealth strongly supports the package of introductions and resolutions under consideration today. As the monkeypox virus spreads throughout the country and world, we are once again seeing New York emerge as the epicenter of a new infectious disease outbreak. We thank the members of the Committee on Health and LGBTQ Caucus and others on the City Council for your tireless work to ensure our City has the resources we need to address this virus.

During the COVID-19 pandemic, EmblemHealth and ACPNY worked in partnership with New York State, New York City, community-based organizations and local leaders to ensure that tests and vaccines were accessible and equitably distributed to city residents, particularly those living in underserved and hard to reach communities as well as frontline workers and first responders. It's imperative that we utilize the lessons learned to continue to keep our communities healthy.

Monkeypox virus can infect anyone, and it is important that individuals and communities have clear education and information to understand how to prevent or reduce exposure to the virus, as well as what to do if they are exposed or have symptoms. Community providers and organizations, like ACPNY and EmblemHealth Neighborhood Care, are trusted sources of information and understand the unique and diverse communities we serve.

To continue to better educate and inform our communities, EmblemHealth is hosting a virtual educational webinar on the monkeypox virus on August 31 at 11:30am. We invite all City Council members, staff, and community members to join this discussion. We greatly appreciate your help in sharing this widely to ensure it reaches all community members and can also distribute the recorded webinar following the event. The webinar will feature physician experts from EmblemHealth and ACPNY answering commonly asked questions and concerns about

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monkeypox virus symptoms, testing, vaccines, and prevention. These clinical experts will be joined by a representative from GMHC to discuss how to ensure the virus response prioritizes vulnerable communities while decreasing stigma associated with the disease.

Combatting the monkeypox virus will require a coordinated effort among public and private stakeholders to ensure all communities, especially the most vulnerable, have access to education, preventive services, testing, and vaccines. EmblemHealth hopes we can be a constructive partner to the City Council to accomplish these goals.

Thank you for your time and we look forward to working together to keep New York City healthy.

GMHC
END AIDS. LIVE LIFE.

August 24, 2022

New York City Council Committee on Health
Council Member Lynn Schulmann, Chair
250 Broadway
New York, NY 10007

Re: Testimony from GMHC for Committee on Health Hearing: Oversight - Monkeypox Virus (MPV) in New York City

Thank you Chair Schulmann and members of the Committee on Health for the opportunity to testify at this hearing. My name is Jason Cianciotto, and I am the Vice President of Communications and Policy at GMHC. Founded in 1982 as Gay Men's Health Crisis, GMHC's mission is to fight to end the AIDS epidemic and uplift the lives of all affected. Now in our 40th year, GMHC is applying our HIV prevention and treatment experience to yet another virus that is disproportionately affecting gay, bisexual, men who have sex with men (MSM), transgender, gender nonbinary, and gender non-conforming (TGNCNB) New Yorkers: monkeypox (MPV).

Since the end of May 2022, when the first cases of MPV in NYC were confirmed, GMHC has been a leading voice providing public education, vaccine appointment navigation, and advocating for the critical need to ensure media coverage and the response at all levels of government is rooted in science, not stigma. In fact:

- Our media hits have reached an estimated audience of over 850 million via interviews with the *New York Times*; NPR; *The Guardian* (U.S.); Univision; NY1; CBS News New York; CBS New Radio; 1010WINS; NBC News NOW; *The Wall Street Journal*, National Geographic, and CNET;
- Our MPV social media posts have resulted in over 102K impressions, over 3.5K engagements, and over 500 link clicks to MPV information and resources;
- We drafted and sent, on behalf of a diverse coalition including The Latino Commission on AIDS (LCOA), Harlem United, apicha, Callen-Lorde, and the TransLatinx network, letters to HHS Secretary Becerra and CDC Director Dr. Walensky advocating for faster and more equitable

distribution of vaccines to NYC, the declaration of a federal public health emergency, and easier access to TPOXX for treatment, among other demands;

- Our MPV info page (gmhc.org/monkeypox), created to help bridge the information and trust gap between public health agencies and the communities we serve, is now the second-most visited page at GMHC.org, with nearly 3,500 page views;
- Since the start of NYC DOHMH's program that provides CBOs access to JYNNEOS vaccine appointments on behalf of eligible clients and community members, we have navigated over 600 New Yorkers to their first dose.

Building on these achievements, we are grateful for the opportunity to be a funded partner of the NYC DOHMH's new Monkeypox Awareness and Prevention Partnership (MAPP) at the Tier 1 ($200K) level. We thank the many members of the NYC Council, particularly those in the Committee on Health and LGBT Caucus, for their oversite and leadership, which has led to NYC dedicating more resources to containing this outbreak.

As we continue to support outreach, prevention, and treatment for those affected by MPV, GMHC would like to respectfully propose that the NYC Council embark on a process to help identify how NYC: (1) could have been more proactive in response to the MPV outbreak, and; (2) can be better prepared for future public health emergencies. In brief, we offer the following two categories of activities:

Activity 1: NYC should support an independent, third-party analysis, perhaps in partnership with CUNY and/or other academic centers of excellence based in NYC, of steps taken by the city and available data on vaccination and public education/outreach activities. The goal would be to produce data-driven policy and structural recommendations to implement to be better prepared to respond more proactively and equitably to the next outbreak.

Activity 2: Leverage public health expertise at NYC DOHMH and in academia to develop guidelines for determination of when an outbreak warrants declaration of a public health emergency and related plans and activities. As currently structured, City agencies are not equipped to respond quickly and decisively to a public health emergency. For example, we were aware of the MPV outbreak that began in Europe in early spring 2022, and the first confirmed case of MPV in the U.S. was announced on May 18. Yet, NYC DOHMH did not declare a public

health emergency until July 30. Additionally, why did it take until the end of August for NYC DOHMH to formally fund and begin working with CBOs on public education and vaccination appointment navigation?

While NYC is dependent on federal and state governments for some needs/activities (e.g. funding and vaccines), it should not defer actions it can take in the interim to help prevent the racial/ethnic disparities we already have experienced and studied related to HIV and COVID-19. NYC has a public health and moral imperative to be a leader, not a follower, in outbreak response. Caution and/or socio-political fear and anxieties cannot be an excuse for inaction that leads to unnecessary infection, suffering, and racial/ethnic disparities.

While NYC's response shows some important lessons learned and implemented from the HIV and AIDS epidemic, such as MPV messaging that balanced data-driven info on which communities were most affected with the imperative to not stigmatize those communities, critical actions could have been taken. For example:

- Develop and implement proactive vaccine and treatment plans that incorporate the needs for targeted outreach to communities with a long history of health disparities;
- Consult with CBOs and health care organizations to determine an action plan and related activities from the get-go, including well-designed, attention-grabbing, culturally competent ads and outreach materials, rather than doing so after disparities have already occurred;
- Question assumptions based on early data, such as that MPV was primarily spreading among white, more affluent populations. Our public health agencies cannot use 'following the data' as an excuse when it is reasonable–and there is historic precedent–to question whether the data were capturing the full scope of those affected, where they live, and how best to reach them;
- From the very beginning, allocate portions of the vaccine supply to efforts that reach populations in NYC experiencing health disparities, even before the data become available that affirm those disparities.

Lastly, GMHC would like to share two unmet needs experienced by our clients and communities affected by MPV:

1. We have heard that patients are being charged over $70 by Quest Diagnostics for an MPV test. This excludes those without financial means or insurance that could reimburse the expense. Funding should be made available to ensure MPV testing is available free of charge, whether conducted by a public or private provider;
2. Communities experiencing health disparities are less likely to have employment that provides paid time off, which puts them at risk for inability to pay their bills, including rent. There should be a fund that can help to cover these expenses so that those affected can isolate and convalesce without the very real fear of losing their home and/or falling behind on utility bills.

Thanks again for this opportunity to testify. For any questions or further discussion, I can be reached by email at JasonC@GMHC.org and by cell phone at 520-909-3104.

Good morning. First, I would like to thank City Council Health Chair, Lynn Rosenthal and the members of the Committee on Health for convening this **Oversight - Monkeypox Virus (MPV) in New York City**. My name is Donald R. Powell and I have, for the last thirteen years, served in leadership roles at Exponents. Exponents is a community-based organization, founded in 1991 and whose mission it is to compassionately serving those impacted by HIV/AIDS, substance use, incarceration and behavioral health challenges. We deliver these services through a client centered, strength-based approach which greatly improves health outcomes and promotes overall wellness in our communities.

As a Black Gay Man who lived many of my formative years under the cloud of HIV, I hit the ground running about six weeks ago when I began to hear information (and unfortunately, much more misinformation about what some still refer to as MonkeyPox). As the information tells us, this virus did not originate with monkeys and the perception that is did is troubling. As a Black Man in America, I find the other connotative association with the term troubling. As an individual who has worked in community for more than 30 years, I was fearful as I had to navigate crashing websites, limited appointment availability in the outer boroughs and those few quickly being booked by individuals NOT REPRESENTATIVE OF THOSE neighborhoods. This last revelation made me angry! occurred to me that if this was what I encountered with some access to information and my own privilege, I could only imagine what others in my community were encountering. Thanks to the GMHC Testing Center for reaching out to me and providing access. Imagine enduring all while, simultaneously, multiple pop-up centers were emerging on Fire Island!

Among the many lessons HIV work taught me is the importance of being at the table. Therefore, I began to participate in every call or web-based meeting on the subject either as participant, panelist or disrupter. I would like to believe that my voice, in unison with other passionate members of my community, lent additional support to the recent legislation authored by Council Member Crystal Hudson and the members of the LGBTQI Caucus that calls for a comprehensive plan authored by the city Department of Health to address MPV, transparency around who has access to vaccinations and pressing the federal government to provide doses commensurate with our portion of disease burden. Exponents' is thankful for our partnership with the *New York Knows* staff, Amanda Phi and Patrick Padgen who worked tirelessly to have me and my staff trained and given access to the city vaccine appointment reservation portal and ensured that we had appointments in Brooklyn, Queens, the Bronx as well as Manhattan. To date, Exponents has booked more than 300 appointments, primarily for Black and Latinx men. We all know that this is but a drop in the bucket when we think about the various micro-groups in our community, (young gay/bisexual men still traumatized by living under the cloud of HIV all their lives, our siblings who use drugs, those with mental illness and or incarcerated). We must do better, now!

So I will conclude my time with a few recommendations:

No message should intimate the policing of others' sex lives. Instead, create alternative messages that provide a harm reduction approach like in HIV and Injection Drug Use, that

encourages individuals to self-select from a menu of options that they can manage; messaging should also include a layman's explanation of new dosing protocols if adopted by the City and how individuals with the 1/5 dose are still protected and why;

More inclusive visual messaging; why does the news outlets continue to utilize the visual of a gathering of what appear to be White men in front of the Chelsea Health Clinic when they speak of vaccination, however an overwhelming portion of the visual representation of the bumps/lesions are depicted on darker skin. This proffers the notion that protection should be and too often is based on one's privilege or lack thereof.

Increase access. Be mindful of where you place pop-up vaccination centers. Community members, particularly our TGNB siblings, should not have to sacrifice physical safety in the name of prevention. Implement late night hours to engage drug using and transactional sex working community members. Don't assume that because you build it, they will come. Develop a plan for screening in NYCDOC facilities as we know at least one correctional staff member has tested positive for MPV;

Identify and connect with Queer and Trans BIPOC health professionals to work directly with messaging, providing contextualized info related to treatment, quarantining and other prevention measures accessible for those with limited resources; and,

While I am thankful for the *Community Partnership for Orthopox Prevention* (CPOP) program and it's resultant funding of my agency along with 27 others, a less prescriptive approach is needed. We are funded because we are experts in working with our portions of the community, allow us to be that.

Thank you for your time and commitment.

hispanicfederation

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Testimony re: Monkey Pox in New York City

Submitted to: Committee on Health

Submitted by:

Francesca Perrone, Policy Analyst at Hispanic Federation

Thank you, Chair Shulman, and all other committee members, for allowing me to present this testimony on behalf of the Hispanic Federation; a non-profit organization seeking to empower and advance the Hispanic community, support Hispanic families, and strengthen Latino institutions through direct service programs and legislative advocacy. I would like to thank you for this opportunity to discuss the impact that Monkeypox presently poses on the Latino community and all New Yorkers.

Monkey Pox at a Glance

Monkeypox is a zoonotic virus (a virus initially transmitted from animals to humans) from the same viral family as smallpox. Since the 1980s, the virus has been concentrated across Central and West Africa.[1] In May of 2022, the World Health Organization (WHO) began to report multiple outbreaks of the Monkeypox virus in Europe and North America.

Transmission of Monkeypox occurs through direct contact with respiratory droplets, skin lesions, and bodily fluids from someone with Monkeypox. The best way to prevent monkeypox is to avoid close contact with others, engage in frequent hand washing, as well as wearing masks and gloves. The incubation period can range from 5-21 days, and most cases develop symptoms 6-13 days after exposure. Symptoms include fever, swollen lymph nodes, and blister-like lesions that resemble those of chickenpox. Individuals are considered infectious once the rash and lesions form, and until the lesions dry.[2]

Treatments

Currently, a specific antiviral treatment for monkeypox infections does not exist. Given that Monkeypox and Smallpox viruses are in the same viral family, treatments for Monkeypox include antiviral medications traditionally used to fight smallpox, such as Tecovirimat (TPOXX).[3] Additionally, there is a vaccine that helps reduce the chance and severity of infection in those exposed.

Affected Groups

[1] Monkeypox (who.int)
[2] 2022 Outbreak Cases & Data | Monkeypox | Poxvirus | CDC
[3] JG, Lippi G, Henry BM, Forthal DN, Rizk Y. Prevention and Treatment of Monkeypox. Drugs. 2022 Jun22

As of August 18, 2022, there have been a total of 2,780 cases in New York City, with most cases concentrated in Manhattan.[4] The vast majority of cases have occurred among men who identify as gay, bisexual, and among men who have sex with men[5], however, it must be noted that Monkeypox can be transmitted to anyone regardless of gender and sexual orientation. It is imperative to disclose this to prevent stigmatizing the LGBTQ community.

As of August 18th, 2022, 765 of all identified cases have been among Latinos. This is concerning, given that Latinos predominately bear the brunt of most diseases. This exacerbates already poor health outcomes, especially since Latinos are 3x as likely to lack access to health insurance, and care.[6] Moreover, while cases among Latinos are higher than other groups, vaccination rates against Monkeypox are lower compared to White New Yorkers.[7]

On August 19th, Hispanic Federation hosted a Facebook live Q&A with Montefiore Hospital to address patient questions. We gathered that most people feel confused with the current messaging. On the ground, people hear statistics about how the Monkeypox virus is predominately affecting the LGBTQ community and believe that Monkeypox can only spread through sexual contact. This misinformation poses a concern and could potentially lead to an increase in cases as people will not take the necessary precautionary measures.

Recommendations

Given that New York is the epicenter of Monkeypox, it is imperative for the Department of Health and Mental Hygiene (DOHMH) to keep New Yorkers up to date with information regarding the prevention and treatment for the virus. We recommend that the DOHMH increase education campaigns informing New Yorkers on what they can do to curb the spread, and what to do if they start to show symptoms. The education material must be linguistically and culturally competent. To achieve this, we recommend that the DOHMH partner with trusted community-based organizations (CBOs) to relay the information to New Yorkers.

Second, the content of messaging matters. We must decrease the stigma of monkeypox among the LGBTQ community by using non alarmist, fact-based messaging about how the virus spreads. Messaging campaigns must emphasize that monkeypox is spread through direct skin-skin contact regardless of gender or sexual orientation. Thus, the best strategy is to present monkeypox as a public health matter that affects all New Yorkers.

Given the relative uncertainty of how the virus spreads, preventative campaigns are crucial. We urge the DOHMH to increase access to vaccines and roll out robust vaccination campaigns to our most vulnerable communities. As mentioned, although Latinos make up a majority of monkeypox cases, they are vaccinated at lower rates compared to White New Yorkers. Thus, we encourage the DOHMH to prioritize vaccine rollout in these communities. Emerging data

[4] Monkeypox Data - NYC Health
[5] Monkeypox Data - NYC Health
[6] Latinos often lack access to healthcare and have poor health outcomes. Here's how we can change that (brookings.edu)
[7] Monkeypox Data - NYC Health

suggests that immunization with the smallpox vaccine may have a protective effect for individuals exposed to monkeypox, thus, we encourage the DOHMH to check efficiency and adopt all viable preventative measures.

Lastly, we encourage a robust testing campaign. Testing people will help identify outbreaks and allow the DOHMH to take measures to curb the spread. The DOHMH can utilize mobile testing centers to distribute tests in vulnerable communities. This can resemble the mobile testing efforts utilized during the COVID-19 pandemic.

Thank you for acting on this public health matter. Together we can improve outcomes for all New Yorkers.

Brooklyn Defenders

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TESTIMONY OF:

Kathleen McKenna, LMSW

BROOKLYN DEFENDER SERVICES

Presented Before

New York City Council Committees on Health

Oversight Hearing on the Monkeypox Virus in New York City

August 24, 2022

My name is Kathleen McKenna and I am Senior Policy Social Worker at Brooklyn Defender Services (BDS). BDS represents approximately 25,000 people each year who are accused of a crime, facing loss of liberty, their home, their children, or deportation. Thousands of people we represent live or are detained in congregate and institutional settings in the city–including shelters, detention facilities, jails, and foster homes–putting them at risk for communicable disease including the monkeypox virus (MPV). I want to thank the Committees on Health and Chair Schulman holding this important hearing on MPV in New York City.

BDS is a public defense office whose mission is to provide outstanding representation and advocacy free of cost to people facing loss of freedom, family separation and other serious legal harms. Our staff consists of specialized attorneys, social workers, investigators, paralegals and administrative staff who are experts in their individual fields. BDS also provides a wide range of additional services for our clients, including civil legal advocacy, assistance with educational needs of our clients or their children, housing, and benefits advocacy, as well as immigration advice and representation.

Exposure Risk in Congregate Settings

We are here today to raise our concern for the health of the hundreds of thousands of New Yorkers who live or are detained in congregate and institutional settings, including the city's jails, juvenile detention facilities, shelters, residential treatment programs, and foster homes.

The city's lack of messaging about MPV prevention, vaccination, and treatment for people in congregate settings stokes fear and misinformation in the midst of an emerging public health emergency. We urge the council to take action to ensure all New Yorkers have access to the information, prevention, and the medical care they need.

The first case of MPV was confirmed in New York in early May 2022. In the interceding months, over 3,000 people have contracted the virus statewide, with over 90 percent of cases in New York City alone.[1] Because the MPV virus is spread via direct personal contact or contact with items that have been used by someone with MPV, including bedding or towels,[2] people who live and work in congregate and institutional settings are at heightened risk of MPV transmission. The Mayor declared a public health crisis due to MPV on July 30, 2022,[3] yet plans for addressing this emergency situation in public congregate spaces have not been disseminated**.** It is not clear to providers, the public, or people in institutional settings if plans have been created and implemented to keep people safe.

At this time, the majority of reported cases in the United States have been among gay, bisexual, and other men who have sex with men.[4] As with COVID-19, Black and Latine people have been disproportionately impacted by the virus.[5] It is critical to continue outreach and education in the gay community, *and* expand outreach, education, and prevention strategies for others at risk. We must also acknowledge that these populations intersect and overlap. Gay and bisexual men–and their LGBTQ peers–are disproportionately represented in jails[6] and the foster system,[7] and in shelter or unstable housing.[8] These settings are unsafe for LGBTQ people, particularly people of color, who consistently report high levels of abuse, harassment, discrimination, and physical and sexual violence.[9]

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[1] NYS Department of Health, Update: Monkeypox in New York State – August 2022, https://health.ny.gov/diseases/communicable/zoonoses/monkeypox/#:~:text=As%20of%20August%2024%202022,Control%20and%20Prevention%20(CDC).

[2] CDC, Monkeypox, July 29, 2022, https://www.cdc.gov/poxvirus/monkeypox/transmission.html

[3] NYC Office of the Mayor, New York City Health Department Declares Monkeypox a Public Health Emergency, July 30, 2022, https://www1.nyc.gov/office-of-the-mayor/news/555-22/new-york-city-health-department-declares-monkeypox-public-health-emergency

[4] David Philpott, et al.Epidemiologic and Clinical Characteristics of Monkeypox Cases — United States, May 17–July 22, 2022, *CDC Morbidity and Mortality Weekly Repor*t, August 12, 2022, https://www.cdc.gov/mmwr/volumes/71/wr/mm7132e3.htm.

[5] *Id.*

[6] Alexi Jones, Visualizing the Unequal treatment of LGBTQ People in the Criminal Justice System, *Prison Policy Initiative,* March 2, 2021, https://www.prisonpolicy.org/blog/2021/03/02/lgbtq/.

[7] Laura Baams, et al., LGBTQ Youth in Unstable Housing and Foster Care, *123 Pediatrics 3,* March 2019, www.aappublications.org/news.

[8] National Coalition for the Homeless, LGBT Homelessness, 2020, https://nationalhomeless.org/issues/lgbt/

[9] *See for example* the First Report of the Task Force on Issues Faced by TGNCNBI People in Custody, Results of a Survey of LGBTQ New Yorkers, Trans Activist Secures Groundbreaking Reforms to New York City Homeless Shelter System.

Current vaccine eligibility requires disclosure of sensitive information–including sexual orientation, gender identity, and sexual behavior–to medical providers, which may pose a barrier to a vaccinate roll-out in both the community and congregate facilities. Having to disclose ones sexual history to be eligible for vaccination means New Yorkers in congregate care may have to choose between their health and their physical safety. Furthermore, in congregate settings the current vaccine eligibility does not necessarily correlate to the risk of transmission, because people are at risk for MPV *by virtue of* being in that congregate setting. This is especially true in congregate settings where there is no option to leave.

Learning from the COVID Pandemic in City Jails

Since the start of the COVID-19 pandemic, people in New York City jails, their loved ones, defenders, and advocates have requested transparency from the Department of Correction (DOC) and Correctional Health Services (CHS) on measures being taken to keep people in custody safe. While public health officials have maintained that the answer to keeping people safe was to decarcerate, the efforts to decrease jail populations have tapered and jail populations have risen to pre-pandemic levels. Today, there are over 5,700 people in custody.

At least two DOC staff members have tested positive for MPV, and we are concerned the virus may already be circulating among people in custody.[10] As DOC now faces dual COVID and MPV pandemics, transparency, action, and clear messaging to people in custody, jail staff, and advocates in the community is critical to stop the spread. Yet, to date, DOC's plan to address MPV has not been shared with people in custody, defenders and advocates, or the Council.

Dr. Homer Venters, former Chief Medical Officer of CHS, has called on the CDC to create plans to stop the spread of MPV in jails, highlighting the failures of the jail system to keep people safe from COVID: "This requires being more explicit than they were with COVID about the extremely crowded and filthy conditions in facility intake and court pens, where people spend hours to days shoulder to shoulder, laying on the floor or sitting on benches as they wait to be processed into facilities or court appearances."[11]

As we have highlighted before this Council, the level of crisis in the city's jails cannot be overstated. DOC has repeatedly demonstrated an inability to keep people in its custody safe and the inhumane conditions put people at heightened risk for MPV transmission. New Yorkers are living in filthy conditions, held in units surrounded by literal garbage. Toilets are broken and overflowing into living areas. Intake cells are over capacity, people are being confined for days and weeks inside showers with no beds, mattresses, or toilets, and are sleeping on floors of

[10]Gabrielle Fonrouge, DOC Correction Captain who works on Rikers Island Contracts Monkeypox, *New YOrk Post*, August 5, 2022, https://nypost.com/2022/08/05/nyc-doc-captain-who-works-on-rikers-island-contracts-monkeypox/
[11] Homer Venters, CDC Must act to prevent Monkeypox Explosion in Prisons, *The Hill*, July 27, 2022, https://thehill.com/opinion/healthcare/3576465-cdc-must-act-to-prevent-monkeypox-explosion-in-prisons/

showers covered in urine, vomit, and feces. Units are very hot without proper cooling or access to water resulting in people wearing as little clothes as possible. People in custody—including those with no preexisting conditions—are experiencing rapid deterioration of their physical and mental health. Gross mismanagement at DOC has led to units being unstaffed and understaffed and people in custody experiencing lockdowns and overcrowding. These environments are rife for spread of MPV and other viruses.

DOC's documented and egregious failure to fulfill its lawful and moral obligation to provide access to needed medical care has led to undue suffering and death, and raises serious concerns about DOC's ability to manage an MPV outbreak. Twelve New Yorkers have died in DOC custody this year alone. People are suffering and dying. They are enduring mental health and medical crises without access to medication or care.

In the fall of 2021, BDS, alongside the Legal Aid Society and Milbank LLP, filed a class action lawsuit against DOC on behalf of those being held in DOC custody who have been denied access to medical care in the city jails. Even after being ordered by the court in December 2021 to provide people immediate access to healthcare, DOC continues to fail to ensure the people in its custody have access to medical care. This month, after finding DOC in contempt of its Order, a New York State Supreme Court judge ordered DOC to pay a $100 fine to incarcerated New Yorkers for each medical appointment missed from December 11, 2021 through January 2022 – a total of roughly $200,000. As the city struggles to address both the COVID-19 pandemic and MPV, we call on the city to decarcerate our jails.

Recommendations:

1. **Decarcerate city jails**

Decarceration is the most effective way to keep people involved with the criminal legal system safe during the pandemic. Health experts have called for releasing incarcerated people for their own safety since the beginning of the COVID pandemic, and they are again calling for decarceration in light of MPV. We have learned from the more than two years of a worldwide pandemic that the best way to keep people safe from communicable diseases is to keep people out of crowded spaces, to ensure that people in congregate spaces have access to necessary protective equipment, hygienic spaces, and cleaning supplies, and to provide clear, actionable and medically accurate information. The city must now ensure communities at highest risk of MPV exposure receive critical information from trusted community members.
Releasing people from jail is paramount to protecting the health of people in custody and the broader public. Outbreaks behind bars threaten all New Yorkers, as many people, including thousands of staff, enter and exit the facilities each day. The Council must work with other stakeholders to reduce the jail population.

2. **Ensure access to single beds for people leaving jail**

At the height of the COVID pandemic, the Mayor's Office of Criminal Justice (MOCJ) opened reentry hotels for people leaving jails to safely quarantine when returning to the community. These hotels have been an invaluable resource for New Yorkers, providing a safe, clean, and supportive place for people leaving the city's jails. This month, advocates and hotel residents learned that the city has reduced the reentry hotel budget, forcing the closure of two of the hotels, which currently house 300 New Yorkers. The remaining hotels, which house another 500 people, are at risk of closing at the end of the year.

MOCJ's reentry hotel program has provided more than just safe housing, it has provided support, connections to care, and a pathway out of jail for thousands of people. While the city continues to deal with COVID and the emerging MPV crisis, this indispensable resource must be fully funded and remain open.

3. **Create, distribute, and implement plans to address MPV spread in congregate settings**

Earlier this month, the CDC released guidelines to reduce MPV transmission in congregate living settings.[12] New York City's Department of Health and Mental Hygiene (DOHMH) has only six isolation beds for people in shelters who have MPV.[13] While New York City has released guidance for individual behavior modification, cleaning, and laundry, plans for addressing MPV in shelter, jails, and other congregate settings have not been disseminated.

Transparency in reducing spread and responding to cases of MPV in congregate settings is crucial. People in congregate settings are not receiving adequate information from the city. Clear messaging is critical to prevent the spread of misinformation and disinformation. The Council should work with DOHMH to ensure that protocols for congregate settings–including shelters and jails–are shared with residents and the public. Plans must include how to access medical treatment, housing and staffing changes, occupational risk for staff and residents.

4. **Ensure equitable access for Black and Latine New Yorkers**

[12] CDC, Considerations for Reducing Monkeypox Transmission in Congregate Living Settings, August 22, 2022, https://www.cdc.gov/poxvirus/monkeypox/specific-settings/congregate.html#:~:text=Ensure%20that%20residents%20with%20monkeypox,areas%20are%20not%20yet%20available.

[13]David Brand, NYC Opens 6 Isolation Beds for Homeless Shelter Residents with Monkeypox, *City Limits*, August 17, 2022, https://citylimits.org/2022/08/17/nyc-now-has-6-isolation-beds-for-homeless-shelter-residents-with-monkeypox

As we learned with COVID-19, timely and widespread vaccination is the most effective means of reducing transmission of infectious diseases. And yet the city's MPV vaccine rollout has been disjointed and slow. Black New Yorkers in particular have been underrepresented in vaccination efforts.[14] Vaccine doses are in low supply and high demand has resulted in a narrow, targeted rollout. People who have MPV or have been exposed to the virus still struggle to access treatment or adequate pain management.[15]

The city must engage in clear, credible messaging about MPV, prevention, and vaccination for all New Yorkers. Black and Latino men who have sex with men have been disproportionately impacted by MPV, but are receiving vaccines at lower rates. There is skepticism surrounding vaccine dosage and access.

We encourage City Council to work with community providers and credible messengers to provide targeted information that addresses concerns. Education and access must be prioritized for these Black and Latine communities.

5. **Visit congregate living settings and speak to impacted people**

An immediate action members of this committee can take is visiting shelters, jails, and other congregate living and detention facilities and talking with people inside. We urge members of this Committee to visit, without giving prior notice to the agencies, and speak with people throughout these facilities to hear firsthand the experience of people inside.

Conclusion

New York City is again the epicenter of a global public health emergency. We must learn from the challenges of COVID response and ensure people in high risk communities and settings– particularly people in congregate living environments–are prioritized for education and prevention. We urge the Council and the Department of Health and Mental Hygiene to collaborate with the Department of Homeless Services, Department of Correction, Correctional Health Services, and other city agencies to ensure that the people this City is responsible for housing are kept from MPV.

Thank you for the opportunity to testify today. If you have any questions, please feel free to contact me at kmckenna@bds.org.

[14] Sharon Otterman, et al., A Repeat of Covid: Data Show Racial Disparities in Monkeypox Response, *New York Times*, August 22, 2022, https://www.nytimes.com/2022/08/18/nyregion/monkeypox-vaccine-racial-disparities.html
[15] Sharon Otterman,For Monkeypox Patients, Excruciating Symptoms and a Struggle for Care, *New York Times*, July 18, 2022, https://www.nytimes.com/2022/07/18/nyregion/new-york-monkeypox-vaccine.html

Brooklyn Community Pride Center
Testimony on Monkeypox Virus (MPV) in New York City

New York City Council Committee on Health

August 24, 2022

Good morning, Chair Schulman, Council Member Hudson, and members of the Committee on Health.

My name is Omari Scott, and I am the Director of Development and Communications at Brooklyn Community Pride Center. I am joined this morning by Brooks Nicolosi, Program Manager for Health & Wellness at the Pride Center.

Brooklyn Community Pride Center is Brooklyn's only LGBTQ+ community center and, with our two sites in Bed-Stuy and Crown Heights, the borough's premier network of programs and services for Brooklyn's LGBTQ+ community and its allies.

Across the spectrum and beyond the binaries, Brooklyn Pride Center enables our community to actively participate in positive, life-affirming activities.

Cautiously Optimistic

Brooklyn Community Pride Center applauds Council Members Hudson and Ossé and the rest of the LGBTQIA+ Caucus for recently introducing legislation, which will promote greater access, equity, and transparency in our effort to combat the MPV outbreak.

LGBTQ+ New Yorkers – especially Black, Brown, and trans individuals – have been dealing with a chaotic and frustrating response to this virus, as well as other public health outbreaks, especially as it relates to access to correct and consistent information, prevention, and treatment. Today, we are cautiously optimistic.

While we are encouraged to see the City Council making the MPV response a legislative priority, we are in desperate need of more than just more vaccine supply but serious and concrete steps to combat this very real public health crisis affecting our community.

Vaccination Landscape

Brooklyn Community Pride Center has been at the forefront of the fight against MPV early on. In fact, we learned earlier this morning, Brooklyn Community Pride Center has had the most completed doses of the Health + Hospital's authorized vaccination enroller program to date. More than 250 vaccine doses have been successfully administered here at the Pride Center. However, in total, we have booked just shy of 500 vaccination appointments for our community.

Through the authorized enroller program, we have participated in daily calls and continue to hear the horrifying vaccination inequities surrounding this outbreak:

- 31% of individuals eligible for vaccination in New York City are Black, however, only 13% of those who have been vaccinated to date are Black.

- 5.3% of individuals vaccinated are Bronx residents, despite 10% of the eligible population living in the Bronx.

Challenges and Practical Solutions

There is no doubt that the challenges of mass vaccination are many. But we have learned over time, and, of course, recently from COVID, how to address many of these obstacles. In other instances, the pervasiveness of MPV within the queer community, presents new and unique challenges.

Though we are not a medical provider nor healthcare institution, our work with and among Brooklyn's LGBTQ+ community offers us a unique and important perspective in identifying some of these unique challenges and offering practical solutions.

<u>1. Transportation remains a huge barrier, particularly for un- and underemployed and disabled LGBTQ+ individuals.</u>

Currently, the only "free transportation options" listed on the City's public booking platform[1] are Access-A-Ride and Medicaid transportation. This is insufficient. If someone is not already signed up for Access-A-Ride, it takes substantial time and resources, including gathering the necessary medical documentation, and, as a result, often takes months to become Access-a-Ride eligible. The Medicaid transportation option only applies to those who have Medicaid – and even then, countless people have been denied transportation because Medicaid didn't recognize community vaccination sites, like ours, as a healthcare facility.

2. Appointment timing is a huge barrier, especially for those who need access to early morning, late night, and weekend appointments. Further, we continue to deal with inequities around appointment release times.

DOHMH has not provided any data broken down by socioeconomic status, however, we suspect, if we did have that data, we would likely see a vaccination disparity among lower income individuals. This, much in part, is likely due to the limited times during which people can get vaccinated. Additionally, the timing at which public appointments become available on the City's website has, to date, been mostly all at once and during the workday on a weekday.

DOHMH must commit to doing these public appointment releases later in the evening and/or weekends to make vaccination access more equitable. Better yet, the Department could release appointments in small batches continuously, rather than doing one big drop every few weeks.

3. Inconsistent and ever-changing messaging is eroding trust – particularly the switch from the full-dose administered subcutaneously to the one-fifth dose administered intradermally.

In our interactions, we've encountered some people who are now much less keen to be vaccinated using the one-fifth dose intradermally and have simply decided to forgo the vaccine altogether for now. Some research suggests intradermal administration can also lead to significantly more swelling and bruising at the injection site, which we fear may contribute to vaccine hesitancy as well.

4. People need clarity on if, and when, second doses will be available.

Since we help people make appointments, we're asked about second doses several times each day. But there has been no clear messaging from the City on when second doses will become available. The only information we have to refer people to at this time is a DOHMH press release[2] from July 15, 2022.

5. The current demographic data collection framework is outdated and unhelpful.

The sexual orientation question lists "Gay or Lesbian" as one option. You cannot assume merely based on someone's gender or sex assigned at birth which one of those sexual orientations they identify with.

6. Trans people have been turned away and told they were not eligible based on their gender identity, presentation, and/or sex assigned at birth at mass vaccination sites.

This is in large part due to widespread lack of understanding of trans identities – there is no way for someone to "prove" they are trans, which we have heard reports of people being asked to do. In fact, it wasn't until this past Friday, August 19 that DOHMH added a "Chosen Name" option on the appointment form. That is still not sufficient to prevent deadnaming and misgendering unless the Department actually commits to doing targeted training with vaccination staff, as well as add a pronoun option to the enrollment form.

Moving Forward

Today, Brooklyn Community Pride Center continues to do the on-the-ground work of serving our community during yet another outbreak, just as we do every other day.

In addition to continuing to schedule vaccination appointments, we're in the process of finalizing a contract with DOHMH to continue our MPV efforts throughout Brooklyn over the next 12 months. This will include hiring at least 2 Community Ambassadors to do street-level outreach, in addition to the more than 15 volunteers we've recruited to help with various MPV efforts.

Again, Brooklyn Community Pride Center applauds Council Members Hudson and Ossé, along with the rest of the LGBTQ+ Caucus, for their leadership on this crucial public health issue, and thanks Chair Schulman for holding this important hearing this morning and inviting us to deliver this testimony.

Thank you.

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[1] https://vax4nyc.nyc.gov/patient/s/MPV

[2] https://www1.nyc.gov/site/doh/about/press/pr2022/MPV-vaccination-prioritization-first-doses.page

My name is Bryan Fotino. I'm a resident of midtown Manhattan who contracted, suffered from, and survived monkeypox virus (MPV) earlier this month.

I received my first dose of the monkeypox vaccine on July 17. I had to go to Canada to get my vaccine, because no appointments were available in New York City, even though it had already been over two months into the outbreak.

Despite having received my first dose more than two weeks prior, I still came down with symptoms on August 1, including swollen lymph nodes that left me in constant pain, a singular genital lesion, muscle aches, and pain while urinating. I'm a living example that the one-dose strategy is not based on quality real-world trials and may not offer adequate protection for people at-risk of contracting MPV.

After I reached out to my doctor at NYU Langone, it took me several days to get a test. I would check every day to see if my results had come in, but they hadn't. It was only when I gave the testing site a call, nine days after my first symptoms, when they finally posted my positive test result. Those nine days, I didn't know what to do. I didn't know if this was MPV and I had to isolate, or if it was something else.

However, even after I received my positive test result, I still had to attend work, despite being sick and potentially contagious. I could not afford to take off from work for several weeks, with the 50-percent pay offered under the state's short-term disability law, because I needed to pay my rent and put food on the table. In addition, I constantly put other people at risk of contracting monkeypox, including my three roommates and other community members, because as a social worker, I do not have the luxury of affording a hotel room where I could isolate or grocery delivery.

I, along with other members of ACT UP New York, are urging the City Council to pass the three bills introduced by the LGBTQIA+ Caucus aimed at responding to the MPV outbreak. In addition, we urge the City Council to:

1. Expand funding, dedicated staff, and space for testing, and ensure MPV tests are free of charge to anyone seeking a test.

2. Expand COVID-19 paid leave to cover people isolating due to MPV, as well as other COVID-era programs like isolation hotel and food delivery programs.

3. Call on the federal government to grant Emergency Use Authorization for TPOXX, which would allow for increased access to this in-demand treatment.

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Date: August 24, 2022

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I represent: NYC Health Department

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I represent: Emblem Health

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