CITY COUNCIL
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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON HEALTH JOINTLY WITH
THE SUBCOMMITTEE ON COVID RECOVERY
AND RESILIENCY AND THE COMMITTEE
ON HOSPITALS
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November 7, 2022
Start: 1:10 p.m.
Recess: 4:17 p.m.

HELD AT: Committee Room-City Hall

B E F O R E: Lynn C. Schulman,
Chairperson for Committee on
Health

Francisco Moya,
Chairperson for Subcommittee on
COVID Recovery and Resiliency

Mercedes Narcisse,
Chairperson for Committee on
Hospitals

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Queens resident with myalgic encephalomyelitis

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Katrina Corbel
Testifying in personal capacity

Anna Packman
Testifying in personal capacity

Marie Veilgolden
Resident of Crown Heights

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

Reina Sultan
Journalist who lives in Bushwick

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

SERGEANT AT ARMS: This is a microphone test for the Committee on Health, jointly with the Committee on Hospitals and Subcommittee on COVID Recovery and Resiliency. Today's date is November 7, 2022. Location Committee Room, recorded by Gonzales Rodriguez.

UNIDENTIFIED: I can hear you live.

SERGEANT AT ARMS: Welcome to the New York City Council hearing of the Committees on Hospitals jointly with Health and the Subcommittee on COVID Recovery and Resiliency. At this time, could everyone please silence your cellphones.

If you wish to testify today, please come up to the Sergeants desk to fill out a witness slip. A written testimony can be emailed to testimony@council.nyc.gov. Again, that is testimony@council.nyc.gov. Thank you for your cooperation. Chairs, we are ready to begin.

CHAIRPERSON SCHULMAN: Well, before I get into my remarks, I want to welcome Dr. Vasan and who is back. He has been having COVID. I want you to know how much we really appreciate you being here on your first day back and hope that you're feeling better.

So, and this hearing is very important, and we really very much appreciate you giving us your time.

Good afternoon, I am Council Member Lynn Schulman, Chair of the New York City Council Committee on Health. I want to thank you all for joining us at today's joint hearing with the Subcommittee on COVID Recovery and Resiliency chaired by Council Member Moya and the Committee on Hospitals chaired by Council Member Narcisse. We are also joined today by Council Member Gale Brewer.

The purpose of today's hearing is to evaluate the current status of COVID-19 in New York City, discuss the city's testing efforts and provisions for the new vaccine. The long-term consequences of the virus, it's persistent circulation in society and what this means for the city moving forward.

To some New Yorkers, COVID has seemingly faded into the background. With others, the virus is as worrisome as ever. Many New Yorkers are still moving through life with the threat of COVID-19 and to those who are older, immune compromised or HIV positive, the risk is especially real and for good reason.

New York is currently experiencing a wave of highly transmissible immune evasive BQ infections, BQ

variants represent one-third of reported COVID-19 cases in the state as of October 31st in the state as of up till the 31st.

According to the Centers for Disease Control, the new variant BQ-1 now makes up about one and ten cases nationwide. And although data shows that these Omicron variants do not necessarily cause a severe illness as Delta, a surge in cases can significantly impact our healthcare system.

Further, food cases in New York State are higher than usual for this time of year and are only expected to increase while another respiratory illness RSV is beginning to rise and strain pediatric hospitals.

The flu's early arrival combined with the new COVID variants and the presence of respiratory illnesses, such as RSV is cause for much concern. The city's healthcare system can't handle the triple threat of these virus as the colder months approach. We have seen what a strain on hospitals and healthcare resources can cause. As we all know, Queens was one of the hardest hit at the height of the pandemic and my district suffered as a result.

While Elmhurst represented by my colleague Chair Moya who you will hear from shortly, was the epicenter of the pandemic. My community experienced a great deal of tragedy and I refuse to allow a resurgence of the virus to cause such pain and suffering again. The best way we can all help to curb transmission is to stay up to date with vaccinations, which includes not only COVID but also the flu vaccine. This is critical as it is possible to be infected with both viruses simultaneously. But as of today, it is unclear how many people in New York City have received the new COVID booster.

According to DOHMH, about 476,000 doses have been given as of October 19th but this number has yet to be reflected on the agencies website. What is clear is that public knowledge of the booster is lacking and public interest and vaccinating against COVID-19 seems drastically low.

Outreach and public information campaigns must be ramped up to reach all New Yorkers and to ensure that the importance of receiving this booster is not lost. It is also important that the city continue with robust testing efforts. Although H+H's Test and Treat Corp is continuing to operate, more can still

be done. At home tests are being distributed at sites in 88 percent of zip codes but what about the remaining 12 percent? And it was recently announced that the city will distribute 10,000 accessible COVID-19 tests for New Yorkers who are blind or have low vision. But what about the 190,000 other New Yorkers with similar disabilities? And more importantly, why did it take so long to procure these tests? New Yorkers with disabilities should never be an afterthought.

It is vital that everyone have access to adequate testing, so that transmission of the virus and its impact can be effectively tracked by public health professionals. This is important for a variety of reasons but is especially critical to help ensure that.

As a recent cancer survivor, I know how it feels to navigate a world that doesn't feel completely safe for me because of my health, and I know how important it is to feel seen by those in positions of power who control our health policies.

As we continue to recover from COVID-19, we must remember that it is still here. I am committed to ensuring that the city continues to take the virus

seriously and do whatever it takes to minimize the adverse impacts on New Yorkers health, particularly the health of those who remain the most vulnerable. It is more important than ever that New Yorkers continue to take steps to reduce the risk of infection, especially as there are now far fewer COVID restrictions in place. We must make sure that no New Yorkers is left behind.

I want to conclude by thanking the Committee Staff for their work on this hearing, Committee Counsel Sara Sucher and Policy Analyst Mahnoor Butt, as well as my team Chief of Staff Jonathan Boucher, Legislative Director Kevin McAleer and my Communications Director Javier Figaroa.

I also want to acknowledge that Chair Moya is here but he is remotely and will give an opening when there is a quorum, which is what our rules dictate. I will now turn the mic over to my colleague Council Member Mercedes Narcisse, who is Chair of the Hospitals Committee.

CHAIRPERSON NARCISSE: Thank you Chair. Good afternoon everyone. Dr. Vasan, thank you for coming in, make it here despite the health issue. I'm assuming that is uhm, so thank you for being in the

room and thank you for your presence, and I know you're doing your very best, so thank you.

I'm Council Member Mercedes Narcisse, Chair of the Committee on Hospitals. I'd like to start by thanking my colleagues and my Co-Chairs. Council Members Schulman and Council Member Moya for being present today for this key hearing about the state of COVID in New York City, with the focus on bivalent vaccines and asylum seekers.

COVID-19 has become a permanent part of our lives. Over two years, we have lost about 43,000 New Yorkers to this deadly virus. Many who survive are still suffering from the effects of long COVID. It seems every day a new strain of COVID appears. More contagious and dangerous than the last one. But while the virus is evolving, we have become more complacent and our vaccination rates have slowed.

We understand how human process goes, when the virus been around for a long time, people get tired but we cannot lose focus. Last year, around this time, over 1.5 million New Yorkers received their vaccine and booster shots. Now, less than half one million have received the new bivalent charts,

showing a looming 68 percent decline in the midst of what doctors are calling a triple threat.

Subvariants of Omicron be B 8.5 and BQ-1 are silently but rapidly spreading across New York City, along with two other respiratory infections, RSV and the flu combined. These three could strain the city's resources. Once again, greatly impacting the most at-risk New Yorkers, such as Black and Brown communities. Immigrants, low-income, homelessness, older adults over 80 and children who have some of the lowest vaccination rates and access to quality healthcare.

According to a recent study by Kaiser Family Foundation, two out of five fully vaccinated and previously boosted adults were unsure if they needed to get the new bivalent boosters. Emphasizing the information gap among the masses of about the necessity of the updated boosters that provide increased protection against emerging COVID variants. Getting updated boosters and continuing to follow COVID protocols such as wearing your mask and frequent hand washing are essential to keeping our city safe throughout the winter.

It is not something that I say lightly. As a nurse for three decades, I believe in hand washing and protect each other, especially when you have any sign and symptom of any cough or cold. We need to immediately come up with an effective outreach strategy that emphasize the importance of the new bivalent booster in all languages commonly spoken by New Yorkers. And that's one of the problems that we have in New York, language access.

As we know the need to receive care in language other than English can be a barrier to receive meaningful healthcare, and acknowledging this reality, I want to know what H+H is doing to continue to build, open its language access services for the asylum seekers that have come to us seeking safety and kindness.

As the Chair of the Hospital Committee, I am very proud of the New York City Health + Hospitals in their excellent work and the free, affordable care they are providing to our most vulnerable communities, including the asylum seekers.

Despite being severely underfunded, we still do. We still continue providing these services. I have worked for H+H and I know we have been doing our best

and I expect the best from the H+H. I urge the state and the federal governments to support H+H, the backbone of our city's medical care, so it can continue its services and help keep New Yorkers safe and healthy.

We know health is wealth. Before I conclude, I want to thank everyone in this room and on the Zoom who have come to support this hearing. And lastly, I want to thank the Committee Counsel Sara Sucher and the Policy Analyst Mahnoor Butt for their work on this issue. Before I move on now, I want to acknowledge my colleague Ms. Hudson and Mr. Barron. Thank you. And now, I will pass it on the Committee Counsel to go over the procedure of the hearing. Thank you.

COMMITTEE COUNSEL: Thank you Chair. We will now hear testimony from members of the Administration, Dr. Ashwin Vasan and Celia Quinn. Will you please raise your right hand. Do you affirm to tell the truth, the whole truth and nothing but the truth before this Committee and to respond honestly to Council Member questions?

DR. VASAN: Yes.

DR. QUINN: Yes.

COMMITTEE COUNSEL: Thank you. You may begin when the Sergeant queues you or when you're ready.

DR. VASAN: Yup, thank you. Good afternoon Chair Schulman, Narcisse and Moya, and Members of the Health and Hospitals Committee and the Subcommittee on COVID Recovery and Resilience. I'm Dr. Ashwin Vasan, the Commissioner of the New York City Department of Health and Mental Hygiene.

I'm joined today by my colleague Dr. Celia Quinn, who is our Deputy Commissioner for Disease Control who will be supporting me and answering your questions. Thanks so much for the opportunity to provide an overview of the COVID-19 response here in the city, including where we are in the city's response and what might lay ahead.

On June 30, 2022, the Health Department deactivated its COVID-19 incident command structure, 833 days after it was initiated. This marked not the end of COVID-19 or our COVID-19 work but a new stage in which our programming would be folded into our regular agency functions.

Doing so enables us to better maintain routine operations, many of which were reduced or stopped entirely during the first two years of the pandemic.

It also allowed us to respond to new challenges, such as polio virus and MPV and to build programs and policies to help us emerge from the COVID-19 pandemic stronger and healthier and more equitable.

This includes expanded work across our three mental health priorities, youth mental health, serious mental illness and overdoses, as well as the city's strategic priorities, include work on birth equity, chronic disease prevention and lifestyle changes and the impacts of climate change and environmental justice on health, just to name a few.

Since I took office in March and while combatting COVID-19 and other health emergencies, most recently the health needs of tens of thousands of asylum seekers reaching our city. We've also undergone an extensive strategic planning process that seeks to make our organization more response ready, strengthen the bridge between healthcare and public health between prevention and treatment, and to strengthen our data infrastructure. All with the goal of advancing our work as the city's health strategists, in service of the city's overall public health priorities as described above. This has been difficult but necessary work, as we emerge from the

worst of COVID-19 and create a stronger public health infrastructure in its wake.

So, as we look forward, it's also important to take stock and to reflect on some of what we collectively have achieved. New York City has one of the highest COVID-19 adult vaccination rates in the country, with an estimated 99 percent of adults receiving at least one dose and 89 percent have in completed their primary series. The success of our COVID-19 vaccination program is due to bold policy decisions, such as vaccine mandates and incentive programs, as well as a historic vaccination campaign that focused on reaching underserved populations, working together with trusted messengers throughout New York City's diverse and dynamic communities.

Over 18 million doses of the COVID-19 vaccine have been administered in New York City and we have significantly narrowed the gap in vaccination coverage by race. We've also made incredible gains in vaccinating younger New Yorkers, especially children ages 13-17 years old where an estimated 92 percent have received one dose and 82 percent are fully vaccinated.

We recognize there's much more to be done, including increasing vaccination coverage amongst children 12 and younger and encouraging everyone five years and older to receive a new bivalent booster dose. Improved COVID-19 vaccination coverage will be especially important as we head into a holiday season and winter months, which have previously seen a rise in COVID-19 transmission. This winter, we face possible concurrent outbreaks, as well as referred to earlier, with early signs within and outside of the United States pointing to a potentially high level of influenza and Respiratory Syncytial Virus or RSV.

While most children will get RSV before the age of two, and the vast majority will recover on their own, a small subset each year are hospitalized. Similarly, for most people who contract influenza, the flu is a self-limited condition for which they can recover at home. But each year, thousands of New Yorkers and tens of thousands of Americans do face complications and even death from flu and RSV.

And although recent years have had lower than normal respiratory virus seasons because of the restricted movement and enhanced mitigation strategies, including masks, we anticipate as we

emerge from that period, there will be unusually high levels of these viruses.

So, it's critical that I remind all New Yorkers to get their flu and their COVID-19 vaccines now. Both vaccines are recommended for everyone ages six months and older and the bivalent COVID-19 boosters are recommended for everyone ages five and older. Many pharmacies and doctors offices offer both the flu and the COVID-19 vaccines and it's safe to get them at the same time.

So, please get vaccinated and get your children vaccinated to help keep yourself and your family healthy as we enter the holiday season. And for RSV, for which there isn't a vaccine but also for all three of these viral respiratory conditions, it's essential that we practice good hand hygiene. That we stay away from others when we're sick and that we wear masks around others if we're feeling unwell or have been amongst others, or when in crowded public settings.

As we look ahead, another very real challenge we're facing is the city's COVID fatigue. A survey by the Kaiser Foundation in early 2022, found that over 70 percent of adults were tired or frustrated

with the current state of the pandemic in the United States. This sentiment is of course understandable, a normal human response after two and a half years of a pandemic that has unsettled and reshaped almost every facet of our lives. The CDC's relaxation of quarantine and masking recommendations and similar steps taken by the city, is both a reflection of how far we've come in improving COVID-19 morbidity and mortality and also recognition of the palpable need to return to some semblance of normalcy.

But COVID-19 is still here and it's a part of our new reality. However, it's one for which we have strategies to manage. Being exposed to COVID-19 no longer means missed work and school but can be managed instead with testing and mask use. Masks need not be an everyday, all the time measure for most New Yorkers but worn where and when needed to protect ones self and others in times of increased transmission and where the likelihood of transmission is high.

Wearing a mask as necessary should become routine. Getting a COVID-19 vaccine should be just one additional intervention received during a regular well-check exam or an ordinary visit to the pharmacy.

In this way, COVID-19 prevention must be integrated into our every day lives, rather than consuming our lives as it has for the last two and a half years. What this means for the Health Department and for the city's public health apparatus is shifting toward a more focused and tailored approach for targeting people at highest risk for severe COVID-19 due to age underlying medical conditions or settings.

But as COVID-19 has shown us, it's a nimble and a tricky opponent and we must be prepared to adapt quickly as the situation changes. In deed this virus has continually thrown us curve balls. New variants that may be more immune evasive or even cause more severe illness remain a constant threat.

The city, however, is poised to rapidly identify and respond to any increases in cases and hospitalizations. We continue daily monitoring of COVID-19 activity through our robust surveillance system, which includes monitoring case reports, syndromic data, and hospital capacity. Sequencing specimens to estimate the prevalence of variants of concern and waste water testing.

We also have maintained heightened monitoring in our schools to ensure they remain safe and open.

This includes tracking COVID-19 case rates among students and staff, assisting with notifications following a school exposure and a dedicated call line for school administrators. Even as at-home testing has increased and become the go to method of testing, we still have more than enough data for accurate surveillance and estimation of the state of COVID-19 transmission in our city.

Vaccination remains our number one weapon against COVID-19. It enabled us to reopen our city and high levels of vaccination including booster doses, will be critical to ongoing recovery.

The Health Department has enrolled more than 3,500 providers in the COVID-19 vaccination program, thus integrating COVID-19 vaccination into our regular healthcare delivery system. We're conducting COVID-19 vaccination at community events, alongside flu and other services. We continue widespread public messaging including ad campaigns, PSA's, and social media posts.

It's hard to go a day without passing an image of our proud vaccinated lady liberty, high on a billboard or on a subway car. We'll soon be launching our flu and COVID-19 booster campaign to

remind all New Yorkers to roll up both sleeves and to get both vaccines. This is complemented by text messages, emails, and other reminders. We're also urging all providers to encourage their patients and to call their high-risk patients and those above 65-years of age to come in and get vaccinated.

Testing also continues to be a central part of the COVID-19 — a part of COVID-19 prevention. Every New Yorker should get tested right away if they have symptoms or were exposed to COVID-19 and before and after traveling or being at large gatherings. And to separate from others if they test positive.

To this end, the city has maintained diagnostic testing capacity through Health + Hospitals and Health Department facilities and at home test kit give aways at libraries, schools and other venues complementing the many pharmacies, urgent care centers, FQHC's and individual providers that offer testing.

To date, more than 62 million free at home tests have been distributed across the city. Testing not only helps reduce transmission, but it's also the gateway to another tool in our arsenal, which is treatment. COVID-19 treatment when started early can

greatly reduce the risk of severe illness and hospitalization. People who test positive should contact their healthcare provider right away and any provider can prescribe treatment in New York City. And antiviral medicine remains free to the patient.

People can also utilize Health + Hospitals mobile test and treat sites and the city's 212 COVID-19 hotline, which enables New Yorkers most at-risk of severe COVID-19 to immediately initiate treatment following a positive test result. As with their other services, Health + Hospitals offers treatment to all New Yorkers regardless of immigration status, or ability to pay.

The COVID-19 hotline along with the city's COVID test and vaccine finder websites, ensure New Yorkers know where they can access COVID-19 testing vaccination and care. We continue to promote non pharmacological prevention measures such as wearing masks, in crowded indoor settings, especially this fall and winter when we know more COVID-19 virus will be spreading and staying home when sick.

These are steps every New Yorker can take to keep our community safe. And importantly, we continue to work closely with our community-based organizations

and leaders, trusted messengers who are crucial to reducing the inequities laid bare by the pandemic.

I want to close out by saying that while I'm mindful of the challenges that lay ahead, I'm also secure in the knowledge that we can and will rise to those challenges. The Health Department recently held a series of recognition and remembrance events to celebrate the extraordinary achievements of the over 4,400 Health Department staff who together worked over three and a half million hours on the COVID-19 response over the last two and a half years in addition to their daily work.

While participating in these events, I was struck by the unwavering commitment of our staff, many of whom like so many New Yorkers were dealing with their own personal loss. They alongside countless colleagues and other city agencies and the administration fought for the lives of every single New Yorker and continue to do so in their COVID-19 and other essential programming. I know we are in good hands.

Thanks so much for allowing me to share our work. I remain as always incredibly grateful for our partnership and for the support the City Council has

given to our Administration, and to the Health Department in particular throughout the COVID-19 response and beyond. We look forward to continue our work collaboratively to protect the health of all New Yorkers. And I look forward to answering your questions and answering thoughtfully and to the best of my ability.

Thanks once again for the opportunity for being here today. Thanks.

CHAIRPERSON SCHULMAN: Thank you Commissioner. So, what we're going to do, a couple of things. I want to acknowledge that we have Council Member — we've been joined by Council Members Ariola, Rivera, Joseph and Velàzquez. The other is that since we know have quorum, that we're going to ask Chair Moya to give his opening remarks.

CHAIRPERSON MOYA: Great, thank you so much Commissioner and thank you to Chair Schulman and to Chair Narcisse. Good afternoon everyone. I'm Council Member Francisco Moya, the Chair of the Subcommittee on COVID Recovery and Resiliency.

For today's hearing, I will be focusing in on the current challenges of the COVID-19 including low rates of the bivalent boosters, COVID related care

for asylum seekers and the triple threat of COVID, of the flu and RSV during this winter season.

It's been over two years since COVID-19 first swept across our city, turning New York and particularly my district in Queens and the epicenter of the pandemic. The horror and the worry that we all felt for the safety of our families and children during the early days of the pandemic has recently been renewed after getting calls from worried parents, anxious about the safety of their children in PreK where the RSV virus is spreading and the majority of their classmates are unvaccinated against COVID.

As Chair of the Subcommittee on COVID Recovery and Resiliency, I'm focused on how we can move forward in a way that is smart, strategic and promotes equity. This includes remaining vigilant on the ongoing risk of COVID-19 variants, the flu and RSV, which are currently circulating the city. Warning us of the triple threat they could overwhelm our medical resources if proper safety measures are not taken.

We need to be mindful of the particular risks faced by communities of color, immigrants, low-income

families and now asylum seekers that are coming in from Venezuela, Columbia and Haiti and other parts of the world who have come to our great city to seek refuge because they know that New Yorkers never turn their back on anyone.

And with that said, it is imminent that we bring back the focus on getting tested and vaccinated. As the flu season and holidays are upon us, the risk of spread is even greater. Every day, new Omicron variants such as the A5, the A4-6 and BQ-1 are circulating. These new variants are said to be more fast spreading as the new mutations can overpower immunity our vaccines and boosters and to address this issue, the FDA has approved the new bivalent boosters that provide protection against both the original SARS and COVID 2 viruses and the Omni uh, prime subvariants that are rapidly spreading across America and Europe.

Efforts to administer these boosters should be expedited. Right now, only about 70 to 80 percent of New Yorkers have received these updated boosters, which compared to last year, it was a drop in the bucket. Our vaccination and booster rates over the last ten months, kept our COVID related hospital

rates low. The boosters are free and available at H+H medical centers, vaccine mobiles and pharmacies will help us maintain those low rates through the winter so that we can all safely enjoy our holidays with our beloved families and friends.

So, I want to conclude with thanking DOHMH for the work that they've been doing to keep us safe. I also want to give special thanks to the Committee Counsel, to Sara and Mahnoor for their work on this hearing and now, I'm either going to turn it over to our Chairs or Chair, do you want me to just get into the questions? How do you want to proceed?

CHAIRPERSON SCHULMAN: Chair, well first, I want to acknowledge we've been joined by Council Member Feliz and yes, please go into your questions. I know you have an appointment that you have to get to.

CHAIRPERSON MOYA: Great, thank you. I appreciate that Chair Schulman and Chair Narcisse. Thank you for that.

Commissioner, just wanted to ask you a couple of questions here. Has the Department or the teach you, work to help provide COVID-19 testing and treatment to the recently arrived asylum seekers? And if so, what does the testing operations look like and are

the vaccines being offered to them? Specially, what is the testing like in the temporary shelters that the city's providing these asylum seekers?

DR. VASAN: So, the good news is that despite the ongoing challenge of meeting the needs of tens of thousands of people, we haven't had a case found of COVID-19 yet in our perk sites, in our humanitarian relief sites. Medical services are offered 24/7 at our perks, the Humanitarian Emergency Relief Care Centers. Anyone who is symptomatic of course can get tested on site immediately and then we have space at the humanitarian centers for isolation and for support.

There are an array of vaccinations provided, both at the navigation center, which is in Hell's Kitchen, as well as onsite at our temporary shelters or through connection to an FQHC or an H+H site, which we make for people who have an appointment. There are isolation measures in place, as I said for COVID and as well as other communicable diseases of concern, like tuberculosis. Randal's Island for instance has an isolation space for anyone who has tested positive.

And so, the bottom line to your question is that COVID testing, COVID treatment and COVID vaccination is being routinely offered to all people coming to our city seeking help.

CHAIRPERSON MOYA: Thank you. Second to the asylum seekers, the primary language that's spoken among asylum seekers are Spanish and Creole. What actions has the Department and H+H taken to ensure language accessibility when administering COVID tests, vaccinations and other medical care.

DR. VASAN: Thank you for the question. Uhm, the good news is that we learned a lot from COVID in terms of language accessibility. And so, have been able to draw from that infrastructure for our asylum seeker response.

Every single humanitarian assistance site, whether it's at the Port Authority, at our Navigation Center or anyone of the I believe 55 temporary shelters and herks have bilingual speakers, both for Spanish and for Haitian Creole, as well as access to language line. But in addition, we've also — uhm, they have access to language, the 13 key languages, the priority languages as well as other languages through language line.

So, language access has been a priority from the beginning. All of our materials that are being distributed to families and to people coming for assistance are in a culturally appropriate language. And so, we've taken the responsibility very seriously.

CHAIRPERSON MOYA: Thank you Commissioner. Do we have an estimate of how many asylum seekers have been vaccinated and how many have completed their primary COVID vaccine and/or received their boosters?

DR. VASAN: It's a good question Council Member. Thank you for it. As you know, we don't collect immigration status for any healthcare services provided through the city. And that is specifically so that we don't you know create an environment of stigma or a chilling effect to seek services. So, we do not record immigration status when distributing our services at any of our asylum sites, asylum seeker service sites, nor do our partners at FQHC's or H+H collect that information.

What I can say is that and to the frontend question, we have many asylum seekers who come with documentation of their COVID-19 vaccination and many who do not. And again, I think we have focused on

routine offering of services to every single person coming to our borders. There's also additional screening that's done by the federal government at the border, which includes COVID-19 and symptomatic tuberculosis screening as well.

CHAIRPERSON MOYA: So, I get you don't ask the question based on immigration status. I understand that but at the shelters or where the asylum seekers are being housed, are you collecting data of a number of vaccinations that have been given out at these sites?

DR. VASAN: Yes, we are collecting data on the number of vaccinations at our sites, yes.

CHAIRPERSON MOYA: And do you have that figure?

DR. VASAN: I can circle back and get that data for you.

CHAIRPERSON MOYA: Great, that would be helpful because obviously we know that if it's coming from that area, then we'll have a better understanding of how many asylum seekers have been vaccinated and have they gotten their boosters or not, or [INAUDIBLE 36:20].

So, is the Department assisting in vaccinating the asylum seeker children prior to their enrollment

into the public schools and how are they funding such an initiative?

DR. VASAN: So, we have a specific shelter site at the Row Hotel, which is focused on families, which is where all of our families coming in seeking asylum are being placed. And there in particular, as well as at the navigation center, we're offering routine school immunizations, and ensuring that all kids going to school are up to date on their immunizations. As you know, most of the children are coming with cards, saying this is the vaccinations I have had. So, we're having to do updated series. As well, we're making appointments for them at the QHC partners and H+H sites which are doing the follow-up.

As you know, many childhood vaccinations are delivered in a series separated by sometimes weeks, months, even years. And so, we're making sure that all of that data is in our immunization record and that they're following up, so they can attend school.

CHAIRPERSON MOYA: Got it. Uhm, but how are we funding those initiatives, like where is the funding coming from to do that?

DR. VASAN: Right now, this is all city taxpayer dollars that are going to humanitarian assistance.

There has not yet been federal relief made available to us.

CHAIRPERSON MOYA: Okay, uhm, and this is my last question here and then I'll turn it over to my colleagues. Uhm, are the asylum seekers that are testing positive being sent to H+H? And if so, how does H+H handle that influx and are they able to quarantine? How are they being accessed to treatments. I just want to get an idea. Like, once they've been tested positive, do they go into an H+H facility? Uhm, how are we handling that and are we giving them a space where they will quarantine as well?

DR. VASAN: Yeah, all of our — thank you for the question. All of our humanitarian assistant sites, whether they be shelters or the herks have isolation capacity built in, so that if someone does test positive for COVID or some other condition, we can isolate them onsite, so that's been very useful.

Connecting them into care can be done through either in the immediate for COVID through one of the 75 Test and Treat mobile sites. But most importantly, we want everyone to start getting their routine primary care through our healthcare delivery

system, either FQHC's or H+H outpatient sites. And so, we make sure that all asylum seekers can get appointments to see a primary care provider and establish care as well, taking advantage of statutory coverage provided through Medicaid, so that that's care that can then be reimbursed. So, all of the steps are being taken upon arrival and then when someone does test positive for any infectious condition in particular, we can isolate them and get them into care.

CHAIRPERSON MOYA: Great, thank you so much Commissioner. That's it for me with questions and thank you again to the Co-Chairs and my colleagues for allowing me to go with my questions. Thank you.

CHAIRPERSON SCHULMAN: No, thank you Chair Moya, really appreciate it. So now, what I'm going to do is I'm actually going to ask the Chair Narcisse to begin the questioning and then I'll go after her.

CHAIRPERSON NARCISSE: Thank you Chair Schulman. Uhm, on vaccination of our children. 92 percent of New York City resident age 13 to 17 have received at least one vaccine dose. However, only 58 percent of the children age 5 to 12 have received their first dose, and nine percent for those age of zero to four.

What is H+H doing to help encourage parents and guardians and everyone involved in those children lives to get their children vaccinated?

DR. VASAN: Thank you for the question. Yes, I think that it's been a challenge, both here in New York City as well as across this country to get parents to get their young children vaccinated. Uhm, we're seeing the same rates that you quoted for New York City are very similar across this country and I think it has to do with a few things. Number one is the fact that the vaccines came onto the market at a time when COVID was not at its most emergent. They come onto the market mostly within the last six months, six, eight, ten months. And so, that wasn't a time when urgency was as heightened as it had been over the last two years.

Number two, parents need confidence in the vaccines that are being delivered and so much of the vaccines that they have confidence in are delivered through routine school immunizations. And so, you know I think at some point having the conversation around what the future of that is will be important to build confidence and to get those vaccination rates up.

From the Health Department on the city's side, we continue to work with pediatricians. We continue to work with parent groups and community organizations to make them aware of the vaccine and to the protection offered to their children by getting them vaccinated. I'll be very frank, it's an uphill battle for sure.

CHAIRPERSON NARCISSE: Have you tried to uhm, to work with the Department of Education as well? To come in to see, because if they can have an input to see how the best way we can do it, CBO's that dealing with children, early learning, early child development?

DR. VASAN: Yes, that's a great question. Thank you for the comment. Uhm, yes, absolutely, when the vaccines first came out on the market, we partnered with DOE. We partnered with a lot of DOE stakeholder organizations and parent leaders to try to build confidence in the vaccine.

We had a lot of weeks before the vaccine came to market to do a lot of preparatory work. But I think what we found time and again was that there were just a lot of questions. A lot of parents saying, yeah, we'll wait and see or I'll delay or you know, I'll

think about it later. And so, we it's a good point. I mean, I think now is the time to continue those conversations.

CHAIRPERSON NARCISSE: So, it would be fair if I said it was trust that prevent that from taking place? What's the barriers? If you have to call one barrier, what would it be?

DR. VASAN: Confidence. I think confidence you know amongst parents. Confidence combined with urgency. Our vaccines, we have achieved the level of uptick that we have in New York City with 99 percent of adults being vaccinated with 89 percent of adults being fully vaccinated. One dose versus fully vaccinated because there was a combination of urgency and need, a combination of fear. There was real fear, genuine worry about getting sick and combined with our requirements, our mandates. Those all work together to push those numbers up and I think we're in a different environment now where — and we're seeing it also with the bivalent booster. Uptick is slow because as I said in my comments, fatigue is real. People are quite disillusioned with a lot of what's out there. And with dealing with this

pandemic, almost three years into it. And so, I think it has been an uphill challenge for sure.

CHAIRPERSON NARCISSE: So, how is the accessibility to that, to this group, age group?

DR. VASAN: Accessibility is not an issue. We have enough vaccine. We have enough providers giving the vaccine. We have enough points of distribution. Children can be taken to their pediatrician, to pharmacies, to a whole range of points of delivery. So, that, unlike in the early days of the vaccination campaign when supply was scarce and demand was extremely high, we're not facing any of those constraints. Demand is low but supply is high.

CHAIRPERSON NARCISSE: Okay, what are your thoughts on the CDC recommending that COVID shots should be part of both childhood and adult vaccination schedulers for 2023?

DR. VASAN: Uhm, we're very supportive of the CDC's recommendation. Let me just be clear, it's still just a recommendation. It does not determine what happens in any state or local municipality. That will be up to state and local leaders but as a — from a public health perspective and as a recommendation, we think it's the right thing to do

to protect our children, to protect everyone and to also incorporate COVID-19 management into our ongoing lives, just as you would go for your annual physical, you would take your child for a routine school physical to get their boosters updated and to get a well-check. This is a part of our — how we prepare for the fall, prepare for the school year.

CHAIRPERSON NARCISSE: Thank you. Bivalent vaccine, how effective are the bivalent boosters on the BA-5 variant? What about the BQ-1 and BQ1-1 variants?

DR. VASAN: I think, those are very new but thank you for the question. Those are very new variants, so those studies are still underway. The BA uh, the bivalent booster was designed to cover the dominant circulating strains of Omicron at the time BA-4, BA-5 and all of its subtypes.

With that said, it is an Omicron specific bivalent booster, so it should cover everything that is in the lineage of Omicron, as well as the original SARS-CV2 virus based on the original formulation. You know much as we have for flu, we have to probably update this vaccine. The manufacturers are telling us publicly that they will probably update it on an

annual basis based on circulating new variants and there will always be new variants at least for the time being. Because one thing to make clear is that the majority of infections happening in this world are new infections.

While we might know people that have had it one, two, three times. I've had it, I just got it for my third time. That isn't the norm. The majority of people are uninfected in this world and that is a recipe for mutation, for ongoing mutation. And so, the vaccine will have to update itself as well, be updated as well.

CHAIRPERSON NARCISSE: And are we getting the updates on the website? Other updates for the boosters?

DR. VASAN: Yeah, we're compiling the data now and working to make it publicly available.

CHAIRPERSON NARCISSE: Yeah and in September, Mayor Adams launched a COVID-19 Boosters Campaign but as of October 24th, only seven to eight percent of New York City eligible population received the vaccine. What outreach is currently being done to encourage New Yorkers to get the boosters, bivalent boosters?

DR. VASAN: Thank you for the question. Yeah and you're right. City uptick of the bivalent booster has been lower and slower than we'd like as of the end of October, so that's a few weeks out of date now. We have almost 630,000 booster doses given. That number is likely to be beyond 700,000 now. And in addition to the very public, public service announcements and campaigns, I mentioned also that our big flu and booster campaign is being launched in the coming days.

We're also down and doing some of the invisible work of being in the community, working with our neighborhood health bureaus and community health workers, building off of the infrastructure that we laid during COVID. And especially focusing in on our taskforce for Racial Inclusion and Equity Neighborhoods. The zip codes that have been hardest hit. We're using mobile vaccine vans. The H+H infrastructure as well as other infrastructure to place mobile vaccination in high-risk settings. In particular, things like uhm, adult daycare settings, nursing homes and other congregate settings, with high-risk people. We're working with 80 public health core partners. These are the same

organizations we've been working with throughout COVID, as well as our interfaith advisory groups, which is one per borough. Each of which has about 20 to 40 members each to focus on community education, to distributing materials for them, so that they can go and be the boots on the ground. Talking to their communities about why to get the vaccine.

On the child end and the school end, we've been working with the Office of School Health, the community boards and with elected doing town halls. We're happy to do town halls with you, if you're interested.

CHAIRPERSON NARCISSE: Sure.

DR. VASAN: And bringing other city agencies involved, DHS, DFTA, DYCD and DOE and again, giving them the materials that they need to be the incredible messengers that they are. And lastly, we've been doing community vaccination events, pop up flu and booster events together. We've contracted with six organizations for specifically for instance to work with the orthodox Jewish community in Brooklyn and Staten Island and with 17 federally qualified health centers in TRIE neighborhoods, the

Taskforce Racial Inclusion and Equity Neighborhoods to stand-up pop-up site.

So, we're trying to learn the lessons that we learned from COVID and really stand up proactively. Uhm, infrastructure in the communities that need it the most but in all honestly, it's hard. People are not expressing a lot of interest in getting this vaccine right now and we're going to keep pushing at it.

CHAIRPERSON NARCISSE: Thank you. I love the word boots on the ground but since you — we are open now; people are listening to you. What would you tell New Yorkers who are hesitant to get that boosters, because a lot of us are not getting the boosters. I took mine but —

DR. VASAN: Thank you for setting a good example. I took my booster too and I still got it, right. I still got sick. I just came back today. It's my first day back in the office. The booster is not a fail-safe but the fact that I only had a couple of days of symptoms. The fact that they were mild was because — and the fact that I'm back here today testifying in front of you is because I was boosted and my immunity was updated and I was able to bounce

back. I was able to bounce back very quickly and we all want a normal winter. We all want to have a thanksgiving and a Christmas with our loved ones or whatever holiday we celebrate, a Hanukkah or otherwise, we want to enter into the fall and the winter. Enter into the winter with piece of mind to congregate safely with our loved ones. This is our ticket.

So, what I would say to New Yorkers is, I want the same things you want, which is to have the first sort of normal winter that we've had in two years. Omicron stole that from us last winter unexpectedly. We have a tool now that can help us get there and it's not a fail safe against getting sick but if we all commit to each other to get boosted, we will reduce overall transmission and we'll be able to bounce back should we be in the unfortunate position to be infected.

CHAIRPERSON NARCISSE: And by the way, I like the Town Hall idea. I love Town Hall. Uhm, it was recently announced that the city will distribute 10,000 COVID-19 at home tests that are more accessible to those who are blind or have low vision. This test utilize simpler componence and connect with

the users, smart phone to provide an electronic test read out of results. However, about 200,000 New Yorkers report having vision difficulties. Has the city begun distributing this test and if so, how is it decided who receives them? Does the city plan on procuring more? Why did it take so long for the city to obtain accessible test kits to those?

DR. VASAN: Thank you so much for the question and this is a major priority and another one of the many, many, many lessons we've learned from COVID, which is that there's no possibility for response or recovery unless it's fully inclusive and full inclusion means also in particular, focusing on the needs of people living with disabilities.

And so, that's why we're piloting this program. We know it's not enough. We know that there's more need than we've been able to procure. This was procured through a federal grant through the CDC and a partnership with the CDC to try this out. We distributed kits as of the end of October to all twelve of our city's distribution partners, which were selected by the Mayor's Office of People with Disabilities, for People with Disabilities. And so, they've all gotten those kits. We really want to

look at uptake and our ability to message and effectiveness and then, there's definitely a desire to expand this program and to meet the need of everyone who needs COVID testing.

We're also working with the manufacturer. As you said, there's some specific features of this test that need to be designed for people with low vision and other disabilities, so we had to work with a specific manufacturer on that. And so, we're learning.

You know, I can honestly say this isn't something we did before, COVID and COVID has taught us something and we're learning that lesson and trying to incorporate that into this space.

CHAIRPERSON NARCISSE: Thank you and we like to be inclusive when it comes to the City of New York. We cannot forget those in needs the most and for people with low vision, that's very important.

Uhm, thank you Chair Schulman and thank you Chair Moya as well, and my colleagues, thank you very much for the opportunity and Dr. Vasan, thank you so much.

DR. VASAN: Thank you.

DR. SCHULMAN: So, I have some questions and then we're going to open it up to my colleagues. So, in

your opinion, has COVID-19 begun shifting towards becoming an endemic and can you briefly describe the difference between a pandemic and endemic and what each means in terms of public health guidance?

DR. VASAN: Thank you for the question. I think it's on the road to endemicity. I wish I could say we've hit it. Generally, we declare something endemic when we feel like we understand what the new baseline level of infection is going to be now and into the future.

In an environment of relatively low restrictions, which means once we've taken down our movement restrictions and our mask restrictions, we have seen a fairly consistent rate of transmission, since basically the end of spring. It's been higher at times and lower at others but it's been within a range. It's never really dropped below a certain level. So, I think we're getting there but I don't think we're there yet and of course, that all has to be taken into account with new variants. And the fact that the new variants that are coming, that we're seeing in other parts of the world and even now starting to enter New York are moving quicker.

They're more transmissible. They're not more severe but they're more transmissible.

So, it's an extremely hard question to answer Chair. I wish I had a better answer. The difference between a pandemic and so an epidemic is any transmission of a disease or rate of disease that's higher than expected in a given population. And when it's a pandemic, it's when you're seeing that across multiple countries and continents. And so, for instance, HIV, HIV Aids was a pandemic, because we saw high rates of transmission beyond what was expected, which is prior to the early 1980's. It wasn't with us across multiple continents.

And so, you know that's why you won't hear me say the pandemic is this or that or over or not over. It is where it is. We are currently in a state of high transmission but we are managing it in our every day lives through the tools that we have and learning how to integrate it and incorporate it in a semblance of life that's closer to normal than we've been in two and a half years.

CHAIRPERSON SCHULMAN: Okay, in your testimony, you said COVID is not over or not totally over yet. So, but that's not — I don't think that message is

getting out there. And you know as government officials and as elected officials, we should use that position as fully focused. So, is that something that you would amplify more so, so that people understand they have to get — they should get a booster, all of that stuff?

DR. VASAN: Yeah, certainly I mean we have been out there quite publicly about the need to get boosted. The need to get boosted is a sign that COVID's still here. It's still a risk. It's still something we want to amplify and that's been a fairly consistent message from us, which is that it's still here, it's still something we have to deal with. It's not something that whose risks are experienced equitably. And so, we have to keep taking that into account.

CHAIRPERSON SCHULMAN: And I think we can do — I appreciate that. I think there's more we can do because the president said it was over. So, a lot of people think that that means it's over and it's still — people are still — there's still a death rate. It's low but there is still a death rate. Every day, there's still people getting sick every day. Yes, the numbers are lower, so that's one.

The other I want to ask is what is the most up to date guidance on masking, given all of this?

DR. VASAN: Yeah, our recommendation is that people wear masks in crowded indoor settings. They wear masks when they're having any sort of symptoms. If they're not feeling well, but they have to be amongst others and they can't separate. And they wear masks where they're most comfortable.

As I said in my testimony, masks don't have to be an all the time, every time thing but when you're in a crowded setting, when you're around a bunch of strangers. Especially at a time when COVID transmission is increasing, we recommend wearing a mask.

CHAIRPERSON SCHULMAN: Do we have a way to make sure that masks are available for folks, especially in public settings? Whether it's schools, whether it's municipal buildings, whether you know that — so can we make sure that that happens? Do we have the ability to do that?

DR. VASAN: We do and we're still continuing our PB Distribution Programs with not only through schools but also through our community partners and Public Health Corp. in particular. Through our

FQHC's and other settings. And so, yes, absolutely we want to make mask wearing an easy choice, an accessible choice and an equitable choice, so that all communities have access to this basic tool.

CHAIRPERSON SCHULMAN: Thank you. My colleague Council Member Barron has to leave, so I'm going to just give up my line of questioning, so that he can ask his question and we'll come back.

COUNCIL MEMBER BARRON: Thank you very much. I appreciate that. You know, I think Chair Mercedes and Narcisse asked a question about trust and you changed it to confidence but it is a question of trust. I think in our communities, one, our communities many people don't trust Pfizer and Moderna. Those are capitalistic companies that maximize profits and historically, they have overdone it with what's needed to meet diseases so they can maximize profits.

So, a lot of that is a mistrust in those companies. Secondly, not too many people know what's in the vaccine itself and I remember asking a few doctors and they weren't sure. You know we got different takes on what's actually in the vaccine and not right after you get you, the dizziness and all of

that but what are the long-range effects? Especially when a vaccine was an emergency vaccine, so it didn't go through the standard long-range testing and sampling of it. Could you address some of that and I have one more, then I'll finish.

DR. VASAN: Thank you for the point. It is a really systemic challenge that we're facing in science. We've had a two-year battle, a three-year battle with anti-science information, misinformation, disinformation and everyone in my positions in public health and in the scientific community and the healthcare community feels it every single day because we're fielding questions every single day from people who have these same concerns. And so, you're right, it is down to trust. Trust in institutions, trust in science, trust in companies, corporations, all of it is at historic lows and all we have to do is look at surveys and that isn't also equitable. Communities that have been left behind, communities that have been oppressed and marginalized have even lower rates of trust and rightfully so.

From the Health Department and the city's point of view, we've tried to two things. One is, lean into that discomfort and to form partnerships in

those communities because I don't know how to solve for that bigger narrative of trust but I know that it starts by showing up and it starts by being on the ground and being present. That's one of the lessons that we learned.

COUNCIL MEMBER BARRON: I'm sorry to cut you off, I got to go but what's in the vaccine? What does it comprise of? What's in it?

DR. VASAN: I can't speak to every ingredient in the vaccine. I know the component is —

COUNCIL MEMBER BARRON: That's a real problem. That's the distrust we have and I'll tell you, I'm concerned about that. You're ahead of this, you can't even speak to what's in it. So, you know, I want to be able to go back to my neighborhood for people who might say, you know I don't trust it. And say no, this is what's in it.

And so, they'll know what's in the vaccines just like every other thing you take, there's a label on there that tells you you know everything that's in it. So, what do you know of that is in the vaccine. Could you say anything to that?

DR. VASAN: Look, I mean I think the vaccine has a label. Just an FDA certified label of its

ingredients, just like every other pharmacological product out there and I don't know what's in every single pill. I know what the active ingredient is. I know that the agent —

COUNCIL MEMBER BARRON: What's the active ingredient?

DR. VASAN: Well, the active ingredient for these, the most two prominent vaccines, the MRNA vaccines is genetic code.

COUNCIL MEMBER BARRON: Stop there. See when we hear genetic code, people get very concerned about that. What does that mean? What's the not the immediate effect? What's the long-range effect? What do you mean by genetic code.

DR. VASAN: Yup, I can try to — I'll do my best to explain it.

COUNCIL MEMBER BARRON: Sure.

DR. VASAN: The point of a vaccine is to get your immune system to produce an antibody that can fight off whatever it is. The virus in this case, COVID-19, SARS-CoV-2. The way that which we get your body that this vaccine stimulates your body to produce that antibody is by presenting a little series of code, genetic code. Just like your body is full of

genetic code. You have your own DNA that determines the colors of your skin, the color of your hair, the height, your weight in many ways. Uhm, this is a little stretch of code from the virus itself that your body then reads and makes a protein, an antibody against it.

COUNCIL MEMBER BARRON: Right.

DR. VASAN: And so, that's how these vaccines work and what's important to remember is that you're absolutely right that these vaccines were produced quickly and under emergency conditions.

COUNCIL MEMBER BARRON: Yeah.

DR. VASAN: Number one, they were produced using technology that's over 20 years old and has been used and studied for the better part of two decades. Number two —

COUNCIL MEMBER BARRON: What's the general use study period for a vaccine generally?

DR. VASAN: What's the general?

COUNCIL MEMBER BARRON: Yeah, when it's not an emergency.

DR. VASAN: It can be a couple of years. It can be —

COUNCIL MEMBER BARRON: Ten years, five years?

DR. VASAN: No, there's not a standard number. It's about a number of people who receive it. There's trials. What we do is we establish safety of the vaccine, of anything, a drug or a vaccine. We establish safety first. Before on humans, we do it in animals then we do it in humans and then we start using it in patients and we follow it. First, we use it in restricted conditions and then we follow it over time and liberalize its use, and that data that comes through is our safety. We call it post marketing surveillance data and that's the — the best part about these vaccines is that we have hundreds of millions of data points that show that it's safe and it's effective because we've given out, we have more post-marketing surveillance data for this vaccine than we've had for any vaccine in history because so many people have taken it.

COUNCIL MEMBER BARRON: Now, you mention history. You know the history contents of vaccine. It was incredibly dangerous.

DR. VASAN: But what I'm saying is that compared to any other —

COUNCIL MEMBER BARRON: Right, time in history.

DR. VASAN: We have more data today for this vaccine, these vaccines to say that they're safe. The other thing that I'll say is that this is not a new problem. You have been raising this for months, for years throughout COVID, which is why the Health Department created an information sheet with the ingredients of the vaccine and related products that we've been distributing to our community partners. We're happy to get that to you.

COUNCIL MEMBER BARRON: Yeah, I'd appreciate that, so I could talk to my community more intelligently. Finally, the first time around with this crisis, Black and Brown communities were tremendously neglected in terms of the PPE and the staffing needed in hospitals, testing sites, all of that. As you heard me mention at other hearings, we had the highest rate of death and infection, yet they used the Javits Center in the White community and they used Central Park in the White community as medical facilities. And they had even a ship that had 1,000 beds that came to the White community, even though our communities were effected more and were dying more than anybody.

I'm concerned, was there any storage of things in our communities to meet what might be coming this fall? If there's an increase and there usually is during the colder months as we go inside, has there been any different in approach to dealing with the communities? Black and Brown, Black and Latino, Latina communities that are most effected?

DR. VASAN: Thank you for the question and it's been a critical learning for us. A hard one, a hard loss learning. Too much pain is underneath that learning. But and I say this a lot but the Public Health Corp., the community network of 80 organizations in the 55 zip codes that were hardest hit by COVID, that is our public health infrastructure with communities now. That is the first place we go for distribution of vaccines, for prioritization of mobile distribution of testing and vaccination and treatment for engagement on messaging. That's the first place we go.

And so, it's not only an infrastructure for doing things, it's a planning infrastructure. They're in conversation with us in a way that prior to COVID and in the early days of COVID, we just didn't have. Mayor Adams also set up a COVID recovery taskforce at

the beginning of his administration, Chaired by Deputy Mayor William Isom and myself, where we're in regular dialogue with community leaders from Black and Brown neighborhoods from the communities that have been hardest hit to say, "hey, this is what I'm hearing. Just as you've come and said, this is what I'm hearing. That's important data that we historically haven't had good avenues to listen to and through the Public Health Corp, through things like the Recovery Taskforce, we're creating those channels to actually get that data in and listen and react proactively instead of reactively.

CHAIRPERSON SCHULMAN: Council Member —

COUNCIL MEMBER BARRON: Thank you Chair.

CHAIRPERSON SCHULMAN: Yeah, you're very welcome.

COUNCIL MEMBER BARRON: Yeah, I appreciate you allowing me.

CHAIRPERSON SCHULMAN: Absolutely, so I'm going to go back to my line of questioning for a little bit. Uhm, so when we talked about the availability of masks a few minutes ago, is there also availability? I know the federal monies that we have are kind of drying up. Is there availability of tests for folks? Free tests? Because you know as

you know, if you go into a drug store now, it's $20 for a rapid test.

DR. VASAN: Yeah, since the spring, since congressional budget negotiations, we're underway. We've been raising the alarm about the pull back of congressional emergency relief funding, which was never passed.

So, uhm, that still remains a huge concern. In the short-term, we've had enough federal funding for this year to continue our activities. We still get reimbursed by FEMA for our emergency operations. Testing and immunization. COVID vaccines remains free, as does Paxlovid, the treatment, the outpatient treatment but we've — the federal government has been clear. They are moving towards commercialization of all of that into 2023.

And so, when we hear commercialization, that means it's going to be subject to the market and it's going to be delivered within our routine healthcare delivery system, which has structural challenges in it, as we know prior to COVID.

CHAIRPERSON SCHULMAN: So, as we get towards doing next Fiscal Year Budget, we should have that

conversation about what we need to do for that if there's a way to address that.

So, I also want to go back to my colleague Chair Narcisse, when she asked about people with disabilities, particularly those with low vision. I have uhm, an organization in my district called Alpha Point, which I share with Council Member Ariola right now. And so, they are the only organization in the city that works with people specifically — with people with issues with their — visual issues and also who are blind and also employ those individuals.

So, I want to make sure that they're on the list of folks that you're dealing with in terms of community-based organizations. And if there's a way for us to get the Council to get a list of what those organizations are, so we can see if there's places for us to plug in to take care of any gaps, we would like to do that.

I assume you're shaking your head yes, so that's a yes.

DR. VASAN: Yes, happy to work with you on that.

CHAIRPERSON SCHULMAN: And uhm, is the city continuing to uhm, provide and expand access to PPE and COVID-19 treatments, including the monoclonal

antibody treatment and the Paxlovid? We have funds to do that?

DR. VASAN: Yeah, currently Paxlovid remains free and federally funded, so we have plenty of Paxlovid supply. Monoclonal antibodies have moved on to the commercial market already. And so, we are seeing that reimbursed by Medicare and Medicaid, which is good news but obviously, our concerns are also with people who are uninsured. The HRSA Uninsured Program, which was previously covering tests in particular for people who are uninsured to get access to care at privately run clinics. That has ended with the emergency — end of emergency funding as well.

So, that remains a concern. We're lucky in New York City to have a robust safety net system through H+H as well as other independent safety net hospitals that are providing this care every single day. But it is something we're watching very closely as the expenditures related to this. Right now, access is not an issue.

CHAIRPERSON SCHULMAN: The city's supply of antibody treatments often struggle to keep up with the need and many individuals found it difficult to

access treatments when they needed them. So, how does the city address this? By the way, when I had COVID in April, I got the antibody treatment.

DR. VASAN: Right, thank you for the question. At the beginning when the antibody treatments came on to the market, they were the only treatment on the market and they were extremely hard to access. Now that we have Paxlovid, the vast majority of people who need treatment are going to get this outpatient pill. So, that's one thing to keep in mind and it's a small minority of people who need monoclonal antibodies. People are at higher risk, they have immunosuppression who have risks and we have been able to meet those needs, so we're not in the same situation that we were in at the beginning when monoclonal antibodies were introduced and we had issues with scarcity for sure.

CHAIRPERSON SCHULMAN: The CDC kind of eased restrictions in a lot of areas including to some degree hospital facilities. I presume that H+H with people, staff is still required to wear masks?

DR. VASAN: Yeah, masks are still required in all healthcare facilities.

CHAIRPERSON SCHULMAN: And do they have enough PPE?

DR. VASAN: As far as we know, yes, absolutely. I mean, we have adequate supply. We had an actual stockpile of PPE earlier this year, so we've got adequate supplies of PPE in our healthcare system and community organizations as well.

CHAIRPERSON SCHULMAN: And nursing facilities as well?

DR. VASAN: Nursing facilities as well. Adult daycare and nursing homes, yup.

CHAIRPERSON SCHULMAN: No, I appreciate that and uhm, now the data we spoke about, we mentioned earlier that it was going to go up, the data in terms of COVID and the boosters and you know, all of that. Is that going to go up on a regular basis? You know because we want to make sure that people have access to current information about that.

DR. VASAN: Yes, absolutely. We're working to get all the booster data as well as separate it out as we've done for previous versions of the vaccine, onto the website as soon as possible.

CHAIRPERSON SCHULMAN: So, I'm actually, I may turn back later for some other questions but I want

to turn it over to my colleagues and I'm going to ask Council Member Ariola.

COUNCIL MEMBER ARIOLA: Thank you Chairs. I appreciate that time and Commissioner, Dr. Vasan, I'm so glad to see you're well. Like you, I am vaccinated and boosted and I had COVID three times. So, I'm glad to see you're back.

So, as of November 1st, mandates were lifted by the City of New York for a private sector. Where are we now for parents of school children who are not vaccinated for COVID, visiting those schools? Public sector employees and rehiring of city employees that were let go because they did not receive the vaccine? Where are we on those three points?

DR. VASAN: Thank you for the question. Let me just start by saying, I can't overstate enough how important these mandates have been and thanks to New Yorkers following those mandates and getting the vaccine, the really considerable vaccination numbers that I mentioned earlier in my testimony. The mandates are currently still in effect but like every policy, like the virus, the virus keeps shifting. We're also, we're always looking at all of our policies.

As far as the specific policies you mentioned, the three that you mentioned right now, that those conversations are led by the Law Department.

COUNCIL MEMBER ARIOLA: But Commissioner, I've been having this conversation with you for a very long time on these three issues and we did have a common-sense caucus meeting with yourself and the mayor, and these issues came up then and the answer was exactly the same.

So, at some point, when will we get an answer to when our public employees can get back to work? When our public employees will no longer be mandated to get a vaccine, especially when we have asylum seekers coming into our city and are not vaccinated. We have their children in our schools who not only don't have a vaccine for COVID but they're not vaccinated for their childhood diseases and the very private sector employees where it was listed for, may be parents of children in schools.

So, they're no longer mandated for that vaccine to go to work but yet, they're still mandated to have that vaccine to go see their child play basketball at school or go to an in-person meeting with the teacher. It doesn't make sense. So, I'm just

trying, I'm asking you at every meeting. I just want you to make it make sense because I'm getting calls from our constituents and I question it myself. Because there seems to be not just a double standard but a quadruple standard and none of it really pans out to be you that you know either you know we're going to lift the mandate or we're going to have a mandate. And we're no closer to the answer and you're no closer to giving me that answer than we were three months ago or at the point when the CDC changed their guidelines, or the point when COVID numbers were down and you said in your testimony — well when Council Member Barron spoke with you, that you don't know what the efficacy is and you don't know what's inside the — what's in the vaccine.

So, why are we treating one part of New Yorkers, the citizens of New York, taxpaying New Yorkers one way and our city employees differently. I don't know how we get that differentiation.

DR. VASAN: Thank you for the question. I understand your comments. I understand your frustration. All I can say is the mandate is still in effect. The city's involved in multiple court

proceedings right now where these conversations are happening and I'll defer to the Law Department.

COUNCIL MEMBER ARIOLA: Thank you.

CHAIRPERSON SCHULMAN: Thank you and now I want to call on Council Member Brewer. Before I do that, I want to acknowledge that we've been joined by Council Member Majority Whip Brooks Powers.

COUNCIL MEMBER BREWER: Thank you very much. This morning, we had a hearing with finance oversight and investigation on the issue of funding, federal funding and obviously, I think some of the funding went to the understandable need to replace revenue losses in place to fight the Fire Department, Correction and Sanitation.

So, my question to you is, what is the status, not just of the reimbursement, which is obviously that you did talk about. But are there other places where you might be doing — might be getting some revenue replacement? The reason I ask is it's my understanding and I don't — that there's still unallocated so $1.9 billion and there might be something close $920 million, which hasn't been allocated even yet.

Of course, when I hear that kind of money, I want to know what it's going to go towards. So, I just want to understand a little bit on the federal. That's number one. Number two, with these tests, the ones that we got from the city the end of December, they are supposedly outdated. So, I know you talk about the commercial market taking over. We have hundreds of people still coming by the office in the community to get tests and I feel good about it because hopefully they're using them and the masks. So, I didn't know if that's going to end because of this understandable commercial. Whatever that means. It seems to me pennywise and pound foolish but maybe you have no control over it.

And then those people on the streets, with their little tents, uhm, you know I guess so many complaints about rip-off's or you know etc.. So, I just want to get a sense of what they are all about in terms of if they're helping you in terms of public health or they're just making money. I tell people to go to the Health + Hospitals, don't go near those people but I just want to get a sense from you.

DR. VASAN: That's a lot. Thank you.

COUNCIL MEMBER BREWER: Sorry.

DR. VASAN: I appreciate the questions Council Member. I'll start with the last one. Certainly, during COVID we saw a proliferation of people in the space doing testing.

COUNCIL MEMBER BREWER: Yes, that was fine.

DR. VASAN: And at the moment, it was extremely helpful to just have — to saturate the market.

COUNCIL MEMBER BREWER: But we're after that now.

DR. VASAN: We're definitely in a different phase and I think a lot of what we're seeing is the perpetuation of private providers that either are or are not subsidizing that or applying for reimbursement.

COUNCIL MEMBER BREWER: Right.

DR. VASAN: The ones that are applying for reimbursement are getting reimbursed. The ones that aren't are billing the patient and I think one of the challenges we have as you said, the commercialization as I said, that means taking things that had dedicated federal grant support and pushing it into a regulated or in this case, somewhat unregulated marketplace where anyone can step in and start providing a service is they're licensed by the state.

And so, I can't speak to the one's you're referring to but I can say that proliferation will continue but eventually, people will have to see whether they're actually getting billed for these services or not. And we are certainly hearing about concerning cases of people getting billed for basic COVID services that should otherwise be free.

COUNCIL MEMBER BREWER: I get a lot of complaints. Okay, I just think that at some point, the city might try to explain it to us so that we can explain it to the community or something. Some kind of warning signal because it's not a big deal except when you get a bill for $1,000 for something that lasted you know five minutes.

DR. VASAN: Understood and we're happy to work with you on that. The issue of federal funding, I can get back to you on the specifics of funding but one of the things that I'm most eager to do in this coming budget cycle is to think about the state's Medicaid waiver, which is federal dollars coming through the state.

COUNCIL MEMBER BREWER: Yup.

DR. VASAN: So, that I believe is a transformative opportunity to reshape our public

health landscape and actually put public health in charge of public health, right and to allow public health to organize our healthcare delivery system to meet citywide health goals. To get not only in emergencies but to deal with the chronic epidemics of diabetes, heart disease, mental health, birth inequities, and the chronic challenges that our city has faced.

That is billions of dollars of potential revenue into this city. We have about 50 percent of the Medicaid recipients in the state. And so, the Health Department on behalf of the city is certainly positioning itself to be a regional organizer of the healthcare apparatus in our city. But as you can imagine, that's not always met with cheers.

So, we're happy to work with anyone and everyone to ensure that this Medicaid waiver amendment is used to advance population health goals and to close health inequities, which is its expressed purpose, which is what the centers for Medicaid and Medicare have asked the state to do.

COUNCIL MEMBER BREWER: Okay and then just finally the test and the masks and so on, is that going to be at the libraries and elected officials

office and so on in the future, or is that going to end in 2023?

DR. VASAN: Right now, we are still able to get reimbursement from FEMA at 90 percent. We don't see that going away any time soon but we'll revisit that at the program. We have plenty now and happy to get you some.

COUNCIL MEMBER BREWER: Thank you very much Madam Chair.

CHAIRPERSON SCHULMAN: I want to acknowledge that we've been joined by Council Member Yeger and I'm going to hand it over to Council Member Rivera.

COUNCIL MEMBER RIVERA: Okay, thank you so much for being here and for keeping us stocked. We certainly want to continue to make these sorts of services or testing as easy as possible for people, so that's been a great partnership.

So, during the onset of the COVID-19 pandemic, the Health Department, there are sexual health clinics, they open their doors for COVID-19 testing and vaccination and the pandemic response clearly showcase the need for robust public health infrastructure.

Now that sexual health clinics are coming back online and providing their sort of full agenda of services, how is the city preparing for future health emergencies? Are there plans in place to use these sexual health clinics as testing and vaccination sites in the future?

DR. VASAN: Thank you for the question and I couldn't be more thrilled to be talking about our sexual health clinics. They have a decades long history of being really core frontline points of delivery. Not only of essential care but addressing real public health needs, especially for communicable diseases.

And so, the fact that we're revitalizing them, they had to shift focus during COVID and revitalizing them speaks to their continued importance and their continued role, both in let's say peace time but also the next emergency. So, that means, you know making sure that we have workforce in those sites. Making sure that we have adequate supplies and testing. Ensuring that we're doing a whole range of services, not just you know routine SDI testing but things like hepatitis care, HIV care and making sure that we can initiate, start people on treatment, get them into

long-term treatment and testing. These are essential public health functions. Why? Because these clinics provide services outside of our reimbursable healthcare system, which often screens people out with bills and other things. It does it regardless of immigrant status and ability to pay and we'll continue to do that.

We would certainly love more support to expand this network of public health clinics. Over time as healthcare has grown so big and so powerful, we have seen these clinics be diminished in the role of the city but I think COVID has proven that they are essential and we need to support them and expand them.

COUNCIL MEMBER RIVERA: And I only ask because the cost is that sexual healthcare access is significantly reduced. And that was a much-needed interruption having them take on those added services and the benefits are understandable.

So, I'm wondering if you have any changes or lessons learned, so that sexual health clinics would not necessarily have to be impacted in the future? And if in the future, you also mentioned public health taking over sort of populations health, right.

I also explain to people that Health + Hospitals is responsible for the patient, whereas the Department of Health is responsible for the populations health. Do you think you'll take more of a role in sort of managing future testing and tracing, vaccine equity efforts in the future?

So, that was sort of a second question but wondering if any changes or lessons learned so that sexual health clinics would not necessarily have to be as impacted as significantly as it was this time around.

DR. VASAN: I mentioned — thank you for the question. These are great questions. I mean, I mentioned at the beginning that we've been in the background of dealing with three infectious emergencies. Also, reorganize doing a big strategic planning exercise at the health department and beyond around how to prepare for the next emergency and how do we draw in resources. We stopped a whole lot of work. Not just sexual health clinics but a whole range of work at the health department that went on pause or that was diminished, because everyone was focused. So, many people, 4,400 staff were focused on COVID all the time. We have to find a better way

to activate and organize, so that the things that need to continue going on, can continue going on and that we can prioritize.

COVID is obviously, was an existential threat. It really true in everyone but even for less existential threats but that are important emergencies, MPV and otherwise. We are learning new ways to organize and to activate and become more response ready. And so, that question is very much appreciated because I don't think going forward for emergencies, we can always just pull-on existing resources and pull people away from core services in order to respond.

As far as public health role going forward, certainly that's a huge challenge for American health. Not just New York City, not just this state but American health. Healthcare we spend $4 trillion on healthcare and our life expectancy is falling. Our rates of chronic disease are rising and our birth inequity is widening between Black and White mothers.

So, something has to give. This is not a sustainable path that we're on. I'm a healthcare provider myself. I'm a primary care provider. I still see patients. I know how essential it is to be

at the bedside and to take care of people but so often, I'm left holding the bag of upstream problems that could have been addressed in the community or that could have been addressed through public policy, social policy, economic policy.

And so, we have to have that conversation I think as a city. The waiver is an important opportunity for us to begin the process, but it's a macro process of restructuring the way we make decisions for population health in this country and what we care about.

COUNCIL MEMBER RIVERA: Thank you. Thank you Madam Chairs for the opportunity and thank you for your work Commissioner and your team.

DR. VASAN: Thank you.

CHAIRPERSON SCHULMAN: Thank you. Council Member Brooks-Powers, you had some questions?

COUNCIL MEMBER BROOKS-POWERS: Yes, thank you Madam Chair and thank you Commissioner Vasan for your testimony today. I'm looking forward to working with you. I represent the 31st Council District covering parts of Southeast Queens and the Rockaway Peninsula, and part of my district at the height of the pandemic was the second deadliest zip code, so obviously

anything COVID related, is something that uh, I am all in in terms of making sure we're getting the proper resources in the community, leading me to my question.

So, DOHMH data showing the weekly rates of cases and hospitalizations shows that Black and African American New Yorkers are currently testing positive and being hospitalized for COVID-19 at a higher rate than Hispanic, Latino, White and Asian Pacific Islander New Yorkers respectively. How is the city continuing to utilize an equity lens to address these concerns? Especially with lessons learned for communities like the community that I represent.

DR. VASAN: Yeah, thank you for the question. Uhm, we've seen these inequities throughout and it's a real challenge that we've been trying to address mainly through as I've said a couple of times, boots on the ground partnerships with over 80 community organizations including in your district through the Public Health Corp.

A lot of this is just about getting information and resources out to the places where they're needed the most so that people can keep themselves safe.

Whether that's masks or guidance, certainly access to the booster and testing and treatment.

One phenomenon just to keep in mind also, is that what we are also seeing in the communities that were hardest hit is a preference to get tested at bricks and morter sites, hospital sites, clinic sites. Those are tests that get recorded in our system. So, it's also somewhat not surprising that we see these gaps because what we're seeing in other communities is a greater reliance on at home testing. It's not an access question, it seems to be a preference question as far as we can tell but our Public Health Corp is our relatively new infrastructure to kind of engage with the communities that have born this burden from the beginning.

COUNCIL MEMBER BROOKS-POWERS: And as part of a T2 Mobile program, adding new units, how does T2 intend on distributing these units? What criteria will be used in determining where these mobile units are stationed? And I'd also like to know if there are any in District 31? How many and what parts?

DR. VASAN: I believe there are now 75 T2 Test and Treat units, Test to Treat or Test and Treat, I should say. Which means, you can get end to end

testing and Paxlovid. Walk out with a prescription and the medication in hand. And so, we, the Health Department helps determine where those go based on our Taskforce on Racial Inclusion and Equity neighborhood criteria and the city, the Mayor's office of Equity has just relaunched that taskforce in the last month under Commissioner Sherman and with an eye towards publicizing and really being clear, refreshing the criteria. We're still using the criteria that we developed originally but to re-up that criteria and to make sure we're getting resources into the places that need it the most.

COUNCIL MEMBER BROOKS-POWERS: And I will just close by saying uhm, you know I've had a great opportunity to partner with Health + Hospitals and DOHMH in terms of the siting of the mobiles and I know in the last couple of months, it's been a significant scale back of that, which I had expressed concern about. So, I would love to work with your office to try and scale something like that back up in the community.

I know there is one in particular in Arvin that where associate mobile bus regularly, which is great. I'd love to see a couple more spread across the

district in some of our areas where you may see higher positivity rate. So, I'll have my office reach out to yours but would love to work with you on that.

DR. VASAN: We would love to work with you as well. Thank you.

COUNCIL MEMBER BROOKS-POWERS: Thank you. Thank you Madam Chair.

CHAIRPERSON SCHULMAN: Uhm, I have one follow-up question Commissioner, which is, I know you spoke about the fact that we do, we currently have enough PPE to hand out. I wanted to know if there's a way to get surgical masks where if people want those or do we just — or are we just doing the surgical ones?

DR. VASAN: You mean the N95's?

CHAIRPERSON SCHULMAN: Yeah, the N95's, I'm sorry.

DR. VASAN: Yeah, that's included in our PB stockpile but happy to get you more information about how every day constituents can access.

CHAIRPERSON SCHULMAN: People keep asking me about the N95's because people feel safer, so we would like to have, if you could get us the information, that would be very helpful.

DR. VASAN: Absolutely, we're happy —

CHAIRPERSON SCHULMAN: Uhm, I think that that's it. I want to thank you for spending almost three hours here to help with us on this very important issue and hope that you're feeling better again. You know, so and we really appreciate you being here.

DR. VASAN: Thanks so much, appreciate you.

SILENT AUDIO 1:37:49-1:38:40

CHAIRPERSON SCHULMAN: Oh, it is now my distinct honor to bring up Borough President Mark Levine to testify. I want to just state that Mark Levine was my predecessor as the Chair of the Health Committee and we're very honored to have him here today and to hear testimony.

COUNCIL MEMBER LEVINE: Thank you Madam Chair. It's very nice to be back and nice to see all of my former colleagues and I know that Chair Narcisse had to leave and I think Chair Moya is still on the line but I am grateful that you all are holding this hearing. We need to continue to focus the public on what is an ongoing challenge in battling this virus. We have made a lot of progress and that is thanks to our heroic healthcare workers. Thanks to our public health workers as well, some of whom were just in the

room and it's also thanks to the fact that we have resources now for testing and treatment that we could only dream of as recently as ten months ago back in January and that has made all the difference in the world.

But as the Commissioner pointed out, we are heading into a challenging winter as COVID cases rise as expected with the colder weather as we head into what looks like a bad flu season as RSV cases rise. They have three respiratory diseases bearing down at once. It is a challenge that I don't believe we're doing enough to prepare for yet. Vaccination does remain an incredibly powerful tool but it's the case now that if you were vaccinated a year ago, you're not adequately protected.

Thankfully we have a new booster, which has been formulated for the variants which are out there now but our take up rate is only about ten percent of those who are eligible. I don't think the Health Department has given that exact number but by any measure, we are way behind on that. So, we need a full force campaign to push, to renew vaccination and boosters. I was very pleased to hear the Commissioner announce an effort to push out that

messaging together with flu shots for I believe they're going to start a texting and phone campaign. I hope that CBO's will be part of this effort as well because they've been incredibly effective throughout this pandemic in reaching people as trusted messengers but we need to renew that effort on the ground. The time for that is now before we head into the worst of winter.

I also believe that we should bring back what was a very effective tool until it was suspended in February, which is the $100 bonus for vaccination. I think this would be a way not only to incentivize individual New Yorkers to get their booster or their first shot if appropriate but I think it would call attention to the campaign and generate energy and coverage. That is just what we need now to get those numbers moving in the right direction.

I also think the city agency should offer paid time off for people to get their booster shot. Kudos to the New York City Council, which is doing that for its staff. You all really are a model for other agencies.

You've talked a lot about high quality masks and the questions that I was hearing and specifically

about access for people who don't have the means to buy them and I think that these really should be ubiquitous. I think that just like in every public building when you go into the restroom, you expect to find soap at the sink and toilet paper. That you should expect that high quality masks are part of the standard equipment in public buildings. At the entrance of every public building, not available on request, not in a storage room but available freely and openly in every public building and I'm actually pleased to be working on a bill with you Chair Schulman, which is Intro. 807, which would mandate this. Excited to continue to push that forward.

Air quality is something that we need to work on as well. After every major pandemic the city has faced, we have rethought the buildings in this city. We have improved air flow and access to fresh air in buildings after the 1918 flu pandemic, after the terrible TB outbreaks. We haven't yet done that after COVID and I worry that two and a half years in, we've made too little progress on this.

There will be another respiratory pandemic. I've talked about the ways the challenges of COVID continue and we need to have standards in our

buildings that establish minimum levels of air quality, of air flow, of filtration, and I'm actually working on some legislation on this with Council Member Powers that would apply to new buildings and existing buildings to residential office and commercial and public buildings. This should be no less serious than our work to ensure fire safety. This should be built in to the health and safety design of every building enforced by the city and I think New York City can lead the way on establishing this as a new standard.

Finally, I just want to — I want to speak about the state of public health right now and the extent to which public health as a profession is so be liger, so embattled. Public health professionals now are targeted for a level of vitriol that is really unprecedented in modern history and this country and that has dire consequences for our ability to take on public health challenges. We have got to get back to the point where all of us across the political spectrum can support the battle to protect the health of the public, just like we support fighting fires.

This is a matter of safety no less serious. There needs to be a consensus that we have to invest

in public health. That we have to value and uplift public health professionals. That we have to fund public health departments. That we have to fill out vacant public health positions because we live in an era of ongoing public health challenges that are not going to go away. And all of us should be concerned about the state of the infrastructure after this difficult two and a half years.

So, I'm going to pause there. Thank you for giving me a little bit extra time and grateful to you Chair Schulman and all the Co-Chairs today for allowing me to testify.

CHAIRPERSON SCHULMAN: Thank you very much and I would like to partner on you to make sure that we have the public health infrastructure that we need in the city. It's very important. I will tell you that the Commissioner has uhm, spoken to me periodically about that as well. So, we should definitely discuss that.

COUNCIL MEMBER LEVINE: Absolutely, thank you. Thank you Madam Chair.

CHAIRPERSON SCHULMAN: I'm going to open it up to my colleagues. Do you have any questions Council Member? Go for it.

COUNCIL MEMBER BREWER: I thought the Commissioner was right in his suggestion about the Medicaid split. Do you have a position on that?

COUNCIL MEMBER LEVINE: I agree with you and the Commissioner on that, absolutely.

CHAIRPERSON SCHULMAN: And does anybody else have questions? Council Member Rivera, do you have any questions for Borough President?

COUNCIL MEMBER RIVERA: Thank you Borough President for your vision and all you do for the health of this city and just let us know. We're your partners you know in perpetuity.

COUNCIL MEMBER LEVINE: Thank you Council Member. Appreciate you. Thanks everybody.

CHAIRPERSON SCHULMAN: Thank you very much for taking the time. We're going to take a five-minute recess and then open it up to the public. Thank you.

RECESS 1:46:34 – 1:58:30

CHAIRPERSON SCHULMAN: Okay folks, we're ready to start. [GAVEL] Alright, so, a couple announcements. One is that there are some people testifying via Zoom that have other commitments, so we're going to let them go first. That's one.

The second is that we're going to keep people to testify to two minutes. So, if you have long testimony, please summarize it because we have a lot of people here and we want to make sure we're able to get everyone in this afternoon. If you have long testimony, summarize it and then you could submit the full testimony to us and it will become part of the record and the Council can let you know how to do that.

COMMITTEE COUNSEL: So, first, we're going to call this remote panel. It will be Chris Norwood from Health People and Denean Ferguson from Church of God. Chris Norwood, you may begin once the Sergeant queues you.

SERGEANT AT ARMS: Starting time.

COMMITTEE COUNSEL: Mr. Norwood, I see you on Zoom. Uhm, please accept the — there we go.

CHRIS NORWOOD: I hope I could have my time again, start again. Yes, okay, thank you very much Madam Chair, Counsel, I'm Chris Norwood, Executive Director of Health People and Cofounder of Communities Driving Recovery. We must turn to communities for our solutions, even to the most difficult problems. Diabetes horrifically filled

this pandemic and it has for years been the major cause of ill health in the city.

In the first COVID surge, New York City suffered a 365 percent increase in diabetes deaths, triple that of any major city or state. We already know that diabetes drastically escalates a range of ill health increasing Alzheimer's by 50 to 100 percent, worsening heart disease, causing maternal deaths and causing a level of lower limb amputations and 80 percent increase in the city since 2017, which is totally unacceptable.

Yet the City Department of Health, like the state does not even now have a dedicated diabetes budget. It will never support and has never community groups to bring well evaluated self-management education to high need neighborhoods and even now, it has not put diabetes clearly in its recovery plans. There is no recovery from this pandemic without controlling diabetes. What will be done?

We fully know that even when do have diabetes, helping them lower their blood sugar is very protective. During COVID, those with the highest blood sugar levels died at 11 times the rate of those whose blood sugar was in control.

Similarly, we know that communities themselves can take the lead and effectively teach diabetes self-management that saves lives and saves limbs. During this, health people was finally able to bring the well-known diabetes self-management program to community sites. We entirely train people themselves impacted by diabetes to provide the sick session course and they took it to places ranging from churches to NYCHA to mental health day programs. We engaged almost 2,000 people with diabetes on Medicaid in this program and evaluation by the New York City Department of Health itself showed that at homeless shelters, participants —

SERGEANT AT ARMS: Time expired.

CHRIS NORWOOD: Emergency room visits — I'm sorry?

CHAIRPERSON SCHULMAN: Go ahead finish. He was just announcing — the Sergeant at Arms was just announcing your time was up but finish what you were saying.

CHRIS NORWOOD: Oh, by 45 percent. We hope the City Council will change that. The horrific neglect of diabetes can't go on but I also have to very sadly say the City Council itself has never included any

diabetes community program in its own discretionary funding. We desperately need to count on you and no longer allow this tragedy to go completely, horrifically unaddressed. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much.

COMMITTEE COUNSEL: Denean Ferguson, you may begin when the Sergeant queues you.

SERGEANT AT ARMS: You may begin.

DENEAN FERGUSON: Good afternoon to everyone on the panel. I am with the Church of God, which is an organization that's the parent for Church of God, Christian Academy, which was a K-12 but now we're doing a lot of community work. We're trying to create a wellness hub out of our building that was formally a K-12 school for 35 years, that just closed on the 21st and we did a lot of work. We're also a member with the Test and Trace Care from the beginning early days conversations with Dr. Easterling. And uhm, as was mentioned in some of the previous content about providing boots on the ground information and data of what was happening in Rockaway, which is one of the I think, maybe the second worst hit community.

Right now, our primary I guess advocacy is to beseech the city and its powers to really give true voice and meat and teeth behind our TRIE communities, like Rockaway. And they may say like, "Oh, we have this service and we're funding this and we're funding that."

We just did a Sports for Family Health initiative that was started by Dr. Marta Hernandez with the TRIE communities doing basketball, skating, roller skating and soccer with 70 families each. There were a total I think of nine CBO organizations, four of them in Rockaway that recruited 70 families each to do 7 to 18 years old, to do those spots activities and while those children were doing the sports activities, their parents were afforded nutrition workshops, blood pressure monitoring workshops, mental health workshops, Zumba, yoga and it was excellent. There is no other thing that I can say about it other than excellent. The opportunity to be able to provide those services to our community but we are a small CBO and our budget is somewhere around two unchanged, $300,000.

SERGEANT AT ARMS: Time expired.

DENEAN FERGUSON: So, we are an extremely small CBO and that first iteration of that project ended in January. I'm sorry, in June of 2022, Fiscal Year June 30, 2022.

We are now in November and we are yet to be reimbursed for the work that we did on that grant, that project. The community members, which is more disheartening than anything else. The children in the community, the parents, I see them because I'm all over Rockaway. Denean Ferguson, all things Rockaway. I'm not anywhere else, I'm not running for office, just want to make my community a better place. The world where I'm at uhm, improve the quality of life for our citizens here in the Rockaway.

The parents are crying. The children are like, "Denean, when are we coming back?" "Oh, I'm going to come back, I want to do roller skating." And because we told them when it concluded that we were hopeful that it would start back in September.

So, that's the meeting that we had with Dr. Hernandez is that they're hoping to have contracts prepared by December with a hopeful start for January.

This is woefully inadequate. This is so sad that the funding is somewhere in a bank account or whatever sitting and that our organizations, not just mine but others. Our organizations that are very small and are the boots on the ground have to already; I expressed it in another meeting, is pretty much punitive that we already have to wait to get reimbursed for the funding for the services that we're providing. So, we have to take from our limited resources to pay out. And then when we have to wait, it's four months later and we're still not reimbursed. And in our community, who needs this resource to get rid of the negative health industries that made COVID so destructive in our community. The obesity, the asthma, the diabetes, all those things. We know already that getting physically active —

SERGEANT AT ARMS: Time expired.

DENEAN FERGUSON: And getting the parents involved and we created family-like atmosphere. The parents, we have like just so many testimonies from the parents of how much they wanted the program back and how beneficial it was and they had a child, one child that was to themself and not speaking and talking to others is now you know socializing —

CHAIRPERSON SCHULMAN: Ms. Ferguson. Ms. Ferguson.

DENEAN FERGUSON: Yeah.

CHAIRPERSON SCHULMAN: We have gone beyond the two minutes, so I'm going to ask you to submit your testimony to the Council, your full testimony. But we heard what you had to say. I appreciate it very much.

DENEAN FERGUSON: Okay, thank you.

COMMITTEE COUNSEL: Thank you. So, now we're going to shift back to in-person testimony from the public. I'd like to remind everyone that I'll call up individuals in panels and all testimony will be limited to two minutes. Just as a reminder, testimony can be submitted for the record up to 72-hours after the close of this hearing, by emailing it to testimony@council.nyc.gov.

The first panel will be Heidi Siegfried from Center for Independence of the Disabled, Cara Liebowitz from Center for Independence of the Disabled, as well as Alexander Ricco from Team Airborne. Heidi, you may begin when you're ready.

HEIDI SIEGFRIED: Oh, wait a minute, that's red. Does that mean it's going? Yeah, okay. Alright,

good afternoon, my name is Heidi Siegfried, I'm the Health Policy Director at Center for Independence of the Disabled of New York and our mission is to help people access the care and services people with disabilities need to live independently in the community and not in institutions like nursing facilities and psychiatric centers.

We do note the death Lois Curtis, who helped us establish that right in Olmstead decision. We help people get employment disability benefits, food access, healthcare, housing subsidies, transportation, heating assistance, prescription assistance and other social determinants of heath and we also help people learn about their rights to accommodations, so that they can advocate for themselves.

COVID-19 is the ongoing pandemic for people with disabilities as it is for all of us. Transmission rates continue to be what used to be considered a surge level but are now considered a high plateau explained by our Health Commissioner as that was before the Omicron transmission surge of December 2021, which was admittedly astronomical.

Unfortunately, the COVID is over mentality and the back to normal approach is excluding people with disabilities and people who are immunocompromised and who cannot expose themselves to the heightened risks posed by the city's abandonment of mitigation measures, such as mask requirements.

Given the city, state and counties decision to accept and allow the higher plateau of transmission, we endorse the idea that the city should make more N95 masks available. To peoples health is jeopardized by transmission, so that they can protect themselves. And it's interesting to hear today about Intro. 807.

CIDNY is also concerned about the continued transmission, leading to more long COVID survivors who will be joining the disability community. We know that these people will need the expertise of independent living centers to help them understand how to get the benefits, services and rights they need and also how to get accommodations in the workplace. Thank you for your consideration of our comments and those of our colleagues and thank you for all and whatever you can do to protect all New Yorkers.

CARA LIEBOWITZ: My name is Cara Liebowitz, I am the Advocacy coordinator for the Brooklyn Center for Independence of the Disabled, BCID and the Independent Living Center serving people with disabilities.

Our mission is to ensure that people with disabilities can live safely in their own homes and communities with the support they need. The COVID pandemic continues to be a disabling event. People with disabilities, particularly those who are developmentally disabled and/or immunocompromised, have been uniquely vulnerable during this pandemic, especially as many precautions are rolled back and every day, hundreds of people join the disability community as they struggle with the effects of long COVID.

While all this is happening, the administration and many city leaders have generally been pretending the pandemic is over. The city needs to take a different approach. We have three recommendations to the Council. N95 mask distribution, we urge the City Council to advocate for and if necessary, distribute high-quality masks free of charge throughout the city and Intro. 807 I think is a great start there. We're

hurting to see that masks are required during Council meetings but that's not enough. The Council and Administration should actively be promoting mask wearing a proven strategy to mitigate the harms of the pandemic.

The city's website instructs people to wear a high-quality mask in all public indoor settings and around crowds outside, yet many people cannot afford to or don't know where to obtain high-quality masks. The Council must both press the Administration to distribute N95 masks and if necessary, do it yourselves.

Mask mandate on public transportation. The Council must push the MTA to reinstate the mask mandate on public transportation. The Council has an important oversight role in the transit system. A mask mandate just makes sense, not only during the ongoing pandemic but as we head into flu season and health experts raise alarms about other airborne viruses such as RSV. The MTA claims it's deferring to health authorities but the CDC itself still recommends wearing a mask on public transportation.

Finally, we urge the Council to push back against the city's strict in-office work requirement. Thank you.

ALEXANDER RICCO: Good afternoon. My name is Alexander Ricco and I've been working for nearly two years as a member of an international group of more than 80 doctors, engineers, scientists and citizen activists all working together on the COVID response. We call ourselves Team Airborne. I recently received a generous grant from anti-COVID fund to continue my work at no cost or profit.

Let me begin by saying, I'm a little disappointed to see a discussion of endemicity in the briefing paper. The same figures who claim this virus will soon be endemic, were also claiming that endemicity was just around the corner for the past seven waves. They claim first that kids in schools don't transmit COVID, then claim that kids never get sick from COVID, and now claim that the kids filling up our hospitals are there because they haven't been getting sick enough for the past two years. Perhaps we should stop listening to them.

It's entirely possible, maybe even likely that COVID never becomes an endemic disease. Instead

causing several very deadly and disruptive surges every year. We must prepare for a future where COVID continues to be a serious, deadly and disruptive problem for the city, not a mere nuisance. There's a way off this nightmare rollercoaster.

COVID is predominantly airborne in fine aerosols and spreads very rarely by respiratory droplets or on surfaces. It is spread by people exhaling the virus in poor, ventilated spaces. We have failed to control the pandemic because we tried measures that are only effective against respiratory droplets. Blue surgical masks, plexiglass barriers, six feet of distance, hand sanitizing.

These measures are only minimally useful for preventing the spread of disease through smoke like aerosols. Once we accept the reality of airborne transmission, we can actually begin to implement measures that protect New Yorkers without disrupting New Yorkers. Measures like N95's instead of baggy blue surgical masks for essential workers, nurses, the elderly, and the rest of us but also enhance ventilation and filtration. My small role in this large group of 80 plus is to help understand the state of indoor air.

We can get a very good idea of how COVID transmission risk in a space by measuring Co2 levels and in-door Co2 has only one source, exhaled human air. I run a volunteer data tracking platform to collect Co2 measurements and I've collected more than 2,000 data points from volunteers around the world. I can tell you that we have plenty of work to do here in New York City. Should we have the political will, I recommend pilot programs for monitoring and reporting Co2 and eventually Council's support for requirements to improve indoor air in shared spaces. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much.

COMMITTEE COUNSEL: Thank you. You may go. Our next panel will be Jessica Lee from Korean Community Services, Ajuvanta Marane(SP?)from Muslim Community Network, and Shen'naque Sean Butler from Fresh Bronx Health Initiative.

COMMITTEE COUNSEL: Jessica, you may begin when ready.

JESSICA LEE: Good afternoon, my name is Jessica Lee and I am a Program Manager at the Public Health and Research Center at the Korean Community Services of Metropolitan New York. Thank you to the Health

Committee for giving us the opportunity to speak today about the Sweet Truth Campaign.

I'd like to mention that KCS and the work that we've done during COVID. KCS has been and continues to offer PCR testing every day for the community with the results shared within six hours. KCS was also a vaccination site, where a large proportion of the northeastern Queens community was able to not only get their first and second vaccinations but also offered a round trip to and from the vaccination site at no cost to them. And although we are no longer a vaccination site, KCS continues to raise vaccine awareness to the New York City Queens residents during Community Health Fairs, outreach events, social media and ethnic media. In partnership with New York City Health and Hospitals and other academic institutions, KCS also has provided updated information on COVID-19 safety and guidelines through the Test and Trace Corp or T2 program. KCS has canvased in over 15 cities in Queens, including Jackson Heights, Corona, Elmhurst, East Elmhurst and reached several thousands of New Yorkers in Korean, Spanish, Mandarin, English, Cantonese, Hindi and

Tibetan to connect them with tools needed for COVID testing, guidance and treatment.

Along with our work in promoting COVID vaccination and prevention, we at KCS have also been continuing our efforts to reduce the rates of Type 2 diabetes, hypertension and other chronic diseases and conditions in the communities that we serve. This is highly relevant for the hearing today since these are among the biggest underlying factors for COVID-19 related hospitalization and death.

In service of that goal, we are proud to support the Intro. 687, also known as the Sweet Truth Bill, which requires warning labels for items with high amounts of added sugars on chain restaurant menus and we are grateful for Chair Schulman and your leadership on co-prime sponsoring this bill with Majority Leader Powers and to you Chair Narcisse for your co-sponsorship and we look forward to Chair Schulman to meeting the moment and scheduling a hearing on this bill.

CHAIRPERSON SCHULMAN: Thank you and I just want to tell you that that bill has a super majority on it, so we will be scheduling a hearing on it in the near future.

JESSICA LEE: Thank you so much.

CHAIRPERSON SCHULMAN: You're welcome.

AJUVANTE MARANE: Thank you everyone for having this hearing. Greetings Chair and all members of the Committee. My name is Ajuvante Marane(SP?), I'm an Advocacy Program Manager at Muslim Community Network. MCN is New York City's civil society organization tasked with empowering the Muslim community and encouraging civic engagement. As you all know, we have over one million Muslim's in New York City and Muslim's being the most ethnically diverse religion in the United States.

Our community members range from Blacks, Hispanics, Latinx community, South Asians and more. Since the start of the pandemic, MCN has served the community by providing $25,000 in cash assistance. We've given over 3,000 meals through our food drives in the city and provided over 300 excluded workers with assistance applying for the excluded workers fund.

We've also established a COVID-19 hotline, which was to provide language access and give assistance to community members who can navigate the online systems and the system with filling out forms and getting

access to benefits and resources that the city's providing.

Since 2020 and now, it's been two years, we are still seeing the impact of COVID-19 in our communities. There's still a huge lack of language access in city agencies. This is a big concern for MCN when it comes to our community members accessing services and resources, so we urge the city to continue to work with community-based organizations as MCN and provide funding for these issues. There's still a large number of essential workers who are still not back at work and have been largely impacted by COVID. So, a lot of advocacy and work needing to be done there.

The rise in hate crimes. We've done a survey and found that 76 percent of Muslims have witnessed a hate crime and more than 46 percent have actually experienced a hate crime in New York City. In addition to that chronic viruses such as Type 2 diabetes is a huge concern for us. A lot of our community members live in places such as the South Bronx where I personally live where these numbers are rising. As mentioned earlier, during the pandemic, 356 percent increase in diabetes related deaths

during the first wave of COVID-19. This has been the largest increase in any other areas in the United States and that's why it's so important for us. We encourage and thank all the Council Members who have signed on to Intro. 687 and are looking forward to it being passed. Thank you all for your time.

SHEN'NAQUE SEAN BUTLER: Good afternoon Chairs Schulman, Narcisse, and Moya and Council Members. My name is Shen'naque Sean Butler, I lead the Fresh Campaign, which works with Bronxville degas in Council District 14 to sell more healthy plant-based grab and go items at a price point that can compete against the sugary and items that have high level of saturated fat and are highly processed.

As you guys may know, out of 62 counties that make up New York State, the Bronx is number 62 when it comes to health and uhm, we have the worst health citywide. I will speak today on the critical issues of food and food justice in the context of the COVID pandemic.

COVID of course has led to a greatly higher rate of hunger and food insecurity in New York. And also increased unhealthy patterns among many people, including increased consumption of processed foods.

This is particularly a concern in New York City neighborhoods that already shoulder inequitable burdens related to unhealthy diets. Many of these neighborhoods are located in the Bronx. The borough with the highest rates of Type 2 diabetes and obesity, as well as the highest rate of sugary, sweetened beverage consumption. Or as the American Diabetes Association points out, people with diabetes are more likely to have serious complications from COVID-19. Therefore, a comprehensive COVID strategy must include taking positive steps towards diabetes prevention by addressing food and nutrition. We need to work together to make a healthier, plant-based more — plant-based foods more accessible, available and affordable, and attractive, especially to underserved neighborhoods like mine.

As we also work to discourage and reduce the consumption of junk foods, fast foods and sugary beverages in those same neighborhoods, ensuring that the consumer receives accurate, transparent information can boost that effort.

That is the rational behind the current bill that's put forward before City Council Intro. 687, the Sweet Truth Bill, which requires warning icons

for chain restaurant menu items with over 50 grams of sugar or 12 — the equivalent to 12.5 teaspoons of added sugar.

These warning icons should be similar to the sodium warnings instituted by the Board of Health in 2015. I respectfully urge you to make the bill a priority to help beat back the diabetes crisis we are facing in the Bronx and throughout the city. Thank you for your attention today.

CHAIRPERSON SCHULMAN: Thank you. So, a couple things. One, is that I am a co-prime sponsor on that bill and as I said during the earlier testimony that we're hoping to have a hearing on that relatively soon and so, we'll make sure that you know about that.

So, when — were you here for the whole testimony from the Commissioner?

SHEN'NAQUE SEAN BUTLER: No.

CHAIRPERSON SCHULMAN: Okay, so one of the things that Commissioner Vasan said from DOHMH was that he's working with community groups on making sure people get vaccinated. You know the boosters and all of that, so I don't know if he is working with you or not working with you, so if you could let us know,

let the committee staff know and then if not, we can make sure that we give your information to DOHMH, so that they can work with you because it's so important to work with community-based organizations that are on the ground to make sure that people get their shots and people stay healthy because it's really important.

SHEN'NAQUE SEAN BUTLER: Thank you.

CHAIRPERSON SCHULMAN: Okay, thank you very much for coming here today. I really appreciate it.

PANEL: Thank you.

CHAIRPERSON SCHULMAN: And also, I'm going to encourage you to work with your Council Member too, your local Council Member.

SHEN'NAQUE SEAN BUTLER: Thank you.

CHAIRPERSON SCHULMAN: Okay.

COMMITTEE COUNSEL: Thank you. If there's anyone else in the room who has not testified and wishes to, please raise your hand or fill out a witness slip if you have not. As a reminder, testimony may be submitted to the record up to 72-hours after the close of this hearing by emailing it to testimony@council.nyc.gov.

Seeing no one else, we will proceed to remote testimony now. As a reminder, if you are testifying remotely, once your name is called a member of our staff will unmute you and you may begin once the Sergeant queues you. I will now call the first remote panel, will be Allie Bohm from NYCLU, Dr. Lucky Tran from Columbia University and Myra Batchelder from Mandate Masks. Allie Bohm, you may begin when the Sergeant queues you.

SERGEANT AT ARMS: You may begin.

ALLIE BOHM: Thank you. I'm a Policy Counsel at the NYCLU. New York has had access to the new COVID bivalent booster shots since early September. The public has heard little or nothing about the new boosters, and half of those who were vaccinated either do not know whether the new vaccine is recommended for them or believe it is not.

The federal government quietly announced that it will be ending spending on COVID vaccines, tests, and treatments, shifting the cost to private insurers and leaving the uninsured to fend themselves. Predictably, COVID's impact is still falling hardest on New York's most marginalized communities but disabled communities of color, people whose primary

language is not English and economically disadvantaged New Yorkers.

Despite experiencing higher COVID-19 mortality rates, patients of color have received monoclonal antibodies to treat COVID less often than White patients and Black and Hispanic or Latinx New Yorkers lag behind every other racial group when it comes to receiving a COVID-19 booster shot. It does not have to be like this. New York City knows how to reach all of our communities and it must prioritize cultural and linguistic competence and meaningful community engagement.

It knows that it must meet people in their neighborhoods and it knows that New Yorkers will avoid vaccination if they fear that there will be negative immigration consequences associated with receiving a vaccine. They may also shy away if they worry about sharing personal information with the government or private companies, whether for fear of criminalization, having their children taken away, targeted advertising or any other reason.

At the end of the 2022 state legislative session, the legislature passed unanimously. Vaccine confidentiality legislation that would ensure that

personal information shared to receive a vaccine cannot be used to criminalize or to court anybody or to take their children away.

The bill awaits the governor's signature and City Council should call on her to sign it immediately. But the city can do even more to protect New Yorkers from COVID. New York can reduce COVID transmission indoors by promulgating stricter indoor air quality standards and ventilation requirements. This is particularly important to communities of color —

SERGEANT AT ARMS: Time expired.

ALLIE BOHM: That were among the hardest hit by the pandemic. The city must fill the shortfall left by the federal government and ensure that all New Yorkers can access COVID vaccines, testing and treatment, regardless of their insurance status or income level. They must collaborate closely with CBO's to make sure that information about the availability about the new bivalent vaccines reach all of our communities, even languages they speak. And it must work with CBO's on the placement of vaccination sites to ensure that all of our communities actually have access to those vaccines. It must partner with and fund CBO's to engage in

harder to reach — to engage harder to reach populations and break that same hesitancy. Thank you for the opportunity to testify today. I will submit for fulsome written testimony and I'm happy to take questions.

CHAIRPERSON SCHULMAN: I want to thank you for your testimony and also let you know that Borough President Mark Levine was here earlier and talked about the air quality and all of that, so we're going to see what we can do together, so just to let you know. Thank you again.

COMMITTEE COUNSEL: Thank you. Dr. Tran, you'll be next. You may begin when the Sergeant queues you.

SERGEANT AT ARMS: You may begin.

DR. LUCKY TRAN: Good afternoon. My name is Dr. Lucky Tran and I am a Scientist and Public Health Communicator who works at Columbia's Medical Center. I urge you to please push to reinstate the mask mandate and to support efforts to provide more free N95 masks to the public. The CDC recommends masking indoors and on public transportation during high community levels. Right now, three out of the five boroughs are at high community levels and the rest are at medium. And COVID transmission, let's get

this straight, has been constantly high for months. We expect winter to be worse. Why is the city ignoring CDC guidelines? Where is the urgency? Where is the action?

There's been a lot of disinformation about masks but as a scientist, I can tell you clearly, mask mandates work. Studies show masks are most effective when everyone wears one and mandates significantly increase mask wearing. The pandemic is far from over and it's still causing significant disruption to the daily lives of many Americans. Thousands are still dying each week. Millions out of work due to long COVID. Essential workers are getting sick and losing wages. And we have current city policies, those at high risk for severe COVID, including the immunocompromised, disabled and the elderly are being locked out of society because without a mask mandate indoor public space are unsafe.

Let's get this clear, our most vulnerable New Yorkers can't access public transport, groceries, pharmacies, healthcare and other essential services without seriously risking their health. This is a huge moral crisis. How dare we ignore the people who are suffering the most from this pandemic. How dare

we prevent them from participating in society. New Yorkers are our best when we all look out for each other. Mandating masks and providing more free N95 masks will instantly make New York so much safer and more accessible for everyone, especially those at higher risk and who are most impacted. Please do the right thing. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much.

COMMITTEE COUNSEL: Next will be Myra. You may begin when the Sergeant queues you.

SERGEANT AT ARMS: You may begin.

MYRA BATCHELDER: Hi, thank you. My name is Myra Batchelder and I work in health policy and I'm here representing Mandate Masks NY, a statewide advocacy group.

I'm here today to call on New York City to put in place stronger COVID prevention policies, including mandating masks on public transit and indoor public spaces. And to provide free N95 masks to the public. COVID community transmission is high across New York City and community levels are now high in multiple boroughs according to the CDC.

COVID cases are also vastly undercounted in New York City because home tests aren't counted. Some

experts estimate that COVID cases could be around 25 times higher than reported. Now, concerning new variants are spreading. Experts estimate we may have over 100 million new COVID cases this fall and winter in the U.S. We need to reinstate the mask mandate on public transit and all indoor public spaces.

In the midst of high COVID rate, ending the mask mandate has made our lives more unsafe. No one should have to risk getting COVID in order to go to the doctor, pharmacy, work, school, grocery store or even to take the elevator in their apartment building.

For those of us at higher risk for severe COVID, the risk is intensified. Many of us are forced to isolate at home, even postponing needed medical care. In addition, it's important to point out that everyone is at risk from COVID. Long COVID and serious health issues can happen to anyone. Hundreds of thousands of people in New York City are estimated to have long COVID and the number is increasing daily.

We urge the city to reinstate the mask mandate on public transit and all indoor public spaces. In addition, New York City needs to provide free N95

masks to the general public and make them widely available. Not everyone can afford to purchase N95 masks.

Currently, New York City 311 just directs people to the Federal Mask Distribution Program, which has ended. And while New York City provides free rapid tests at libraries and multiple sites across the city. The city does not provide free N95 masks at these locations. The city must put in place a free N95 mask distribution program, especially as we head into another large surge.

SERGEANT AT ARMS: Time expired.

MYRA BATCHELDER: In closing, New York City needs to mandate masks on public transit and indoor public spaces and to provide free N95 masks to the public and let the public know where they can access those free N95 masks. Thank you for your time.

CHAIRPERSON SCHULMAN: Thank you very much.

COMMITTEE COUNSEL: We will now move to the next panel. It will be Imtiaz Ahmed from Community Service Society, Marie Mongeon from Community Healthcare Association and Nadia Chait from Coalition for Behavioral Health. Imtiaz Ahmed, you may begin when the Sergeant queues you.

SERGEANT AT ARMS: Starting time. You may begin.

COMMITTEE COUNSEL: Imtiaz Ahmed, are you on Zoom?

IMTIAZ AHMED: I am, hi.

COMMITTEE COUNSEL: Perfect, you may begin.

IMTIAZ AHMED: My name is Imtiaz Ahmed, Program Manager for the Managed Care Consumer Assistance Program at the Community Service Society of New York. CSS has worked with and for New Yorkers since 1843 to promote economic opportunity and champion an equitable city and state. Our health program has helped approximately 130,000 New Yorkers enrolled in and utilize health insurance. Our quests have described some of the current challenges experienced by our clients when accessing pain for care related to COVID-19. Many of our COVID clients came through the New York City Managed Care Consumer Assistance Program.

During the pandemic, the cabinets provided much needed advocacy assistance to these patients who have struggled to secure coverage, medically necessary care and social services. We have served over 8,000 people, most of whom are people of color and or speak a language other than English at home. Obtaining a

favorable outcome for our clients in 90 percent of the cases. The program operates to free health line managed by CSS and a network of community-based CBO's that provide in-person services in 15 languages and at 15 different locations across all five boroughs.

Finally, the CAP is currently monitoring a trend in cases, in which City MD and Northwell Health and probably other providers to have started building consumers for their co-base or balances for COVID tests or related visits that were supposed to be free under the Families First Corona Virus Response Act and the Cares Act.

In those instances, we can work with these clients and their providers to find out if the client is in fact responsible for the bill and if needed, assist the clients with billing out and submitting a complaint to the relevant authorities. Now that the city seems to finally be coming out of this cripling effects of the pandemic, we cannot forget that there are many New York City residents who will still need help dealing with the long-term effects of the virus and accessing testing and treatment because of their immigration status. That's why we need trusted —

SERGEANT AT ARMS: Time expired.

IMTIAZ AHMED: Advocates on their side who work in their communities. Thank you for the opportunity to submit this testimony today.

CHAIRPERSON SCHULMAN: Thank you very much.

COMMITTEE COUNSEL: Marie Mongeon, you may begin when the Sergeant queues you.

SERGEANT AT ARMS: You may begin.

UNIDENTIFIED: Hi, sorry, is this me? I think it was somebody else's name but I was unmuted. Did you say my name?

COMMITTEE COUNSEL: Marie Mongeon I think is who we're, sorry.

UNIDENTIFIED: Yeah, somebody else.

COMMITTEE COUNSEL: Okay, apologies for that. Marie Mongeon, you may begin when the Sergeant queues you, apologies.

SERGEANT AT ARMS: You may begin.

COMMITTEE COUNSEL: Marie, are you there? Marie Mongeon? We see you — there we go.

MARIE MONGEON: Hi, thank you, my apologies. Thank you so much for the opportunity to testify today. My name is Marie Mongeon and I'm the Senior Director of Policy with CHCANY. The statewide primary care association representing all of New

York's federally qualified health centers, also known as FQHC's.

Throughout the height of the pandemic, health centers ensured that their patients could continue to access primary care and support services, whether that was via telehealth at pop-up testing and vaccination sites and parking lots and housing shelters or by maintaining hours. Even still, health centers saw a huge drop in visits during the height of the pandemic and not all of those patients have returned. Health centers are regularly performing outreach to new patients while working to connect their existing patients to much needed care that was delayed during the early days of the pandemic.

Our patients, providers and communities were among the hardest hit by COVID. Testing and vaccination efforts continue and today, many health centers refer patients out who experience long COVID. While working diligently with our city partners to ensure their patients have robust access to specialty services as needed.

With that said, providers are experiencing unprecedented levels of burnout. COVID exacerbated the existing workforce challenges and today, most

health centers have vast vacancies across the continuum of care.

Without having fully recovered from the hardship suffered during the pandemic, staff are now responding quickly and compassionately to provide care to families arriving from the types of Mexico border who've traveled to the city in terrible conditions, often without any history of primary care. Moreover, health centers have stepped up to increase MPX testing, vaccination and treatment and are now responding to influxes in cases of flu and RSV.

At its heart, this is the health center mission, ensuring the right to healthcare for everyone, even when resources are strained. With that said, the workforce crisis will only get worse, inhibiting access to care if action is not taken to ensure all those providing or supporting care to patients are adequately resourced.

I'll refer you to my full, written testimony for additional insight on the current state of the Health Center Network and thank you again for the opportunity to testify today.

CHAIRPERSON SCHULMAN: Thank you very much and thank you for all the services that you provide.

COMMITTEE COUNSEL: Thank you. Nadia Chait, you will be next. You may begin when the Sergeant queues you.

SERGEANT AT ARMS: You may begin.

NADIA CHAIT: Good afternoon. I'm Nadia Chait, the Assistant Vice President for Policy, Advocacy and Communications at the Coalition for Behavioral Health. Thank you for the opportunity to testify today.

At the Coalition for Behavioral Health, our members serve hundreds of thousands of New Yorkers annually struggling with mental health and substance use challenges.

The impact of COVID on those that we serve, as well as our city at large has been almost immeasurable in terms of the mental health and substance use challenges that this pandemic has both created and exacerbated. Overdose deaths are skyrocketing. They increased 80 percent from 2019 to 2021 in our city. I'm going to say that again because it is horrifying. Overdose deaths increased

80 percent over the two-year period for which we have the most recent data.

40 percent of New Yorkers reported that they had poor mental health in 2021 and our children and youth are particularly experiencing a mental health crisis with youth suicide attempts rising at horrifying rates. Particularly among young women and among our Black and Brown youth.

This is a challenge that we must address to truly address the impacts of COVID but to do so, we need the city to invest in access to care. Right now, when many individuals reach out for help, they are unfortunately met with waitlists, closed programs and other difficulties in accessing care because our mental health system has been underfunded for so long that it is unable to deal with the surge and demand.

In particular, we urge the city to invest in building and retaining the mental health and substance use workforce, particularly looking at loan forgiveness, tuition assistance and incentives for staff who speak languages other than English. We also encourage the city to explore career pathways into mental health careers that would help bring in a more diverse professional background and it don't

necessarily require folks to spend six years in school getting a master's degree and taking on thousands of dollars in debt for careers that pay very low salaries.

We also encourage the city —

SERGEANT AT ARMS: Time is expired.

NADIA CHAIT: We also encourage the city to expand access to school mental health services, which are a critical way to serve our youth where they already are. Thank you for the opportunity to testify today.

COMMITTEE COUNSEL: Thank you. Our next panel will be Jacqueline Esposito, Ricky Baker Koosh and Priscilla Grim. Jacqueline, you may begin when the Sergeant queues you.

SERGEANT AT ARMS: You may begin.

JACQUELINE ESPOSITO: I've been a New York City resident for about 20 years. I'm a licensed attorney in New York and I've been a Public Policy Advocate for more than a decade. This is not the first time I've testified before the City Council; however, it is the first time that I will tell my personal story.

I have an incurable 911 related cancer. I worked downtown and was caught in the death cloud that

descended over us as the towers fell. Relying on government officials who promised us that I was safe in the days that followed, I returned to work, breathing in that air day after day. Years later, I find a lump on my neck. I had later learned that there were lumps in my lungs and that the cancer was incurable.

Those of us battling 911 illnesses were told, you would never forget but you have forgotten us. The COVID positivity rate as we heard in New York has consistently been high. It's actually been about ten percent. We didn't hear that today. For every 100,000 people in New York City, more than 200 are currently infected with COVID.

We know this is a gross undercount due to home testing. COVID recently ranked as the third leading cause of death in the United States with about 400 people dying daily across the country. One of five adults infected in America has long COVID. Data show COVID infections damage peoples immune systems and that repeat infections increase your odds of getting long COVID. Yet nearly all mitigation efforts across the city have been dropped and efforts to promote boosters, as we heard today are virtually

nonexistent. This means that people like me cannot safely go to the pharmacy, grocery store, bank, laundromat or ride public transit. It means that several days a week, I am separated from my spouse who works in the city, as I've had to move out of the city because it's too challenging for me to navigate a maskless New York City. It means that I no longer support local businesses in New York City. I spend my money online.

There are several actions that you could take to ensure the safety of vulnerable New Yorkers. First, you could call on governor Hochul to reinstate masks on public transit. Bare minimum, there should be a mask only train cars, just like there are quiet cars —

SERGEANT AT ARMS: Time expired.

JACQUELINE ESPOSITO: On track. We've allowed restaurants to open sheds on our public streets but have not figured out the need for masks on public transit. Perhaps if disabled New Yorkers were as powerful as the restaurant lobby, you would be doing this.

You could require masks in all essential indoor public spaces. Shockingly, two of the City Council

Members today refuse to wear masks, even though masks are required in today's hearing. That is not inclusion. You could invest in our infrastructure by mandating commercial buildings to upgrade filtration and ventilation systems. There is so much more that could be done. Lastly, I'd like to thank the grassroots volunteer led group, Mandate Masks New York for your leadership and for your support. Thank you for the opportunity to testify today. It's too bad I couldn't do it in person.

CHAIRPERSON SCHULMAN: Thank you very much.

COMMITTEE COUNSEL: Thank you. We'll now hear from Ricky. You may begin when the Sergeant queues you.

SERGEANT AT ARMS: You may begin.

RICKY BAKER KOOSH: Hello, my name is Ricky Baker Koosh. I grew up in Queens New York where I still live and I've had myalgic encephalomyelitis for about eight years. Myalgic encephalomyelitis ME, also known as chronic fatigue syndrome, is an incurable, untreatable disease that leaves me fatigued, effects all of my organ systems, leaves me immunocompromised and as I found out in March 2020, it gets much, much worse when you have COVID.

Many folks who had COVID who are now coming down with long COVID are eventually diagnosed with my myalgic encephalomyelitis, so far as high as 50 percent. Similar to what Jacqueline shared, we are very limited and constricted in New York City right now. In order to see my doctors, in order to get my medication, I have to go on the subway being one of the only people wearing masks, given that there is no mandate anymore.

My options are essentially to do that or pay for very expensive rideshares, where drivers are no longer required to wear masks and I'm constantly putting myself and my loved ones at risk. I have been kept inside my apartment as much as possible but because of the lack in leadership at the federal, state and government — state and local level, there's really no safe place for immunocompromised and disabled New Yorkers to live our lives. And because of the lack of accessible transportation and other options, we really have no choice but to expose ourselves to the many different strains of COVID we're seeing.

I implore you to invest more in studying conditions like long COVID, ME, POTs and MCAS,

educate more providers on these issues, reinstitute mask mandates, give out free N95's, require improved ventilation infiltration and truly as much as you can to mitigate the pandemic, rather than allowing it to ravage our communities unstoppingly with no endpoint.

My life is at risk —

SERGEANT AT ARMS: Time is expired.

RICKY BAKER KOOSH: The lives of workers is at risk. 25 percent of New Yorkers have a disability and you're not taking care of us. Thank you.

CHAIRPERSON SCHULMAN: Thank you for your testimony.

COMMITTEE COUNSEL: Thank you. Our last panelist for this panel will be Pricilla Grim. You may begin when the Sergeant queues you.

SERGEANT AT ARMS: You may begin.

PRICILLA GRIM: Thank you. I do have a presentation that goes along with my comments, if I could share my screen, if that would be available or not.

COMMITTEE COUNSEL: Unfortunately, it's not but you can email us the presentation and we'll take a look at it.

PRICILLA GRIM: Okay, I will just go through my comments then. Thank you for giving me time today. I am Digital Strategist, a concerned New Yorker, and a mom. I am here today because I've been following the COVID-19 data page on nyc.gov to inform myself and my household about the levels of risk of COVID infection in day-to-day life.

In visiting the page from week to week over the past few months, I noticed two things. One, historical data week over week, month over month is not present on the site. Two, the numbers I remembered seeing the week prior did not match the descriptions of decreasing or stable.

In the attachment you will receive, I will demonstrate these examples. On slide three, you will see the daily average of deaths at eight is marked as decreasing from the week prior, which is incorrect. As the week prior daily average of deaths was five.

Un nine, you will see that the percent positive is 10.2. An increase from the week prior 9.4 yet quantified as stable. On slide ten, you will see that the hospitalizations are at 87 and on slide 11, the data from this week, we have 94 hospitalizations. Yet data is quantified as decreased.

According to the state reported data, as I screenshotted from your website since September 2022, we had a 28 percent increase in the cases of COVID in NYC, from September to today. The nyc.gov reporting tool does not reflect this reality and is dangerous. Intentionally misleading public on the risk of becoming sick again from preventable pandemic exposure.

I ask you to use your power to do the following: One, fix this dashboard to reflect the actual reality of COVID at NYC. Two, reinstate the mask mandate —

SERGEANT AT ARMS: Time expired.

PRICILLA GRIM: In public transit and all public indoor spaces. Three, use city resources to provide free N95 masks to the public.

These three simple tasks will help us work together to prevent further pandemic illness, prioritize public safety, and protect the most vulnerable of New York City with a cultural of care grounded in the data of scientific observation.

I will post this to my Twitter handle at Pricilla Grim.

CHAIRPERSON SCHULMAN: And please send up the presentation. Thank you.

COMMITTEE COUNSEL: Thank you. We'll now move to our next panel. It will be Katrina Corbel, Anna Packman, Marie Veilgolden(SP?)and Reina Sultan. We'll start with Katrina. You may begin when the Sergeant queues you.

SERGEANT AT ARMS: You may begin.

KATRINA CORBEL: Hello.

SERGEANT AT ARMS: Katrina, you have a lot of background noise.

COMMITTEE COUNSEL: Hi, we can hear a lot of background noise. We can't hear you.

KATRINA CORBEL: There's nowhere else I can go, so I'm going to have to work with it.

SERGEANT AT ARMS: Katrina, we hear a lot of background noise. It's hard, we can't understand what you're saying.

KATRINA CORBEL: Yeah, it's the only place I have internet access, so there's nothing I can do [INAUDIBLE 2:54:44].

COMMITTEE COUNSEL: Hi, sorry, you were having a lot of background noise. We couldn't hear you.

Sorry, unfortunately, we're having trouble — oh, okay. Hi, we're going to have to — we're going to move on but if you want to submit written testimony

and then we'll call you at the end to try again but in the meantime, you can always submit written testimony. We're going to move to the next panelist.

Anna, you may begin when the Sergeant queues you.

SERGEANT AT ARMS: You may begin.

ANNA PACKMAN: Hi, thank you. My name is Anna Packman and today I'm here in my personal capacity. I have a disability that puts me at high risk of developing complications from COVID-19 despite the availability of vaccine impact COVID.

Especially as we face new immunity evading variants, it also happened to be much more infectious. As the city dropped universal masking on public transit and in indoor spaces, the virus had continued transmitting at a high rate, making it harder and harder to avoid infection on an individual level.

Essentially as almost every single setting in New York City is a crowded setting. Properly worn masks that completely prevent infection and subsequent long COVID, work against all variants. I myself wear high filtration masks but my mask only does so much to protect me. Many studies have shown that masking is

more effective when everyone in an enclosed space wears one.

As masks are no longer required in many settings, the number of places that I can safely go has decreased precipitously over the past year. Because of the lack of masking on MTA services, I haven't used a bus in months. And I can no longer use Access A Ride Vans, which quite ironically exclusively serve people with disabilities and the elderly, the most at-risk populations for COVID.

I'm tired of feeling like I'm taking a life risk every time a need a run a mundane errand, like picking up some eggs from the grocery store. I'm tired of being left out of cultural performances and events that no longer require masks and I most certainly cannot safely go to the pharmacy where people are maskless while taking COVID tests or picking up medicine for their active COVID infections.

Transmission rates are rising and will only get worse at winter approaches. I urge the Council to advocate for the return of mask requirements for public transit and indoor spaces. Where's the comments and exceptions for restaurants and bars?

Pretty much everywhere else, masking is easy to achieve and can barely be called an inconvenience and it protects everyone, including the people who don't want hard masks. We live in a densely populated city where our actions directly impact others around us, especially as far as communicable diseases go. People with disabilities, the elderly and people who are immunocompromised have a right to the same access to —

SERGEANT AT ARMS: Time expired.

KATRINA CORBEL: Public spaces as everyone else and masking helps achieve that. Thank you.

COMMITTEE COUNSEL: Thank you. Marie, you may begin when the Sergeant queues you.

SERGEANT AT ARMS: You may begin.

MARIE VEILGOLDEN: Hi, thank you. My name is Marie Veilgolden(SP?) and I am a resident of Crown Heights. I'm testifying to join the voices, asking that mask mandates on public transportation and in essential indoor public spaces be reinstated with the upmost urgency.

Cases are yet again on the rise in the city, though as scopes have said, they have been high for a while and we know they are being vastly undercounted

with at-home tests not included in official numbers. COVID is still killing 300 plus Americans daily in the acute stage. A number that will surely increase again as we head into the winter with new immune-evasive variants and the CDC estimates that 15 percent of the adult American population, which is nearly 50 million people are currently living with long COVID. This includes fully vaccinated folks as well.

The impacts of COVID on the body are becoming well established. We know it effects the cardiovascular system and is linked to a shocking increase in heart attacks and strokes. It can harm the brain in many ways, including increasing the risk for Alzheimer's and studies are showing that it can impair the immune system, making children and adults potentially more susceptible to other viruses like RSV and the flu. But masks help protect us against all these viruses and public spaces like subways, buses, taxies, rideshares, grocery stores, pharmacies, and schools are not places that people can simply choose to opt out of. These are essential spaces that every New Yorker, including those among us who are disabled, immunocompromised or otherwise

high risk need to be able to safely access without risk of death or disability. Without masks, these spaces are completely inaccessible to the most vulnerable people among us during an airborne pandemic. It is long past time that we bring back mask mandates and invest in upgrading air filtration in all public spaces. Provide free N95's to all New Yorkers, not just surgical masks and expand and encourage access to free PCR testing and boosters to keep us all safe. Thank you.

COMMITTEE COUNSEL: Thank you. We'll now call Reina Sultan. You may begin when the Sergeant queues you.

SERGEANT AT ARMS: You may begin.

REINA SULTAN: Hi, my name is Reina Sultan and I'm a Journalist who lives in Bushwick. I'm testifying today because I want to express that this Council, if they do not take decisive action, are condemning thousands to death or disability. We now have years of data that proves that COVID-19 can kill either during the acute stage when you're testing positive or months later from heart attack, stroke or other life-threatening post viral issues. Something

that I was shocked to hear the Health Commissioner not mention today.

COVID effects every organ, every part of your body. The hundreds of thousands living with long COVID in New York alone, know this better than anyone. They are begging those with the power to put an end to this reckless threat of the virus to do so. That means you.

These measures will not only protect us from COVID but from the flu and RSV. The rates of which are higher because of immunological death from previous COVID infection, not from immunity death which is not a real thing.

It is long past time for us to reinstate masking at the very least on public transport, rideshares and essential indoor spaces. This is integral because vaccines alone do not prevent infection or transmission, nor do they prevent long COVID. Further, new strains are not as responsive to antibody treatments like [INAUDIBLE 3:01:17]. We as a city should lead by example for the rest of the country by investing in free N95's for all, expanded free PCR testing, widespread information about the bivalent booster, and ventilation and filtration,

instead of spending our money on things like surveillance measures like cameras in every subway, park or the expansion of omni. What is killing and disabling New Yorkers at such a horrifying level is not crime, it's COVID. Thank you.

COMMITTEE COUNSEL: Thank you Reina. We're going to try Katrina one more time. Katrina, you may begin once the Sergeant queues you.

SERGEANT AT ARMS: You may begin.

KATRINA CORBEL: Hi, thank you for this. I'm hoping you can hear me better now.

COMMITTEE COUNSEL: It's great, yes continue.

KATRINA CORBEL: Okay, uhm, one thing that I wanted to note was that this time last year Omicron, we now know it's Omicron, which announced or like or warned that people who were actually following the medical data. So, when I heard the Commissioner talk about how we didn't see it coming. No, some of us who knew how to look, saw it coming and people just kept ignoring it. So, I wanted to draw out that attention. So, just know your sources, pay attention, be prepared, do things like have the N95 masks ready.

I'm in the Bronx right now, which is obnoxiously loud because I love the Bronx but there's no more masks around like there used to be. There used to be people on the streets handing them out to us. I have not seen that forever. The busses used to have them all the time. I have not seen that in months probably. The buses are now overcrowded again and I don't even know what that's going to be yielding. Another question that many people have brought forward is the people with disabilities. I'm one of the ones who had disabilities before COVID. I got COVID in March of 2020, had was diagnosed first as post-COVID, later became long COVID. I had two doctors deny that you know there was such a thing as post COVID. I had blood clots. The blood clots could have killed me, luckily it didn't and to not have long COVID be discussed for the longest time, like in this hearing was even starting to get to me. About how like, oh yeah, let's have more vaccines. Let's have more vaccines, more vaccine but nothing mentioning about the post-COVID community. The long COVID need.

How some people are getting kicked out of their apartments because they couldn't afford rent because

they couldn't go back to work or because they can't get out of bed. They feel like they are going to have their children taken away from them because they can't care for their children because they need more support. These are just some of the 200 plus conditions that can make up what is now known as long COVID.

SERGEANT AT ARMS: Time expired.

KATRINA CORBEL: That we still need more funding. We still need some of the time and energy devoted or what we are needing and asking for more attention given to the long COVID community. And some of the people don't even know that they are part of the long COVID community because they haven't received the positive test yet. Or like their doctors are not willing to diagnose them with long COVID because the doctors are afraid of what happens if they need medical proof and they didn't test positive for it or something like that.

So, there's a lot more needs into that part of it. My primary care doctor doesn't know how to get N95 masks to me. I have Medicaid and I've heard rumors that she's supposed to be able to prescribe me some when I can't afford them or I can't find them in

a pharmacy. And I hear them, "oh, we have them for you or you know, we're going out to the poor neighborhoods to give them, to disburse them." I have never been offered them from the city. I can get some from my church luckily but I mean, I look at some of them that I've worn too many times and I know I need more. I've never been able to find some of them anywhere.

Uhm, and again, I just, I really need to see more people mask. More people pretend that it's over and it's not over. I ended up getting exposed a second time at a conference in June in Time Square, and a third time because a friend went on a vacation and got it in the airport. It's still around. It's still around and like, when I take my mask off even right now, I'm not happy I'm taking my mask off but I want to make sure you guys can hear me. And I didn't like having to come to Starbucks but I needed to get Wi-Fi to be on this conference because my supportive housing doesn't provide internet.

And so, these are the things that we're trying to do to stay involved to stay a part of society, it would be like a person with a stability hiding in our home, pretending like life doesn't go on. We want to

stay involved, we want to stay in the community, we want to stay engaged but we're doing so at a risk to our health and that's what we are trying to help more people be able to do in a way that does not jeopardize their health and does not jeopardize their life. I have lost too many people to COVID and too many people to other disabilities. So, we are trying to make a way for everyone to be able to live safely and like be able to keep living, not keep dying. Thank you.

CHAIRPERSON SCHULMAN: Thank you very much and thank you for your patience with us today.

COMMITTEE COUNSEL: Thank you. So, I'm going to call a few people that registered to testify but do not seem to appear on Zoom right now, but we're going to call them anyway. The first is Salim Drammeh from Gambian Youth Organization. If you are here, please raise your hand.

Next is Aniqa Nawabi from Muslim Community Network, Shoshana Benjamin, if you are there, please raise your hand. Next is Leit Oleneck(SP?). If you are here, please raise your hand. Ingrid Paredes. Next is Evan Sacks. If you are here, please raise your hand. Lisa Smin, if you are here, please raise

your hand. Lisa Fu. Uhm, nope, okay then Tatarena(SP?)Hernandez, if you are here, please raise your hand. Ana Luck Sheena and Steven Domeo(SP?). If any of you are here or on Zoom, please raise your hand.

Thank you. So, it does seem like they are not here but seeing no one else, I would like to note that written testimony, which will be reviewed in full by Committee Staff maybe submitted to the record up to 72-hours after the close of this hearing by emailing it to testimony@council.nyc.gov.

Chair Schulman, we have concluded public testimony for this hearing.

CHAIRPERSON SCHULMAN: Okay, I now call — oh sorry. I now call the hearing to a close. Thank you very much for everyone who testified today. [GAVEL]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date November 20, 2022