



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

**Testimony**

of

**Ashwin Vasani, MD, PhD  
Commissioner**

**New York City Department of Health and Mental Hygiene**

before the

**New York City Council**

**Committee on Health  
Committee on Hospitals**

**Subcommittee on COVID Recovery and Resiliency**

on

**Oversight - NYC's Response to the Post-Holiday Surge in COVID-19.**

February 14, 2023  
City Council Chambers  
New York, New York

Good afternoon, Chairs Schulman, Narcisse and Moya, and members of the Health and Hospitals Committees and the Subcommittee on COVID-19 Recovery and Resiliency. I am Dr. Ashwin Vasani, Health Commissioner for the City of New York. I am joined today by my colleague Dr. Celia Quinn, Deputy Commissioner of Disease Control, who will be supporting me in answering your questions. Thank you for the opportunity to provide an overview of COVID-19 in New York City, including where we are in the City's response and what may lie ahead.

This past November, I testified before you about the current state of COVID-19 in New York City, including the Health Department's strategic plan to make our organization more response ready and prepared for pressing health issues, whether chronic or emergent. This plan includes strengthening the bridge between healthcare and public health and between prevention and care, improving our data infrastructure, and investing in our workforce. For COVID-19, this means that we are shifting to a more targeted approach, focusing on people at highest risk for severe COVID-19 outcomes due to age, underlying medical condition, or setting. And we have started to see the success of these efforts—which will continue in the months and years ahead.

Last time, we also discussed how the City was preparing for the winter respiratory season. I am glad to report today that we have weathered the "tridemic" of COVID-19, influenza, and RSV, with rates of all three viruses in decline. As you can see in the Appendix to my testimony – positive test results for both flu and RSV are well within the range that we have seen previously for this time of year. And while COVID-19 transmission remains high, we are at the lowest rate since March 2022 and reported cases and hospitalizations have been steadily in decline since early January – thankfully, we saw nowhere near the spike in COVID-19 cases that we experienced last winter.

We are still in – what we call – respiratory virus season and remain vigilant to ensure that New Yorkers have the tools they need to stay healthy and safe. In December, when COVID-19, influenza, and RSV cases were high, I issued an advisory strongly recommending masking in public indoor settings and crowded outdoor settings—and reemphasizing the importance of taking proven precautions such as vaccination, testing, hand hygiene, and staying home when sick. This remains my guidance to all New Yorkers today. The City also put out a Winter Plan outlining that we were focused on (1) tracking COVID-19 and other respiratory viruses, (2) making testing, treatment, masks, and vaccines available, and (3) protecting New Yorkers at highest risk.

We continue to partner with community-based organizations to engage community members at in-person events and virtual community conversations, make vaccine and testing referrals, distribute educational literature, and provide masks and at-home test kits. And there are additional resources that are offered by our partners at NYC Health + Hospitals, including Test and Treat. However, our success this winter would not have been possible without the assistance of individual New Yorkers, who, as we move forward from emergency response, are integrating infection prevention practices into their daily lives.

To date, over 6.7 million New York City residents have completed their primary vaccination series, and nearly 2 million have received the bivalent booster. These numbers are impressive, but we need many more people to be vaccinated – specifically with the bivalent booster – to continue our progress out of the emergency phase of the pandemic. There are some successes to be acknowledged – including that we have significantly narrowed the gap in primary series vaccination coverage by race. And we have made gains in vaccinating younger New Yorkers, especially children ages 13 to 17 years old – an estimated 92% of whom have received one dose and 82% of whom are fully vaccinated. I urge

every New Yorker who has not been vaccinated or received an updated booster dose to do so. This includes vaccinating your young children to prevent severe outcomes from infection.

Even as at-home testing has become the go-to method for COVID-19 testing, our ongoing routine surveillance enables us to understand the state of COVID-19 transmission in our city. 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 wastewater testing. The City also maintains 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 supporting principals through the Office of School Health.

We are an organization that stays grounded in the data and are nimble and ready to respond to changing circumstances. COVID-19 continues to mutate, and new variants regularly emerge. Currently, the dominant variant in New York City is XBB.1.5. While this variant is very infectious, we are grateful that it does not appear to cause more serious disease and that COVID-19 vaccines, including the new updated booster, continue to provide excellent protection against severe disease.

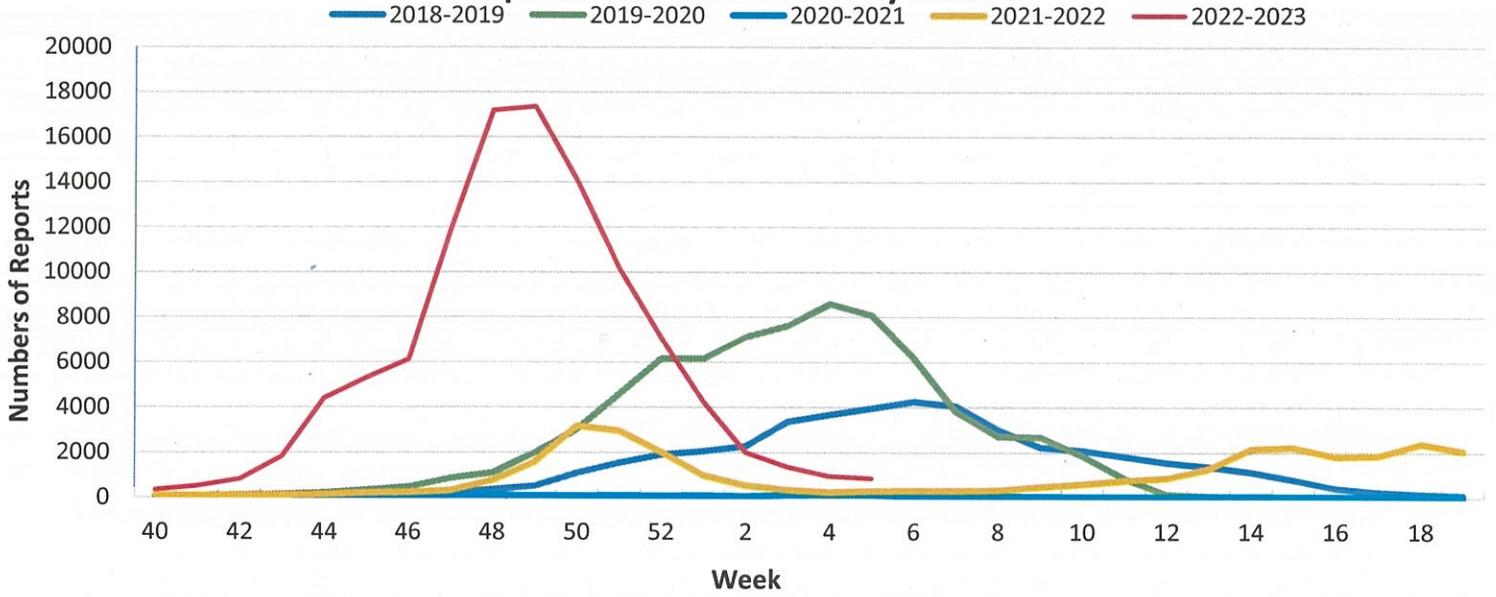
Shifting to what is on the horizon, President Biden recently announced that the federal government will end the public health and national emergency declarations on May 11, 2023. We knew this day would come—maintaining a public health emergency for over three years is unprecedented. The Department is preparing with our sister agencies and State and Federal partners. While we work to better understand the impacts of the end of the emergency declarations, and related plans to commercialize COVID-19 vaccines and treatment, I know that the Health Department, our partners at Health + Hospitals, and the many other safety net health care providers in New York City will make sure that all New Yorkers have access to appropriate and affordable care. We are also comforted by the CDC's message of commitment to maintaining national reporting of vaccine data and ensuring that vaccines and treatments will continue to be available. There is more to come on what this will mean going forward and we will continue to communicate with New Yorkers on where they can get access to COVID-19 tests, treatment, and vaccines.

Before I close, I would like to remind all New Yorkers that COVID-19 is still here and is a part of our new reality; however, I also want to reassure everyone that this is a reality for which we now have proven strategies to manage.

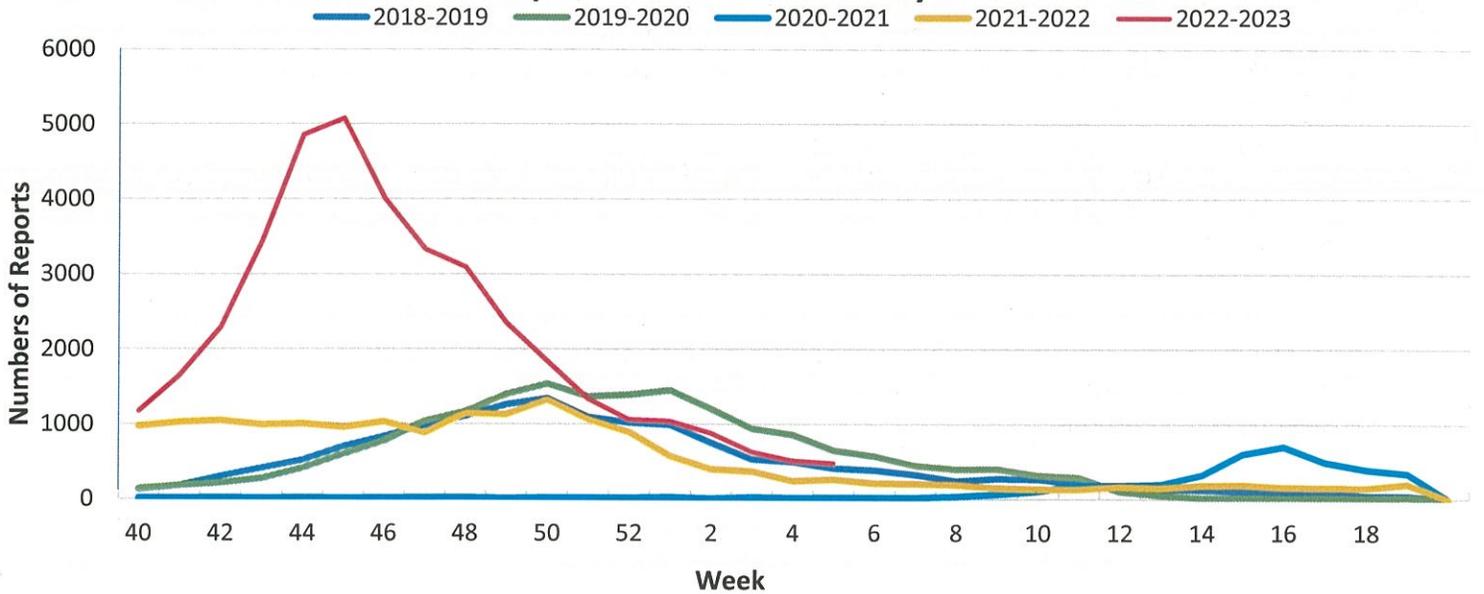
Thank you for allowing me to share our work. I remain, as always, incredibly grateful for our partnership, and for the support City Council has given us throughout the COVID-19 response. We look forward to continuing to work collaboratively to protect the health of all New Yorkers. I look forward to answering your questions.

Appendix

### Influenza Positive Laboratory Results Reported to NYC DOHMH by season

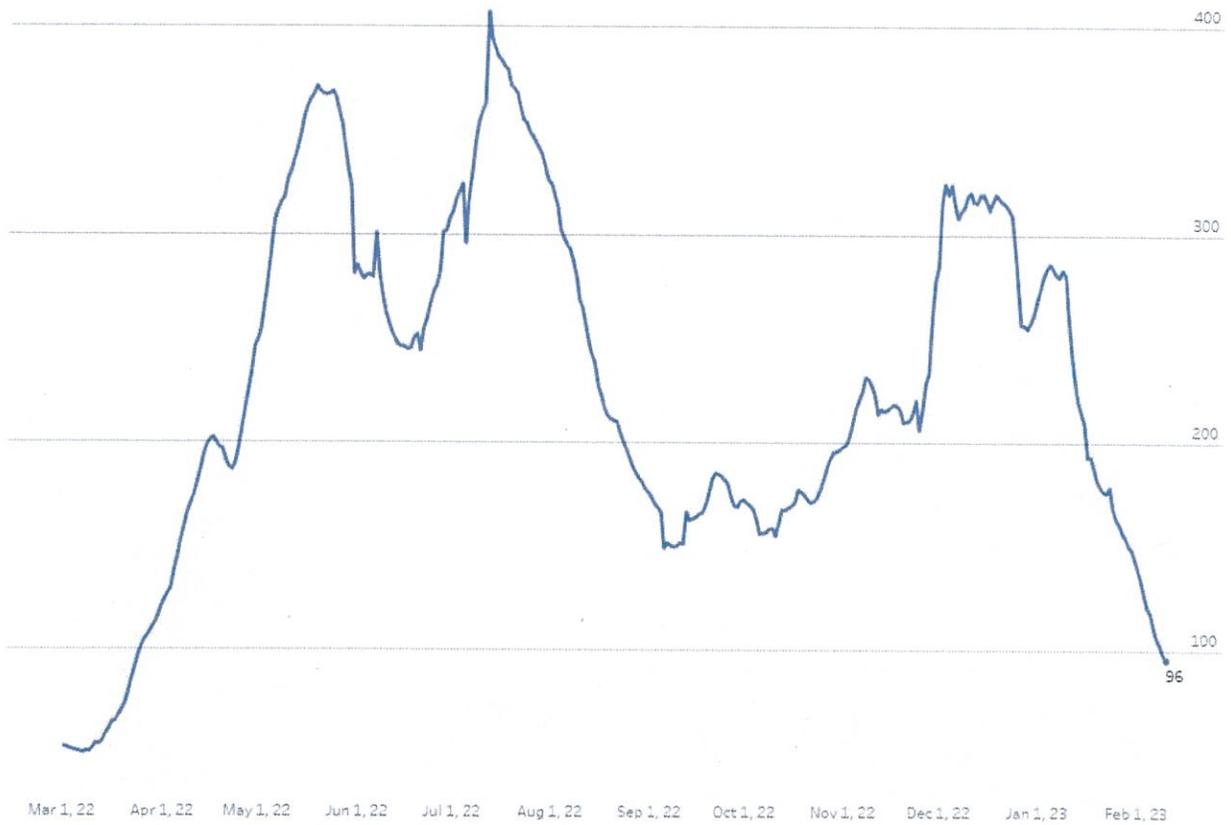


### RSV Positive Laboratory Results Reported to NYC DOHMH by season



### Citywide Transmission Levels, New York City

7-day average rate of confirmed and probable COVID cases per 100,000 people



Data Source: NYC DOHMH as of 02/13/2023



COMMUNITY HEALTH CARE ASSOCIATION of New York State

**NYC Council Committees on Health, Hospitals, and Subcommittee on COVID Recovery & Resiliency  
Oversight: Assessing NYC's COVID-19 Response Amid Shifting Public Health Strategies  
February 14, 2023**

The Community Health Care Association of New York State (CHCANYS) is grateful for the opportunity to provide written testimony to the NYC Council Committees on Health, Hospitals, and Subcommittee on COVID Recovery & Resiliency. CHCANYS is the statewide primary care association representing New York's 70+ federally qualified health centers (FQHCs), also known as community health centers (CHCs).

Located in medically underserved communities, CHCs provide high quality primary care to everyone, regardless of ability to pay, insurance coverage, or immigration status. NYC's community health centers serve more than 1.2 million patients at 490 sites across the city. Community health centers are a vital safety net for quality affordable healthcare services for many New Yorkers who otherwise wouldn't have access to healthcare. CHCs serve populations that, historically, the traditional healthcare system has failed. Among NYC CHC patients, 44% are Hispanic, 30% are Black, 17% are White, and 9% are other people of color.

Throughout the COVID-19 pandemic, CHCs have worked tirelessly to ensure that their patients could continue to access lifesaving care and services. CHCs know that because their patients regularly encounter longstanding and pervasive structural inequities, they are at the highest risk for severe negative health consequences resulting not only from COVID-19, but also from a lack of access to health care and social services generally. For low-income communities, communities of color, and people with comorbidities, COVID-19 has exposed and exacerbated inequities that those communities have faced for generations.

**Response to COVID-19 in a Changing Environment**

Throughout the pandemic and into today, CHCs have conducted thousands of COVID-19 tests, provided patients and community members with COVID-19 vaccination and treatment, linked those with long COVID to specialty care, and served patients by the modalities that best suit their needs. At the height of the pandemic, CHCs partnered with City government to stand-up high-volume testing and vaccination sites, set up sites at temporary locations within their communities, and even used their parking lots to provide care.

However, with the end of New York's State of Emergency and the forthcoming end of the Federal public health emergency on May 11, flexibilities to respond to the pandemic will end too. For example, although CHCs have recently received grants from the federal government to increase flu and COVID-19 vaccination rates, the pathway for gaining approval for temporary community-based vaccination sites is unclear. Although CHCANYS has explored such avenues with the NYS Department of Health, it is unclear whether and how a CHC would receive a waiver to standup a temporary vaccination site in the community to deliver vaccines to those who want them. Previously, under the State of Emergency, the path for approval was clear - there were emergency waiver processes for CHCs to gain approval for temporary sites.



When the Federal public health emergency ends on May 11, federal requirements for private health insurance companies to cover COVID-19 tests without cost sharing will end. Medicaid programs will no longer have to cover COVID tests and treatment effective September 2024, though NYS has not announced its plans for Medicaid coverage of COVID care. It is unclear if the Federal government will continue to provide free COVID-19 rapid tests through the USPS. After the end of the national public health emergency, many CHCs will cover costs for COVID tests and labs on a sliding fee scale for those who are uninsured, underinsured, and income-eligible, however, as described below, those programs are threatened due to co-occurring stressors on CHC financing. It is unclear how the Federal government will track or detect early shortages of medical devices and supplies related to COVID-19,<sup>1</sup> and what the implications for that lack of oversight will be on health centers and other medical providers as seasonal surges are likely to become the norm.

In April, NYS will begin redetermining Medicaid eligibility for more than 7 million Medicaid beneficiaries that have remained insured throughout the pandemic. The George Washington University predicts that more than 180,000 of New York's health center patients will lose access to Medicaid.<sup>2</sup> Medicaid redeterminations will have widespread impacts on patient access to services and care continuity and have the potential to further destabilize community health centers that are already experiencing significant challenges, as described below.

## **Co-occurring Challenges Persist**

### ***A. Healthcare Workforce Shortages***

Although demand for CHC services have increased since the height of the pandemic and are now close to pre-pandemic levels, CHCs face difficulties responding to demand due health workforce shortages. Behavioral health visits are in especially high demand – more so than before the pandemic. Workforce shortages are felt across the board, and health centers report increasing difficulty to recruit medical assistants, nurses of all levels, behavioral health clinicians, dentists, dental hygienists, and dental assistants. The ability to recruit providers and staff with multiple language proficiencies is even more difficult, even as needs are rising while CHCs partner with DOHMH to provide care for asylees arriving from the Texas/Mexico border.

Significant investment in healthcare workforce is required to ensure that CHCs can continue to provide quality accessible healthcare services for the underserved communities and respond to rising challenges facing NYC. Investments could include funding for existing workforce programs, developing new loan repayment programs for nursing and behavioral health staff, especially in communities of color, expanding loan repayment programs for individuals living in medically underserved communities, and increasing workforce development opportunities in medically underserved communities and communities of color.

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<sup>1</sup> <https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html#:~:text=Based%20on%20current%20COVID%2D19,day%20on%20May%2011%2C%202023.>

<sup>2</sup> <https://geigergibson.publichealth.gwu.edu/potential-effect-medicaid-unwinding-community-health-centers>



### ***B. Telehealth Payment Parity is Vital to Ensuring CHCs' Ability to Provide Telehealth Services***

Telehealth is now a cornerstone of healthcare, providing critical access to healthcare for many low-income and underserved communities and empowering patients to select the visit type that best suits their needs on a given day or for a given condition. As a result, CHCs have reported seeing fewer no shows for remote visits, especially for behavioral health visits, and predict that patients will continue to request remote visits long after the national public health emergency ends. However, with the end of the national public health emergency, New York Medicaid is planning to implement lower payment rates when both the patient and provider are offsite.

According to a 2022 CHCANYS survey with 56 CHC respondents, 50% of behavioral health visits at CHCs occur via telehealth and 45% of those visits occur when both patient and provider are offsite. For providers, the ability to deliver care through telehealth modalities is a much-welcomed flexibility. CHCs continually report that the ability to offer remote working options to their providers has increased their ability to recruit new providers who, without that option, would not be interested in working for the health center.

Last year's enacted State budget requires a lower payment for services delivered when both a provider and patient are at home; a model that has allowed CHCs to expand access to behavioral health services without cutting into the ability to provide medical visits in their physical clinic space, and to recruit and retain providers. According to the same 2022 CHCANYS survey, if NYS reduces reimbursement for when both patient and provider are offsite:

- 78.2% of CHCs will have to reduce the number of behavioral health visits that they can accommodate – on average, CHCs reported that behavioral health visits would be reduced by 28.3%.
- 65.5% of CHCs reported that their behavioral health providers would leave.
- 78.2% of CHCs said it be difficult to hire new providers because available candidates want to work from home.

Telehealth payment parity beyond the pandemic, regardless of modality and regardless of patient and provider location, is needed to ensure that CHCs can continue to provide telehealth services, recruit and retain providers, and empower patients to choose the visit type that best suits their needs on a given day or for a given condition.

### ***C. The Looming State Pharmacy Benefit Carve Out Will Reduce Access to Care***

The Federal Public Health Service Act 340B drug discount program was enacted in 1992 by Congress to allow safety net providers, including CHCs, access to pharmaceutical drugs at reduced costs and reinvest the savings to expand access to healthcare in medically underserved communities. Community health centers rely on the savings generated through the 340B program to fund life-saving programs and initiatives that have no other funding sources. Many CHCs use 340B savings to provide access to free or low-cost drugs and support programs that are not funded by Medicaid, including conducting COVID-19 vaccine related outreach and patient education, providing testing and vaccinations, and holding vaccination events in communities of color, often at the request of state and local health departments. Many of the beneficiaries of the 340B program have multiple chronic conditions and other risk factors –



those most likely to visit a hospital emergency department or suffer serious complications from COVID-19.

However, the 340B program is currently jeopardized by the State's plans to carve the Medicaid pharmacy benefit out of managed care and into fee-for-service on April 1, 2023. This will devastate CHCs who will lose an estimated \$260M annually if the State proceeds with the carve out. According to a 2022 CHCANYS survey in which 56 CHCs responded, if the carve out is implemented:

- 31% of health centers will close sites (including mobile and school-based sites);
- 30% will reduce clinic hours;
- 58% will reduce staffing; and
- 49% will reduce number of patients served.

Consequently, not only will the carve out cause unprecedented disruptions for the safety net community, but it will also threaten the comprehensive public health response to the COVID-19 pandemic and any future epidemics. The flexibility of 340B dollars is especially vital to these efforts in a time when State and Federal oversight of the pandemic is waning, and initiatives to ensure access to COVID-19 testing, treatment, and vaccinations are slated to end.

In 2021, the NYC Council adopted Res. 1529, calling on the New York State Legislature to pass, and the Governor to sign, S.2520/A.10960, legislation to protect New York State's safety net providers and Special Needs Health Plans by eliminating the Medicaid pharmacy carve-out. We look to the NYC Council to again protect community health centers by calling on the State to repeal or delay the pharmacy benefit carve out.

#### ***D. Threats to CHC Financial Sustainability***

The financial sustainability of community health centers is being threatened on multiple fronts. Many CHCs received COVID relief dollars from the federal government, which allowed them to increase wages to stave off some staff turnover and invest in programs to increase access to care, i.e. through telehealth expansion, creation of new access programs, testing and vaccination campaigns, opening of mobile clinics, pharmacy expansion, and more. However, that funding is set to sunset in spring 2023. At the same time, costs continue to rise across sectors and CHCs are no exception in experiencing inflation in wages, materials, and physical space.

The combination of the end of the federal grants, lower payments in telehealth, transition of the Medicaid pharmacy benefit, and pending Medicaid redeterminations vitally threaten CHCs' ability to respond to current and future public health crises.

#### **Conclusion**

CHCANYS is grateful for the opportunity to submit this testimony to highlight the challenges CHCs face as they continue to respond to COVID-19. For questions or follow up, please contact Marie Mongeon, Senior Director of Policy, [mmongeon@chcanys.org](mailto:mmongeon@chcanys.org).

**Testimony for New York City Council Subcommittee on COVID Recovery and Resiliency  
(Jointly with the Committee on Health and the Committee on Hospitals)**

**Tuesday, February 14, 2023**

**By Chris Norwood, Executive Director of Health People**

Thank you for this hearing.

What successive governments have permitted to happen with diabetes is a public health crime—we have a diabetes related amputation rate increasing at twice the national average, mammoth vision loss and dialysis as a way of life—a horrifying way of life.

Watching this epidemic proceed for two decades---without any real government attention---from the state and city Departments of Health or even the City Council---until it has overtaken one million New Yorkers, I have often asked myself---what amount deaths are enough to obtain government attention and what amount of money is enough for government action to occur.

Evidently no amount of deaths is enough. In the first Covid surge, NYC had a 365% increase in diabetes deaths, by far the greatest increase in the nation---and nothing happened or has happened yet. And, it appears no amount of money is enough. The city has received more than \$6.9 billion in federal Covid recovery funds---which are almost over---and not spent a penny so far as I know on controlling diabetes. Diabetes, which both fuels Covid and is made worse by Covid, is appallingly not part of recovery.

Particularly what is not part is what we know works so well---involving communities in building their own health. Neither the Administration or the City Council has so far---through 30 years of this epidemic and billions in both federal and city tax levy funds---invested at all in enabling community groups to provide well proven self-management programs right in high need neighborhoods.

Councilmember Schulman, you have correctly pointed to the AIDS model as a guide for diabetes control. Community, as you know, is at the core of the AIDS model. Proven diabetes self-care education delivered right in communities is crucial. It is well demonstrated to reduce blood sugar, and slash complications and costs.

Evidence-based community programs are what can stop diabetes from being the greatest cause of preventable disability. Members asked about migrants. Patients at NYC Care have about a 30% rate of diabetes. Diabetes self-care education is actually more important to keeping them from serious long-term illness than Covid-19 vaccination. And there is nothing more important we can do to relieve the pressure on front-line health care workers than to provide the diabetes self-care education that has been shown to absolutely slash unnecessary emergencies and hospitalizations. When my organization took diabetes self-management education right into homeless shelters, participants' emergency visits fell by 45% in six months and their hospitalizations by 74%!

Please make Covid recovery a real recovery by finally addressing the diabetes tragedy and disaster. Please do let communities drown in horrific, avoidable illness for another year.

Testimony re: Oversight: NYC's Response to the Post-Holiday Surge in COVID-19

Submitted to:

Committee on Health and Subcommittee on COVID Recovery & Resiliency

Submitted by:

Francesca Perrone, Policy Analyst at Hispanic Federation

Thank you, Chair Moya, and all other committee members, for allowing me to present this testimony on behalf of the Hispanic Federation; a non-profit organization seeking to empower and advance the Hispanic community, support Hispanic families, and strengthen Latino institutions through direct service programs and legislative advocacy.

### **COVID-19 Recovery & Resiliency for the Latino Community in NYC**

Since the Coronavirus Pandemic began, Latino communities have experienced a disproportionate burden of COVID-19 infections. Data from the Centers for Disease Control and Prevention (CDC) shows that the Latino population tests positive for COVID-19 at a higher rate compared to other groups.<sup>1</sup> The pandemic has magnified existing social conditions that exacerbate health outcomes. In light of struggles faced, I am grateful for this opportunity to discuss with you the best approach to support the Latino community and all New Yorkers during this time.

### **Affected Groups and Current Trends**

Over the past three years, the COVID-19 pandemic has affected Latinos in every borough at higher rates compared to other groups.<sup>2</sup> Although there has been progress in curbing the transmission rate for the disease through ongoing vaccination efforts, social distancing, and isolation protocols, the virus persists and exacerbates disparate health outcomes. The rate of COVID-19 cases among Latinos can be attributed to lack of culturally competent, accessible preventative health services and lower rates of vaccination. Moreover, Latinos continue to face an information gap due to language barriers and low engagement with public health institutions, and this contributes to increased rates of disease.

From December 2022-January 2023, Hispanic Federation conducted a COVID-19 outreach campaign to understand how COVID-19 continues to impact Latinos. A total of 37,000 New Yorkers were reached, and we collected data from 1,500 respondents. Among respondents, 200 reported experiencing post-COVID conditions (long COVID) ranging from chronic fatigue, heart and respiratory symptoms and diabetes complications. A total of 41% said they were vaccinated against COVID-19. Our respondents reported that the pandemic has resulted in deteriorating mental health conditions, with participants reporting greater feelings of anxiety and depression.

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<sup>1</sup> "Health Equity Considerations & Racial & Ethnic Minority Groups" <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

<sup>2</sup> COVID-19: Prevention and Groups at Higher Risk <https://www1.nyc.gov/site/doh/covid/covid-19-prevention-and-care.page>

## **Recommendations**

Despite the City's efforts to contain the spread of the COVID-19 virus, infections continue to occur. Coupled with flu season, the risk of infection and disease remains at the forefront and must be monitored throughout vulnerable communities. As the Federal response to COVID-19 is under review and set to end, it is imperative that city government prioritizes disease prevention, testing, and treatment also inclusive of mental health treatment.

The best way to mitigate the impact of COVID-19 on vulnerable communities is to prioritize culturally competent disease prevention strategies and increase access to health services. Even with increased access to healthcare via telehealth and mobile clinics, inequities within the Latino community, particularly for seniors and those with limited access to technology, persist. We advocate for the City Council to expand resources necessary to support financially vulnerable community-based health centers and clinics in order to sustain current levels of services as well as the ongoing community residents' need for testing and treatment of long COVID and mental health services.

We urge the City Council to partner with trusted nonprofit community-based organizations to create culturally and linguistically responsive health messaging to educate community residents about treatment options and accessible treatment centers where they can receive COVID-19 related services and supports. Education campaigns for the community ensure that patients know what resources are available to them and what steps they should take if they become ill. This can be achieved through strong partnerships with community-based organizations who can serve as trusted messengers.

With the impending end to the Federal Public Health Emergency, we cannot afford to let our guard down, and must have a clear community public health and well-being response plan in place and ready to address emergent needs as they arise. Nor can we forget why communities of color are feeling disproportionate direct and indirect effects of the COVID-19 pandemic. Historical inequities in terms of health care, income, and education are some of the reasons why black and brown New Yorkers are feeling the brunt of the pandemic. Over the past few years, we have seen some investments and resources going towards our communities to attempt to mitigate these inequities. Now is not the time to divest in our well-being. On the contrary, we must increase our investments and resources in communities of color across the city. We also encourage the New York City government to implement a plan of action for future COVID-19 outbreaks despite the expiration date of the Federal Public Health Emergency.

To conclude, I'd like to re-emphasize the importance of culturally and linguistically relevant access to care, robust mental health services, and the trusted community organizations that disseminate information to residents. We find it imperative that the NYC Council acknowledges the long-term, ongoing threat that COVID-19 poses for Latinos and all New Yorkers. I thank you for your time and continued efforts to combat COVID-19 for our entire city.

# NYC Library CO2 Monitor Lending



## Testimony to the NY City Council Hearing on NYC's Response to the Post-Holiday Surge in COVID-19

TO: NYC Council Committee on Health, jointly with the Committee on Hospitals and the Subcommittee on COVID Recovery and Resiliency

Submitted via email to [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov)

February 17, 2023

Thank you for holding this important hearing on New York City's COVID response. My name is Sonja Shield and I am the founder of NYC Library CO2 Monitor Lending, an organization of New York City residents who are seeking to establish a lending program for carbon dioxide (CO2) monitors through our three city public library systems. I'm submitting this testimony on behalf of NYC Library CO2 Monitor Lending.

We appreciate Health Committee Chair Lynn Schulman raising the topic of CO2 monitor library lending programs at the hearing, and we urge the City to immediately establish this program.

Carbon dioxide monitors can be used to assess the indoor air quality of indoor environments. Indoor air quality is improved with good ventilation, but we cannot tell if a space is well ventilated just by looking at it. With carbon dioxide (CO2) monitors, you can better understand how much of the air you are breathing in was exhaled by other people.

New Yorkers face COVID risks particular to a large, dense, urban environment. New Yorkers typically live in apartment buildings, not in private houses; travel by subway or bus, not by private car; and shop in small, crowded stores, not wide-aisled supermarkets. In the course of a regular day, New Yorkers share air-space with a substantial number of other people. And because COVID is airborne, any of those interactions could put us at risk of contracting – or spreading – COVID.

Having access to a CO2 monitor can help New Yorkers assess how well ventilated the places they frequent are. New Yorkers could bring the CO2 monitor to their homes, their local supermarket, their worksite, and more. Measuring CO2 levels in these indoor spaces would empower New Yorkers to better assess the quality of the indoor air they breathe.

CO2 monitors can help inform the public when they should improve ventilation and/or filtration where possible in occupied spaces to help mitigate the risks of airborne transmission of pathogens such as SARS-CoV-2 (the virus that causes COVID-19), high levels of CO2, and other pollutants that may be found in indoor air.

However, at roughly \$250 per device, the highest quality consumer CO2 monitors are financially out of reach for most New Yorkers. Cost makes these useful devices inaccessible to all but the richest New Yorkers.

New York City's public library systems can solve this problem by lending CO2 monitors. **It would cost less than \$40,000 to purchase CO2 monitors to be placed for loan in each and every public library branch in the entire city.** Purchase of the devices would cost **\$11,050 in Queens** (65 branches), **\$10,200 in Brooklyn** (60 branches), and **\$15,640 for the New York Public Library** (92 branches in Manhattan, the Bronx, and Staten Island), for a total cost of \$36,890.

CO2 lending programs have been established in Toronto and a number of other municipalities in North America,<sup>1</sup> chiefly in Canada. The first CO2 lending library program was launched in the spring of 2022 in Peterborough, ON and such programs have since grown rapidly. Over 21% of Canadians now have access to a CO2 monitor through a local library. By contrast, only 0.08% of Americans currently have access to a CO2 lending program. If New York City alone were to establish a CO2 lending program, that would expand access dramatically, bringing CO2 monitor lending through public libraries to 8.5 million New Yorkers – 2.6% of all Americans.

**We urge New York City to support a pilot program providing CO2 monitors for lending from all City library branches**, which is being submitted as a discretionary funding proposal in conjunction with the New York Committee for Occupational Safety and Health (NYCOSH). Providing access to easy-to-use monitors would give New Yorkers the opportunity to identify poorly-ventilated indoor spaces and use that information to address and correct the issue before it can lead to negative health effects.

Thank you for the opportunity to submit testimony.

***The following organizations have signed on in support of this testimony:***

New York Committee for Occupational Safety and Health ([NYCOSH](#))

[Just Equity for Health](#), Dr. Stella Safo, MD, MPH, Founder and Executive Director

[CO2Trackers](#), Alexander Riccio, Founder

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<sup>1</sup> <https://www.cavico2.com/map-of-libraries-with-co2-monitors>

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**From:** Anna Pakman <annapakman@gmail.com>  
**Sent:** Friday, February 17, 2023 2:52 PM  
**To:** Testimony  
**Subject:** [EXTERNAL] Re: NYC Council 2-14 COVID Committee Hearing Testimony - Please use this instead of my last email  
**Attachments:** 20230217\_145014.jpg

Please also see attached advice from the US Assistant Surgeon General that could be addressed by the suggestions I made in my letter below. As you can see, he mentions masks and ventilation, which have not been leveraged in current policy.

On Fri, Feb 17, 2023, 12:30 PM Anna Pakman <[annapakman@gmail.com](mailto:annapakman@gmail.com)> wrote:

Dear Council Members,

It has become quite clear that SARS-COV-2, the virus that causes COVID-19 disease, is a pathogen that will be with us forever. We need to learn to live with the virus. Instead, with the dropping of most safety mitigations, we are being asked to live with mass illness, death and disability. Those of us who are vulnerable to the worst effects of the virus are being effectively forced to drop out of society.

Unlike a simple flu or cold where recovery means just that, COVID-19 is unique in its all too common tendency to impact health long after the acute phase of infection has passed. The CDC estimates that Long COVID occurs in [about 20% of cases](#). My disability puts me at high risk for complications of COVID-19, especially Long COVID. **According to CDC data analyzed by the ARC of King County in Washington, [people with disabilities have a near 50% probability of developing Long COVID](#).** Long COVID is much more debilitating and disabling than my primary diagnosis, yet never considered in policy.

Furthermore, multiple studies, including [one recently featured on the TODAY Show](#), have found that repeat COVID infections can cause serious acute and deadly health crises including strokes and heart attacks, which can be very deadly but are not counted as official COVID deaths, which in their own right have been unacceptably high. Let's not forget: COVID remains the 3rd leading cause of death in America, despite all of our pharmaceutical interventions. Vaccines are great at preventing immediate death and hospitalization, but they do not work as well at preventing infection, especially 4-5 months out. Since the emergence of BQ.1, we've lost other tools that protect vulnerable New Yorkers, such as Evushield and monoclonal antibody treatment. **And with recent research showing that each COVID infection can also [cause immune dysregulation](#) similar to what is seen with HIV/AIDS, every "healthy person" is one infection away from becoming immunocompromised and thus vulnerable to COVID-19 complications, including each and every one of you and everyone you love.**

Current public health measures are not sufficient to protect vulnerable populations including people with disabilities, the immunocompromised, and senior citizens. This includes millions of New Yorkers. Experts estimate that there is as much as a 20x undercount of cases due to the proliferation of home rapid tests, which are not counted in official numbers. Therefore, we are likely at a much higher transmission level than the CDC levels show and the level of individual risk is the highest it's ever been due to the XBB.1.5's ability to evade immune response. Even with official case counts, the valleys between waves are getting higher indicating a linear increase in baseline risk.

Regardless of current community level, the CDC recommends that all people avoid contact with anyone with suspected or confirmed COVID-19. How exactly are high risk people supposed to do this in a city as dense as New York? How are those of us who live in tourism-rich areas of the city supposed to calibrate our risk level to visitors from around the country and the world who bring with them the risks of places that are experiencing COVID waves? The answer cannot be [one-way masking as that does not reduce risk as significantly as two-way or community masking](#). Even a well fitting N95 mask only provides [up to 79-90% protection](#), meaning we need others to mask to cover the rest of the risk as masking for source control is a more effective means of preventing transmission than defensive masking. **The answer also cannot continue to be that high-risk people like me should stay home, miss out on career opportunities, socialization, and cultural activities. Society has decided this is unacceptable for the mental wellbeing of the presently non-disabled but somehow is justifiable for those with vulnerabilities to the virus.**

The ADA, NYS Human Rights Law, and NYC Human Rights Laws all guarantee people with disabilities equal access to public places as a human right. Yet without a mask mandate for indoor spaces where it would be easy to mask (i.e. not restaurants or bars) during a surge in COVID transmission, members of the public have not heeded the call of "recommendations" in the way they did mandates. How do you square the decision to not issue mandates with disabled people's right to safely take transit, go grocery shopping and participate in public life?

The recent World Economic Forum at Davos recently highlighted the inequities in [COVID responses for billionaires](#) and what's available to regular people. Attendees at Davos were all PCR-tested negative and still were required to wear masks for most of the sessions and were privy to HEPA ventilation and far UVC technology. This was not in 2020 or 2021, this was in January 2023.

So what to do going forward? While COVID rates decrease, we are only a mutation away from our next wave and need the Council to act now to protect vulnerable New Yorkers. A few recommendations that the Council could implement to make public spaces safer for all:

- 1. Issue a ventilation mandate that requires all indoor public spaces to maintain a CO2 level below an acceptable threshold, and make readings accessible to all who enter a space.** Both France and Belgium have passed such regulations, and many businesses in Asia have been displaying CO2 readings since the beginning of the pandemic.
- 2. Provide economic incentives and financial support to businesses that upgrade their ventilation systems and install far UVC technology.** This is especially important for indoor dining at restaurants and bars where people are unable to mask due to the consumption of food and drinks.
- 3. Develop a system for capturing an accurate case count by giving the public an easy-to-use mechanism to report home rapid tests.**
- 4. Track and publish data on Paxlovid, Molnupiravir and Veklury prescription levels.** This can be an important benchmark on cases even where people don't voluntarily report their home test.
- 5. Run PSAs informing the public on the dangers of Long COVID and the benefits of N95 masks.** Remember the PSAs that warned about the dangers of smoking? Those were effective in educating the public about the need to clean our air of smoke. We need the same energy for cleaning our air of COVID.
- 6. Distribute N95 masks for free to the public.** N95 masks should be free and easy to access to all New Yorkers. Many working class people see these more expensive masks as unaffordable, so we need to ensure they're easy to find in every subway station, bus, and public building.
- 7. Issue N95/KN95/KF94 mask mandates in all indoor public spaces, mass transit, and apartment buildings, with the exception of restaurants and bars, when [CDC community transmission rates](#) are "Substantial" or "High."**
- 8. Offer masked ride reservations on Access-a-Ride.** Unlike other forms of public transportation, Access-a-Ride exclusively serves a population that is high-risk. While imperfect, it would go a long way to be able to request a mask-required ride, and still let the MTA keep masks optional for those customers who don't want to or are unable to wear them. It is also in the MTA's purview and not difficult to enforce masking among employees, so all drivers should be masking for these rides.

**9. Require all drivers of for-hire vehicles regulated by the TLC to mask upon passenger request.**

This ensures that passengers have an option to mitigate risk and can safely access this transportation.

**10. Issue a mask mandate for city healthcare facilities, including pharmacies in the definition of healthcare at all transmission levels.** With the dropping of the state mandate, it is terrifying that I can now catch COVID while accessing basic medical care. Masks are still required in healthcare around the world regardless of case level and make so much sense in light of flu and other respiratory viruses too.

**11. Issue a mandate requiring essential services and any entity receiving public funds such as grocery stores, government offices, libraries, cultural institutions, etc. to offer a mask-required day or regular mask-required hours at all transmission levels.** Grocery stores successfully implemented limited capacity hours for seniors and other vulnerable New Yorkers at the beginning of the pandemic and that can be done again.

Thank you,

Anna Pakman

Healthcare providers, patients, advocates, and community members,

For the Office of the Assistant Secretary for Health, 2023 has gotten off to a promising start. you'll find exciting updates from the U.S. Department of Health and Human Services (HHS) and federal partners whose driving focus is to help people realize they may have Long COVID, and have symptoms, to get the care and support they need as soon as possible.

As the public health emergency is poised to expire in May, ADM Levine's leadership in the government efforts to address the long-term impacts of COVID-19 will continue, becoming even more critical in answering your most urgent calls to action.

Emerging research will remain important in informing our work, but as our understanding of COVID evolves, the best protection remains to prevent COVID-19 in the first place by following basic public health interventions.

**UP-TO-DATE VACCINATION, MASKING IN HIGH-RISK AREAS, IMPROVING INDOOR AIR VENTILATION, PROMPTLY TREATING ACUTE INFECTION QUICKLY WITH PAXLOVID, AND AVOIDING REPEAT INFECTIONS ALL REDUCE RISK OF LONG COVID.**

Here in continued support of our shared goals,

Michael F. Iademarco, MD, MPH  
Rear Admiral and Assistant Surgeon General, USPHS  
Deputy Assistant Secretary for Science and Medicine, OASH, HHS

-submitted by Anna Pakman

West Houston St.  
New York, New York 10012  
February 11, 2023

To the Committee:

My wife and I are both in our eighties and have had to collect recommendations from all over to determine the kinds of safety precautions we should still be taking regarding the covid threat in all its forms. My wife, in particular, is in frail health, and although she is able to go out, run errands, etc. she always wears a mask and even avoids physical contact with public surfaces, where possible.

We think it would be a valuable service if the city were to issue periodic guidance for our age group, perhaps once monthly, verbally (in the form of recorded messages from health professionals), and accessible on a daily basis, graphically.

My wife has heart fibrillations and I am a cancer survivor, and even though we have been vaccinated for covid, and received the booster, we can't really afford to contract the disease in even a mild form. Such senior-targeted medical advice would take situations like ours into account.

Thank you for your consideration.

Curt Barnes

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**From:** Dan Hong <hongd17@icloud.com>  
**Sent:** Thursday, February 16, 2023 9:20 AM  
**To:** Testimony  
**Subject:** [EXTERNAL] Public Comment: Reinstate mask mandate

I urge New York City Council to reinstate a mask mandate in health care settings, public transit, taxis/rideshares, grocery stores, pharmacies, postal services, and other essential businesses. The COVID-19 pandemic is not over and we must stop the spread of COVID-19 and other respiratory viruses. It is our duty to protect infants, the elderly, and disabled and immunocompromised people who call this city home. Thank you.

Be Well,

Dan Hong  
hongd17@icloud.com

I know this hearing is about the post-holiday COVID spike. But I actually got COVID in early December and despite having already had the bivalent booster and access to Paxlovid I'm still not fully better. I've been seeing a few specialists trying to figure out what treatment could help so I can return to my busy lifestyle that included working out 5 times a week and doing long hours at a nonprofit organization. But right now New York State is ending the mask requirement in healthcare settings. That means in order to pursue medical care I'll have to put myself at risk of getting COVID again. And I really can't afford to get COVID again.

I was out of work for a month. Most New Yorkers would be fired if they were out of work for a month. I can't ride public transit because there are no masks and I don't always have the stamina to walk to the subway and stand on your benchless platforms anymore. So what are we expected to do?

This expectation that we must continually be willing to catch a novel contagious virus if we want to participate in the world is leading to mass disabling. We are people in our prime working years being made sick multiple times and each time it's a gamble on the outcome, even among us the vaccinated and "healthy".

There are public policies you can implement to address this now. Require masks in medical settings so we don't catch COVID trying to access care. Bring back masks on public transit so we're not forced to use expensive taxis that often have unmasked drivers anyway to get around to our medical appointments or commute to work for those who aren't allowed to work from home.

We also need continued free access to PCR tests. The only reason I was able to tell that I had COVID and take steps to prevent spreading it to others was because the city has a free testing truck right near my apartment. I had tested negative on my home rapid tests but something felt off so I got a PCR test for free at the truck. The test was positive. I never had a single positive home rapid test when I had acute COVID. We need these trucks to get accurate free PCR tests, especially outdoor tents and trucks so we don't spread COVID to others being tested.

People who don't know about free PCR tests or who have to travel far to get one and feel too sick to walk don't have these opportunities. They'll just be sick, go to work sick and endanger themselves and their coworkers.

So please protect our access to PCR tests now that home rapid tests are less and less accurate with the current variants. Make transit accessible to immune compromised people, and all the New Yorkers who are about to become immune compromised once they have COVID. Let us go to the doctor's office without risking another COVID infection.

Elana Levin,  
Brooklyn  
Member of Jews for Racial and Economic Justice

Hi, my name is Emily Sharpe and I'm a long-time resident of Sunnyside, Queens where I reside with my family. I am writing today to ask that NYC Council pass legislation that will make New Yorkers safe from the ongoing pandemic of Covid-19. This includes making the public aware of risk levels for Covid-19 and strongly advising, if not mandating, what they can do to protect themselves besides vaccinations, which is to wear a well-fitting, high-quality mask.

Studies, anecdotal evidence, and my own experiences show that masking works against Covid-19, and NYC Council should encourage this when indoors, outdoor crowded spaces, and contagious (10 days), especially when community transmission is not low. Additionally, requiring masking in places where the public is compelled to be, such as schools, hospitals and doctors' offices, public transit, grocery stores, etc., would be extremely beneficial in not only greatly reducing transmission of Covid-19, but it would allow those who are currently unable to perform these basic functions because of disabilities, able to do so without fear of further disablement.

After the spike in Covid-19, RSV and flu cases in November/December 2022, there was a marked uptick in mask-wearing in grocery stores, transit and other places, which I believe was a direct result of media, including social media, informing the public of the renewed threat. Additionally, several NYC council members shared on social media that levels were high and encouraged people to mask up.

As representatives of the citizens of New York City, I firmly believe city council must take the lead to ensure New Yorkers know when the transmission of a deadly (acute phase) and disabling (long covid) disease like Covid-19 is present and how they can protect themselves. Moreover, any such law should be just a starting point to the ongoing conversation of clean air using filtration and ventilation systems.

Please pass laws to make New Yorkers safe from Covid-19.

Respectfully,

Emily Sharpe, Esq.

Sunnyside, New York 11104

For these reasons, please vote NO! on Innovation Queens. Thank you.

To the Council, Committee on Hospitals and the Subcommittee on COVID Recovery and Resiliency,

I urge you to reinstate the mask mandate for healthcare settings. Allowing this mandate to lapse will cause irreparable harm to everyone, particularly the most vulnerable populations seeking medical care. A total lack of courage and decency on the part of elected officials at every lever of power had led to the mandates expiring on public transit, in schools and other institutional settings. People have been infected and re-infected with COVID-19 in these settings and the last bastion of protection against the virus *has* been in our healthcare settings. Stripping this away only causes unnecessary harm and is meant to appease whom exactly?

Reinstating the mask mandate in healthcare settings is not enough and, additionally, it must be reinstated on public transit. People rely on mass transit in order to go to appointments, go to school, go to work, run errands, etc. CO2 levels aboard trains and buses is abysmal and encourages the flow of pathogens, which leads to more sick people.

In order to ensure that people have the best possible protection in all of these different settings where one can contract COVID-19 and possibly die, become hospitalized or permanently disabled, the city must also provide free K95 and N95 masks to whoever wants them. A high-quality mask distribution program would create the equity that is so sorely missing in our public health battle. Working-class people are the most likely to consistently wear masks but due to the prohibitive costs of high-quality masks, they are relegated to the cheapest surgical and cloth masks which offer much less protection. In your rush to return to a “normal” that does not really exist, the decisions of your governing body are creating more severe health inequities each day.

-Greg Baffuto

To the Subcomm. on COVID Recovery and Resiliency, the Comm. on Health, and the Comm. on Hospitals:

My name is Irina Manta and I am a law professor residing in NYC. I am completely dismayed by NYC's recent response to COVID and urge you, first and foremost, to **mandate masking across all public and private healthcare settings** now that NYS has decided to remove its mandate even though transmission in NYC (and most parts of the state) remains high.

In April 2022, my daughter contracted COVID within mere weeks of the school mask mandate being dropped; within just a two-week period, 10% of her entire school got sick. More children got sick at her school in the weeks after the mask mandate was dropped than had in the entire school year leading up to that point. My daughter gave COVID to my mother, who went on to test positive for a full three weeks and continues to carry health consequences to this day.

My daughter (who is only twelve and previously had no physical health issues) now suffers from orthostatic issues and her blood sugar is outside the normal range. She recently started receiving care at NYU Langone, which announced it is no longer mandating masks as soon as NYS dropped its mandate yesterday. It is a tragic irony that those requiring help for post-COVID issues are put at risk of reinfection and further complications, all because our leaders have failed us.

Meanwhile, my daughter's father recently became infected with COVID at the public university in NYC where he works, during a meeting that did not mandate masks. His wife and baby contracted it from him, and a few weeks later his baby ended up hospitalized from respiratory issues related to a cold that would have unlikely affected him in this way had he not just had COVID (and indeed, we are seeing these after-effects of COVID infections in young children play out across the nation).

**The only times our family has caught COVID have been directly caused by dropped mask mandates in NYC (so far specifically in schools and universities, but with healthcare settings containing significantly more risks/pathogens).** In addition to the health effects and disruptions to our lives, including the great difficulties involved in trying to isolate sick from healthy family members in the kinds of tight quarters in which most New Yorkers live, repeat COVID infections raise the risk of Long Covid and long-term organ damage. We do not have reliable treatments for these conditions, some of which will result in permanent disabilities and early deaths. The cost to the city in lives and dollars if COVID is allowed to continue spreading uncontrollably will undoubtedly be staggering. I do not know what consequences my daughter will have, perhaps for the rest of her life, because of the one infection she has had so far.

There is no excuse for New Yorkers to have to fear catching COVID in the places that should be engaged in healing. One-way masking simply cannot accomplish what two-way masking does in preventing infection, and **patients (including those who suffer from diseases such as cancer) cannot mask at all while undergoing some medical and all dental procedures.** Hence, everyone else (staff, patients, visitors) who shares the same air in a medical or dental facility must continue masking – and only you can ensure that at this stage!

If you are unable to convince Gov. Hochul to bring back masks in healthcare for the entire state, you must do the next-best thing: ensure the safety of the residents of NYC. I and many others refuse to vote for candidates in the next NYC Council election who fail to act on this, so even political concerns should motivate you to do what is truly the bare minimum here. Thank you.

Sincerely,  
Prof. Irina Manta

**Committee on Health Jointly with Committee on Hospitals & Subcommittee on COVID  
Recovery and Resiliency**

***Oversight Hearing: Assessing NYC's COVID-19 Response Amid Shifting Public Health  
Strategies***

TO: The Honorable Chairperson Lynn Schulman

FROM: Jacqueline Esposito

DATE: Feb. 14, 2023

**RE: Demanding Mask Protections Reinstated in Healthcare Facilities**

Dear Honorable Chairperson Schulman,

My name is Jacqueline Esposito. I am a New Yorker living with an incurable 9/11 related cancer that has spread to my lungs. I've been a licensed attorney and resident of New York City for 20 years and I'm here today to call on each of you to take urgent action to ensure New York City is accessible to the most vulnerable New Yorkers.

Thank you to each of you for wearing masks today. You're leading by example. Councilmember Barron was right when he said this is a matter of life and death. Thank you for stating the urgency, Councilmember Barron.

We are all here today trying to stress the urgency to all of you. You heard from a teenager today begging for a healthy future. History will not look kindly on the minimizers, or on our leaders who failed to act.

Despite a persistently high positivity rate, mitigation efforts are virtually non-existent across the city -- shout out to the many local businesses cracking your doors open. Thanks for doing your part! But if cracking open the front door is the best NYC can do to improve air quality and ventilation, we're in trouble.

No mitigation means no accessibility. Perhaps the most shocking example of this lack of accessibility is the Acting State Health Commissioner, James McDonald's decision, with no community or patient consultation, to end mask protections in health care facilities. I think most New Yorkers would be shocked and horrified to know that the next time they go to a doctor their doctor might not be wearing a mask. For example, we heard about how NYU has announced masks will no longer be required in most settings. I didn't hear anyone on the committee condemn NYU's anti-patient and anti-science decision.

We also didn't hear during today's hearing that the CDC [recommends masks for everyone in healthcare settings](#) when COVID-19 Community Transmission is high. New York still has high [COVID-19 Community Transmission](#) in most of the state.

As a longtime New Yorker, I'm calling on you to take action in four ways:

- First, each of you should **publicly demand** Governor Hochul and Acting Commissioner McDonald reinstate mask protections in all healthcare facilities. Anything less is endangering people's lives.
- Second, pass legislation to **regulate public indoor air** quality.
- Third, ensure high risk **New Yorkers can safely access public transit**.
- Lastly, the City Council should **invest** in free mask distribution, vaccines, testing, treatments, long covid research, and increased public education to at-risk communities.

We all know someone suddenly stricken with long Covid. And yet, we heard nothing about the city's plan to address long Covid and its impact on our communities. Or the city's plan to mitigate cases so less people contract Covid in the first place. Where are the proven strategies to address long Covid? To reduce transmission? The city needs to get to work on these issues.

Thank you.

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**From:** Jaime Cleland <jaime.cleland@gmail.com>  
**Sent:** Friday, February 17, 2023 11:24 AM  
**To:** Testimony  
**Subject:** [EXTERNAL] NYC Council hearing testimony

To whom it may concern:

I was unable to attend the NYC Council hearing on Tuesday, but I understand that I am still able to submit written testimony.

I urge the city to continue protections against Covid, as the pandemic itself is still continuing. At a minimum, I would like to see a return to mandatory masking in public transportation and in all medical situations (including hospitals, doctors' offices, labs, dentists, eye doctors, and animal vets). While I can choose not to eat in a restaurant, to skip fun activities like live entertainment, and to have groceries and other needed items delivered, transit and medical appointments are not avoidable. (I cannot have the dentist delivered!) Furthermore, medical offices are places where people are already ill -- either with Covid, in which case precautions should be taken not to spread it, or with some other condition that would be made worse by catching Covid as well. These are also essential services where the workers should be protected.

Please consider that the lack of masks in public spaces actually makes them less accessible. I know that people want to get back to "normal," but I was more able to go about my "normal" life (buying groceries, other shopping, riding the subway, going to medical appointments, etc.) when people were masking consistently. Masking makes these public spaces much safer, and thus it's more possible for people to participate in them. Remember that masks not only keep others' germs out, but one's own germs in, and that people may be contagious without realizing it, before showing symptoms, so it might not occur to them to mask even when they are unknowingly spreading the virus. So it's not as effective for individual at-risk people to wear masks while everyone else is maskless, as it is for us all to protect each other when everyone masks.

In order to make it easy for people to mask in accordance with such mandates, I also encourage the city to create a program to distribute N95 and K95 respirators free to the public. This would be a worthwhile investment in the health of all New Yorkers.

Community transmission is still high in New York, and we are still experiencing excess deaths, along with the continuing risk of long Covid (which increases the more times a person is infected). I urge the city council to do the right thing and take action against the spread of Covid.

Thank you for your consideration.

Sincerely,  
Jaime Cleland

Brooklyn NY 11230

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**From:** Jan Clausen <clausenjan@verizon.net>  
**Sent:** Thursday, February 16, 2023 10:08 AM  
**To:** Testimony  
**Subject:** [EXTERNAL] Need for ongoing mask mandates and other covid protections

Dear City Council:

I am a 72-year-old cancer patient with a 79-year-old husband and many friends in their 70s and 80s. I am distressed that public policy increasingly ignores the needs of medically vulnerable and older people for measures that reduce transmission of covid-19 and other dangerous respiratory viruses in public spaces. As a start, I want to see mask mandates in place for all public transportation, grocery stores, nursing homes, and all other healthcare facilities. The *New York Times* recently noted that "older" Americans are being left on their own as the larger culture claims to "move beyond the pandemic," and I for one can say that my activities are still radically restricted. For example, I still do not socialize indoors, go to movies, indoor restaurants, and so forth. I am also very concerned about the harm to younger people from the repeated infections that become much more likely when transmission is unchecked. It is only over time that we will see the full extent of the impact of long covid and other conditions that may persist post-infection. Finally, dangerous and rapid virus evolution is driven by uncontrolled spread. I urge you to craft policies that respond to these concerns.

Sincerely,  
Jan Clausen

Brooklyn, NY 11225

Council Members:

My name is Jasmin Smith. I was a Case Investigator with the NYC Test & Trace Corps from November 2020 through February 2022. I am writing you now as a concerned citizen regarding the city's response to the COVID-19 pandemic. I am appalled at how New York City leadership has failed to protect the people from SARS-CoV-2. The city must change course to prevent more needless death and suffering.

One of the things that struck me when I signed up to give written testimony was seeing the following: *All individuals who wish to testify in person at City Hall must adhere to the following COVID-19 safety protocols:*

- *Properly wear a face covering at all times while in City Hall...*

Where are these protocols for the average New Yorker? I'll tell you - they are nowhere to be found. Every place I look, the 'You Do You' mentality, which is really the 'I Don't Care Anymore, So Screw You' mentality has firmly taken hold. From hospitals to classrooms, forced infection and reinfections have become the standard. City leadership has failed to clearly communicate how COVID spreads (mainly through [aerosol transmission](#)), to explain plainly the [long and short term impacts of COVID infections](#), and to mandate [common-sense non-pharmaceutical interventions to lower transmission](#).

The vaccine-only approach has been an abysmal failure. I know this first hand from countless calls with New Yorkers as a Test & Trace Corps worker, as well as from talking with friends and loved ones. Case after case was shocked, upset and felt betrayed when they tested positive for COVID, spread it to others, and in many cases actually became quite ill. The city led the public to believe the vaccines were a silver bullet, when in reality being vaccinated against COVID-19 does not stop one from contracting and spreading the virus. This is especially not the case if people stop masking and resume high-risk, high-exposure activities post-vaccination - which they were frankly encouraged to do by city, state and federal leadership. It's simple - the more a virus spreads, the more it [mutates](#), the less effective any drugs or vaccines will be against it. By allowing COVID to spread rampantly with no required mitigation measures in place, city leadership is actively prolonging and worsening the SARS-CoV-2 pandemic. This is unacceptable.

Too many [New Yorkers have died, continue to die](#), and are [becoming disabled by SARS-CoV-2](#) to turn the other way and live in denial. The [disabled, elderly and immunocompromised are the most at risk](#) and are currently being shut out from an increasingly inaccessible and [abelist](#) society. This virus also poses a serious threat to [all](#) of us, even if we don't see ourselves as 'high-risk' or 'vulnerable'. Everyone is 'young and healthy' until they're not. Mainstream media is only now openly acknowledging the high number of [excess deaths among all age groups since March 2020](#), the link between [COVID infection and deaths from sudden cardiac events in young people](#), and the effects of [Long COVID on children](#). I could go on, but time and space are limited. We are only seeing the tip of the iceberg when it comes to the [long term effects of COVID-19](#), and most people are totally clueless about what may await them on the other end of the 'it's just a cold' lie.

None of us are safe until all of us are safe. This is why myself and others are demanding the following:

- **Reinstate and enforce masks mandates in all indoor public spaces, including public transportation and especially in healthcare settings.** Even with limited testing, [transmission rates are high in New York City and throughout New York State](#). Those seeking to avoid

infection have a right to exist in public. Removing mask mandates violates that right.

- **Provide free N95 masks to all New Yorkers and educate them about [how masks work](#) and [how to wear them properly](#).** When people inevitably still get and spread COVID while wearing cloth, surgical, or improperly worn N95 masks, this undermines masking as a practice overall. It leads the public to become defeatist and draw [the incorrect conclusion](#) that ‘masks don’t work’.
- **Invest in clean air for indoor spaces, starting with high-risk locations like schools, universities, healthcare settings, public transport and restaurants.** These places are major drivers of COVID spread, particularly for those who limit their outings to places they *must* go (school, work, the doctor...). Universal masking works by keeping the number of infectious particles in the air low enough to reduce everyone’s risk of becoming infected. [Another layered mitigation strategy that does not rely on individual behavior is to take indoor air quality seriously](#). SARS-CoV-2 particles (*along with many other viruses and irritants*) can be removed from the air using HEPA filters, or a similar MERV-13 or better filter with a high Clean Air Delivery Rate (CADR). See the following study: <https://pubmed.ncbi.nlm.nih.gov/34718446/> When we invest in clean air - tackling the environment instead of focusing on individual behavior - we can create safer, more equitable spaces for all New Yorkers. Safety from the short and long-term impacts of COVID infection(s) will be less dependent on the actions of individual members of the public. If the air itself is cleaner, there will be less COVID spread, fewer airborne illnesses and less respiratory irritation overall - everyone wins.
- **I fully support [Int. No. 919](#) and urge everyone on the council to support this bill.** I would love to see [NYC’s wastewater data](#) used to measure how much COVID is circulating rather than depending on case numbers, which only capture a small fraction of actual COVID cases.

We have the tools and the knowledge necessary to defeat this pandemic. What’s lacking is the political will to actually \*use\* them all effectively. I am urging you to do all in your power you have to 1) educate the public about the short and long-term risks of COVID infection, so they understand why limiting spread is important 2) bring back mask mandates and provide free N95 masks to all and 3) invest in clean indoor air. Elites understand the importance of COVID mitigation strategies, as evidenced by the recent [Davos 2023 World Economic Forum](#) - we all deserve the same protections. I am sure that members of [Mandate Masks NY](#) and also the [Brooklyn Center for Independence of the Disabled](#) have also testified and given input on what the Council ought to do in this moment. I’m in complete solidarity with them and urge you to listen to their demands.

Harlem’s own James Baldwin wrote in 1962: “Not everything that is faced can be changed, but nothing can be changed until it is faced.” In that spirit, city leadership must face COVID-19 head-on so we can change course together, not continue to facilitate wishful thinking and collective denial.

Thank you for your time.

Regards,  
Jasmin Smith  
Brooklyn, NY  
[jasmin.smith2@gmail.com](mailto:jasmin.smith2@gmail.com)

To the Council,

I am writing today about Covid, the disabling effects of Long Covid, and how we can prevent and assist those suffering.

While I have been grateful to live in New York City during the Covid-19 pandemic due to the city and state's robust response and protective measures, all measures have now ended even though Covid-19 is still infecting thousands per week and causing deaths and debilitating long-term (permanent?) illness in so many of our citizens. Schools no longer require masking or even notification if there is a case in the classroom, which I find so appalling that I am constantly considering whether to pull my 4 year olds out of public school altogether. Masks are not required on the subway, leading to thousands of vulnerable New Yorkers to be unable to take public transportation and have to find alternate ways of getting around. And finally masks are no longer even required in medical settings, putting us all in danger when we visit the doctor. It seems it is up to each of us to try to prevent infection as best we can. More public education about the fact that Covid is still here and much stronger mask recommendations and education is needed.

Long Covid affects up to 40% of those who have been infected and can be absolutely debilitating. It can weaken the heart and cause heart attacks and death even in the young and healthy (those in their 40s and 50s). The exhaustion and brain fog can make it so many cannot work or take care of their families, putting additional burdens on their loved ones in a life that is already so hard for so many just trying to survive. I am happy to live in a city with so many top-notch hospitals that are taking Long Covid seriously and are studying it. We need to support those suffering in any way we can, with disability payments and other financial help as well as mental health support.

Covid-19 is still here and is still deadly and dangerous. I am asking the council to please be the citizens' allies in Long Covid prevention, care, treatment and support. This is not a disease that can be fought alone on an individual level.

Thank you for your time.

Sincerely,  
Jennifer Dougherty

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**From:** cutesy\_redfish.0p@icloud.com  
**Sent:** Friday, February 17, 2023 1:52 PM  
**To:** Testimony  
**Subject:** [EXTERNAL] Please keep COVID safe protocols

As a once vibrant and completely healthy business woman in NYC who contracted COVID in the first wave, I am extremely disappointed and feel under great threat with the removal of mask requirements in medical and public transportation settings. COVID is NOT over we still have high community spread and per the CDC, in areas of high community transmission masks are STRONGLY recommended. Even with vaccinations which by now have lost their efficacy against XBB1.5, citizens of NYC are now under threat of becoming a long hauler. This disease is vicious and disabling and there is NO treatment still.

Millions here in NYC are now at risk of endangering their health and lives. The Vulnerable, children and healthy adults deserve to be protected at the very least by having masks required on public transport and in medical settings. How are we to get to these appointments when our health is under threat?! Personally, with severe long COVID I have to choose between seeing a Dr or putting my life at risk for more severe disease. And I am not alone in this. As our elected leaders it's your job to PROTECT us in a health crisis. And until COVID is well contained every New Yorker deserves to protect their health. If you allow this to continue, NYC will suffer economically due to more and more citizens becoming disabled.

Please do the ethical correct thing: Require masks in public transport and in medical settings.

Sincerely,  
Jody Britt

My name is Maia Rosenberg, and I'm a member of the NYC Democratic Socialists of America and an organizing committee member of the Healthcare Working Group.

At the beginning of March 2020, I was working full time as a digital strategist, as well as a professional dancer. By April, though I didn't know it then, the end was already in sight for both of those occupations.

My memory of the day I was admitted to the hospital with COVID is of a city covered in plastic. Of eerie silence. Since then, I've been diagnosed with Long COVID syndrome and a connective tissue disorder likely triggered by the infection. I've gotten COVID twice more. My asthma, already bad, has gotten much worse leading to more than 6 hospitalizations a year for up to four weeks at a time. My doctors have attributed this at least in part to the COVID infections. My body, once an instrument of my profession, has become something I no longer recognize. Unable to work full time, I'm now on disability and am experiencing the twisted ways in which our system handles disabled and chronically ill people. I see how our government treats our lives so cavalierly as it refuses to enact safety measures because it's too inconvenient to tell people to wear a mask. And now masks aren't even required in medical settings, where sick people are!

Imagine how it must feel to face a world which believes your life is worthless. To wake up every morning to the knowledge that your body is changed forever, that you will never again be who you once were, and because of this – this thing so out of your control – the world thinks it's ok if you get sicker. If you die. Because it's so damn inconvenient to put a little bit of paper over your face.

One might think a story like mine would be a cautionary tale. Of a once young, active person having their life upended by COVID. But people don't seem to be willing on their own to protect even their own health, so how can we expect them to want to protect the health of others? That's why we need government policies that force people to act for their own good. We ticket people for not wearing seatbelt, but requiring a mask at the doctor's office is one step too far?

It is incumbent upon our leaders to ensure the health and safety of their constituents at all times, not merely when it's politically convenient to do so. That means mask mandates during a pandemic, which, I'm afraid to say, we are still very much in no matter how much we wish it were otherwise. It means free testing and treatment for all. Ideally it means free healthcare at the point of service but I'm only too well aware we're not there yet. My growing amount of medical debt serves as a handy reminder.

I ask of you only this: Show chronically ill and disabled people like me that you don't think our lives are worthless. We need to see it in the policies you support. Because merely saying so means only about as much as a fart in the breeze.

My name is Maia Rosenberg, and I'm an Organizing Committee member of the NYC Democratic Socialists of America Healthcare Working Group and a member of The Jewish Vote.

At the beginning of March 2020, I was 24 and working full time as a digital strategist, as well as a professional dancer. By April, though I didn't know it then, the end was already in sight for both of those occupations.

My memory of the day I was admitted to the hospital with COVID is of a city covered in plastic. Of eerie silence. Since then, I've been diagnosed with Long COVID syndrome and a connective tissue disorder likely triggered by the infection. I've gotten COVID twice more. My asthma, already severe, has gotten much worse leading to more than 6 hospitalizations a year for up to four weeks at a time. My doctors have attributed this at least in part to the COVID infections. My body, once the instrument of my profession, has become something I no longer recognize. Unable to work full time, I'm now on disability and am experiencing the twisted ways in which our system handles disabled and chronically ill people. I see how our government treats our lives so cavalierly as it refuses to enact safety measures because it's too inconvenient. And now masks aren't even required in medical settings, where sick people are! It's yet another reminder that our current priorities are to protect neither patients, nor workers, but the bottom line.

Imagine how it must feel to face a world which believes your life is worthless. To wake up every morning to the knowledge that your body is changed forever, that you will never again be who you once were, and because of this – this thing so out of your control – the world thinks it's ok if you get sicker. If you die. Because it's so damn inconvenient to put a little bit of paper over your face.

That's why we need government policies that require people to act in their own interest. We ticket people for not wearing seatbelt, but requiring a mask at the doctor's office is one step too far?

It is the duty of a responsible society to care for our most vulnerable, so at the very least, the *very* least, we must have mask mandates, particularly in medical settings and on transit, during a pandemic, which, I'm afraid to say, we are still very much in no matter how much we wish it were otherwise. It means free N95s, testing, and treatment for all. It means well ventilated spaces. It means racial and environmental justice policies that address our health. Ideally it means free healthcare at the point of service but I'm only too well aware we're not there yet. My growing amount of medical debt serves as a handy reminder, but the fact remains long term public health strategies will require universal healthcare.

I ask only this: Show chronically ill and disabled people like me that you don't think our lives are worthless. We need to actually see it in the policies you support and implement. Thank you.

February 12, 2023

To Members of the New York City Council,

Thank you for reading my written testimony. I teach in NYC schools every weekday and unfortunately cannot be there in person or online during the allotted time for the meeting.

I wanted to speak today about what COVID recovery and resiliency would mean if we acted more in solidarity with the disabled and immunocompromised and also more seriously considered the long-term consequences of a widespread transmission of COVID for our population, as a neurodegenerative disease that can lead to long-term disability and early death. What would recovery and resiliency against COVID look like if we did not surrender to the violent logic of capitalism, which from its very beginnings has always rendered people disposable, and instead saw recovery and resiliency in terms of collective well being and thriving? Resiliency and recovery will not come from ignoring the continuing ravages of the pandemic for economic expediency and a quick return to the social murder of capitalism.

First, there are many New Yorkers right now who are being systematically excluded from society because of policy decisions by our government—such as the recent revocation of mask mandates even in medical settings. We cannot “live with COVID” if we are disappearing valuable and loved members of our society by making the risks of being part of society too dangerous to bear. This exclusion of the medically vulnerable will go down as a great injustice and shameful period in history and New York should become a leader in resisting this now normalized form of oppression. Reinstating enforceable mask mandates in places where people have to be to survive and go throughout their everyday lives such as stores, schools, medical settings, and all forms of public transportation would be the much needed first step to welcome the disabled back into society. Such mask mandates should be in place until the vaccine technology improves to substantially stop transmission and during all times of high rates of transmission in the community. The current mRNA vaccines have failed to stop transmission and infection even if they help us to weather the worst parts of the acute phase of the disease. New York City should also be a leader and advocate for research into new and better vaccines. Moreover, after the emergency federal policies end for COVID in May, New York should continue to be a leader in public health by widely offering free high-grade masks such as N95s, free PCR and rapid testing, and free and easily accessible vaccines and anti-virals to the public. The New York government should not allow the private healthcare market to exclude people from life-saving treatments such as Paxlovid. Please keep measures such as the COVID treatment hotline in place for all.

Second, New York should also work to be more honest and transparent with its population about the long term effects of the disease that occur even when people do not experience severe symptoms in the acute phase. Everyone who gets COVID has the potential to become immunocompromised and disabled. And at this point, the only way to avoid conditions like

Long COVID—and putting yourself in the lethal lottery for a sudden heart attack or stroke post-COVID—is to not get the virus. The more you get COVID, the greater your risk becomes for long-term conditions and sudden death. Where are the public health campaigns clearly and frequently explaining this science to the public? With transmission as it is, we are condemning large swaths of the public to long-term health problems with little to no mitigations in place and the real possibility that people will not even be able to easily access Paxlovid anymore after May with the federal emergency ending. So, as you contemplate our recovery and resiliency after the winter surge and before the next one in a few months, please reinstate wider mask mandates, please continue to provide free access to testing and anti-virals, and please warn the public about the medical consequences of a COVID infection, which grow with repeated infections.

Thank you for your consideration of this letter. I trust that through policy changes we can welcome the disabled back into society with these protections, I trust that we can proceed into this next phase of the pandemic with justice in mind and righting the wrongs we have committed against the disabled and all people by allowing COVID mitigations to be removed and allowing the disease to uncontrolledly spread, and I trust we can once again be a leader in protecting the health of our population with common-sense mitigations and campaigns in place.

—Melissa Marturano, Brooklyn, NY

Good afternoon:

My name is Miranda Stinson, and I'm a resident of Ridgewood, Queens.

In addition to my full-time job in public health communications, I also help run a biweekly community outreach program in East New York, which distributes essential supplies such as condoms, harm reduction kits, and yes, masks. Over the past year, we have been able to give out hundreds of N95 and KN95 respirators, all thanks to generous donations.

I am proud to be a part of this important work, but I want to remind the City Council today that it is fundamentally not the job of small grassroots organizations to provide life-saving supplies in a pandemic that, far from being over, continues to be the #3 cause of death in the United States and the #2 cause of death in New York State. I am here today to ask New York City to make N95 respirators available to all New Yorkers free of charge.

This was originally going to be the entirety of my testimony. However, I now feel compelled to speak on a second related matter, which affects me personally. That is the end of the New York State mandate for masks in healthcare settings.

I mentioned earlier that my day job is in public health. Specifically, I work for the RECOVER initiative to study and treat Long COVID, whose Clinical Science Core is headquartered at NYU Langone Health.

I tell you this today not because I make any claim that my statements will reflect the views of my employer, but because, as of yesterday, February 13, I personally have lost access to much of my healthcare as a direct result of the decision to end the statewide mask mandate. As you may know, NYU Langone has made the decision that it will not require masks at any of its facilities, except in a very small percentage of situations. I specifically selected my insurance plan with the understanding that I would have access to a wide range of safe and accessible care through NYU Langone facilities.

I honestly do not know what to do. Understanding as I do that another COVID infection will likely only exacerbate my existing chronic health issues, I will most likely simply not seek certain types of care, including a much-needed jaw surgery. I know that many others across New York City and New York State are making similarly hard choices this week, and I implore the City Council to listen to us—collectively—when we say that we are terrified, we are angry, and we will not stop fighting for our rights to health and safety. Bring back the mandate. Keep masks in healthcare. Thank you.

I am an older person, age 61, and moderately immunocompromised due to a chronic form of leukemia/lymphoma called CLL/SLL. Researchers discovered that individuals with my condition were often unable to mount an adequate response to COVID vaccines and had a significantly higher mortality rates from COVID, particularly prior to Omicron. Evusheld, a prophylactic medication that is injected, provided protection for myself and others with my condition but it is now being withdrawn because it does not protect from Omicron variants.

People like me are unable to enjoy everyday activities like dining in restaurants and restrict their time indoors and on public transit specifically because most people no longer mask. Although it was not consistently enforced, it was great that medical visits were relatively safer than other settings. However, with the end of the mask mandate, the most vulnerable population of New York State, will now be exposed to COVID in medical settings. I am sure that this will result in deferred or entirely avoiding doctors' visits and other routine healthcare maintenance—I certainly avoided going to doctors until late into the pandemic. Elderly people, the lion's share of those currently hospitalized for COVID and those dying from COVID, require frequent medical visits and they will also be adversely affected.

Please consider the impact of removing the mask mandate. The pandemic may be over for those who are healthy but it will never be over for immunocompromised individuals like me. My ability to access medical care should not be hampered because of the "inconvenience" of wearing a mask. Masking is the least people can do to care for the vulnerable. Our policies should not only bring back masking in healthcare settings but also consider increasing indoor air quality through the use of high quality air filtration systems and other approaches to mitigating COVID.

Thanks,

Monica Berger

Brooklyn, NY

2/14/2023

Sub-committee on Covid Recovery and Resiliency

Testimony Submitted by Morgan Davies

Brooklyn, NY 11226

[morgan.l.davies@gmail.com](mailto:morgan.l.davies@gmail.com)

I am writing to urge you to keep masks mandatory in medical settings.

I caught covid in September and have since been diagnosed with post-acute covid syndrome. I can barely leave my apartment and am too tired and ill to do anything but lie in bed most days. I only leave to go to medical appointments, and the prospect of waiting in offices surrounded by people who are not wearing masks is terrifying to me.

I am already forced to take cabs to these appointments because I do not have the energy to manage the subway, and additionally fear being exposed to covid once again given how few people are currently masking on trains. I tried to set up an appointment with Access-a-Ride, but I do not have the energy to go to the evaluation appointment, in Staten Island, in person, and the long wait times for service would only make me more exhausted.

I feel abandoned by the city, state, and federal governments. Getting financial assistance for this condition is incredibly difficult, and I am also constantly stressed about what will happen in the future if I do not improve. I am not able to work and do not know when I will be able to work again. Recent research has shown that even “mild” cases of covid can cause long-term damage to the brain and heart. Living with this knowledge is tremendously difficult. But I’m also terrified of how many other people will soon be similarly afflicted. Many, many New Yorkers will continue to lose their jobs, their full mental capabilities, and their lives.

There is much that the city could do to reduce the spread of covid and assist those of us living with long covid and with other autoimmune disorders that make infection risk particularly dangerous. The city could distribute free high-quality N95 masks along with rapid tests. It could institute a mask mandate, not only in medical settings but also on public transit and in other public areas. It could commit funds to modernizing air purification in schools, theaters, and other large group settings.

Instead, the message that I and other chronically ill people have received is that the pandemic is a thing of the past, and that we don’t need to worry it any more. I do not have this luxury and nor does anyone else who values their own life and the lives of their fellow citizens. I am begging the city to use its power to *do something* about this problem before more and more of us get sicker and sicker.

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**From:** Nandita Shenoy <nandita@nanditashenoy.com>  
**Sent:** Thursday, February 16, 2023 8:38 AM  
**To:** Testimony  
**Subject:** [EXTERNAL] Please keep masks in health care settings

To the members of the City Council,

Please reinstate the mask mandate in health care settings in New York City to keep our most vulnerable citizens safe as well as our precious health care workers who have been so hard hit during the pandemic.

I have had Covid twice. The first time I contracted it was when I helped my neighbor who had passed out in her apartment due to the virus on Christmas of 2020 and the second was on the day the Mayor lifted the mask mandate in NYC and went to an unmasked event believing it was safe. I do not want to get Covid for a third time, and I certainly don't want to get it while visiting the doctor.

But the mask mandate is about more than me. A mask mandate is about the community. How can we have community in New York when the message of our government leaders is that the health and safety of our weakest members does not matter? Who visits health care centers? The sick and the elderly. Are these people not valuable enough to our community to wear a small piece of masking for a few hours while they are treated?

Please help New Yorkers stay safe. Reinstate the mask mandate in health care settings.

Nandita Shenoy

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Next up: The **World Premiere** of my play "**The Future Is Female...**" at the [Flint Rep](#), running from **February 3rd - 19th**.

[www.nanditashenoy.com](http://www.nanditashenoy.com)

To Whom it May Concern,

In light of the ongoing COVID pandemic--which sadly looks far from over, at least for medically vulnerable citizens such as myself, despite what we all wish--I urge you to adopt some common sense measures to slow the spread and protect all New Yorkers.

First, I urge a re-adoption of mask mandates on the MTA and in health care settings.

Second, I ask that a program be established to distribute n95 and kn95 masks for free to all New Yorkers willing to wear them.

Studies have been clear and consistent in illustrating that universal masking is one of the most powerful tools we have to combat the spread of COVID. We know this. Despite all the misinformation being spread around, anyone who actually looks at the research knows this. We know that one way masking--even with a "well fitting, high quality" mask -- is not nearly as effective. We know that even imperfectly enforced universal masking greatly reduces the amount of virus in the air and thus greatly reduces transmission. Yet the city has chosen to all but abandon the medically vulnerable and our dwindling allies to fend for ourselves and assume all of the cost and responsibility for mitigating what is still a public health crisis.

Despite jumping at the chance to get vaccinated (and then boosted) as quickly as I could, I have contracted COVID not once but twice over the past year, and now suffer from "long COVID" that has impacted my quality of life and ability to work. My long COVID got markedly worse after my second infection and I need to avoid a third. Unfortunately, my city is making this very difficult. I am constantly told that COVID is "over" and it's "safe" to go "back to normal" while everything in my own life tells a very different story.

I want to be able to attend movies, plays, cultural events. I want to be able to participate in city life the way I used to for the 25 years I have lived here prior to March 2020. I may never be able to have those things again, but at the very least I need to be able to go to work without risking my health to such a high degree every time I step on a crowded train. I need to be able to go to the doctor without getting sicker.

It is easy to forget about the medically vulnerable, in large part because we are being cut out of public life to such an extreme degree. Ironically, we are also in a moment in which more people are becoming seriously medically compromised more quickly than ever before in my life. Just among people I personally know, the numbers who now have long-term, debilitating health issues post-COVID infection are staggering. I urge you to adopt these relatively simple, yet life saving measures, not only for people who are already disabled, immunocompromised, or chronically ill, but for all those who will become so after COVID infection (and reinfection, and reinfection...) Wanting to keep those numbers as low as we can should not be a controversial position, and I ask the council to show real leadership in acting on behalf of all New Yorkers.

Thank you for taking the time to read my comments.

Nicole W. Solomon

February 17, 2023

Hello. My name is Patricia Velotta and I am testifying in support of reinstating the mask mandate on public transportation including taxis and ride shares and in medical settings in New York. I feel strongly that New Yorkers, particularly those at high risk for complications and/or death from Covid, should feel safe and be protected while accessing medical care.

As an immunocompromised cancer patient on indefinite treatment, I take precautions to protect myself as best I can, and though the mask mandates have been dropped in most places, I can choose to avoid certain risks. However, receiving medical care for cancer is not optional, so I have no choice but to take either public transportation or a taxi/Uber to medical appointments. I also have no choice but to attend frequent doctor visits and undergo frequent imaging scans at the hospital to manage my health. I would just like safety in accessing medical care for myself and other New Yorkers.

We still have high Covid transmission in New York, and mask mandates protect everyone. Please consider at the very least reinstating the mandate in medical settings, so that especially the most vulnerable patients do not have to choose between getting the medical care they need and risking a potentially life-threatening Covid infection.

Thank you.

Sincerely,

Patricia Velotta

It's enough of a tragedy that vulnerable and elderly people are already unable to safely access most public settings, barred from partaking in society thanks to rampant entitlement, selfishness and greed.

I work in science journalism. I know too many friends, colleagues and professional connections who are in one way or another still suffering from this disease, either because they have Long COVID themselves, or their family has been affected by ongoing disease or death. It is not over.

Not to mention, *everyone* is vulnerable: "young and healthy" is a temporary condition. Being abled is temporary and fortunate, not something to take for granted. The fact that COVID has been shown to disable tens of millions of people just in the US — whether for months, years, or permanently — is not being taken seriously enough. Why are we being forced into long-term illness and brain damage?

For what sensible reason can we not, at the very least, have N95 respirators in healthcare settings?

This is not an impoverished city or state. Hell knows we pay enough in taxes to live here; surely we should have some say in what those are used for. NYC is also one of the most populous and traveled-to cities in the world, a global hub, home to thousands of gig workers and freelancers, and tens of millions of tourists annually. It's gravely irresponsible to not take this seriously here of all places.

I cannot understand the logic of this willful ignorance approach we keep seeing from government leadership when we *have* the ability to take simple precautions that work. It is so easy — why would we not choose health?

Just a <https://jamanetwork.com/journals/jama/fullarticle/2776536> few relevant articles and studies:

1. <https://www.nytimes.com/2023/01/24/health/long-covid-work.html>
2. <https://www.cedars-sinai.org/newsroom/covid-19-surges-linked-to-spike-in-heart-attacks/>

3. <https://www.medscape.com/viewarticle/984232>
4. <https://arstechnica.com/science/2023/01/long-covid-stemmed-from-mild-cases-of-covid-19-in-most-people/>
5. <https://theconversation.com/as-viral-infections-skyrocket-masks-are-still-a-tried-and-true-way-to-help-keep-yourself-and-others-safe-195788>
6. <https://jamanetwork.com/journals/jama/fullarticle/2789302>
7. [https://www.thelancet.com/journals/landig/article/PIIS2589-7500\(20\)30293-4/fulltext](https://www.thelancet.com/journals/landig/article/PIIS2589-7500(20)30293-4/fulltext)
8. <https://jamanetwork.com/journals/jama/fullarticle/2768533>
9. <https://jamanetwork.com/journals/jama/fullarticle/2776536>
10. <https://www.nature.com/articles/s41586-022-05398-2>
11. <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2795150>
12. <https://www.healthaffairs.org/doi/10.1377/forefront.20211217.534343/>
13. <https://www.cidrap.umn.edu/covid-19-damages-brain-without-infecting-it-study-suggests>
14. <https://www.reuters.com/business/healthcare-pharmaceuticals/covid-19-can-cause-brain-shrinkage-memory-loss-study-2022-03-08/>
15. [https://www.washingtonpost.com/business/if-youve-had-covid-watch-out-for-stroke-symptoms/2022/11/03/9fa3317a-5b80-11ed-bc40-b5a130f95ee7\\_story.html](https://www.washingtonpost.com/business/if-youve-had-covid-watch-out-for-stroke-symptoms/2022/11/03/9fa3317a-5b80-11ed-bc40-b5a130f95ee7_story.html)
16. <https://medicine.wustl.edu/news/repeat-covid-19-infections-increase-risk-of-organ-failure-death/>
17. <https://www.sacbee.com/news/local/health-and-medicine/article267801482.html>

18. <https://www.japantimes.co.jp/news/2022/10/25/world/science-health-world/covid-study-blood-clots/>
19. <https://www.cnbc.com/2022/11/30/why-long-covid-could-be-the-next-public-health-disaster.html>
20. <https://www.nature.com/articles/s41586-022-04569-5>
21. <https://knowablemagazine.org/article/health-disease/2022/long-covid-parallel-pandemic>
22. <https://www.nature.com/articles/d41586-023-00086-1>
23. [https://www.yesweekly.com/coronavirus/long-covid-is-more-common-and-devastating-than-many-realize/article\\_146528a8-9cc5-11ed-a747-53eae9778207.html](https://www.yesweekly.com/coronavirus/long-covid-is-more-common-and-devastating-than-many-realize/article_146528a8-9cc5-11ed-a747-53eae9778207.html)
24. <https://www.self.com/story/covid-reinfection-health-risks-study>
25. <https://www.latimes.com/california/newsletter/2023-02-07/the-loneliness-of-being-immunocompromised-in-the-age-of-covid-19-group-therapy>

I'll end this with a quote. The many reputable sources above should make up for this one's anonymity. I choose it because it's unfortunately true. Consider, do *you* have the support networks to survive this? If you do, you're very lucky, and I genuinely hope that luck lasts.

"

Nobody who is trying to convince you to take off your mask will be there for you when you get sick. When you lose your taste, they will make fun of you for eating so little (happening to someone I know). When you have chronic fatigue, they will call you a hypochondriac.

When you have blood clots, they will say “oh so young” & carry on with their lives. When you file for disability & get denied multiple times, they will simply delete you out of their lives.

They will not go to the numerous doc appt with you. When you need financial help for your deteriorating health conditions, they will avoid you like the plague (not an accurate expression now but you know what I mean). They will NOT be there for you. You will suffer alone.

Whoever that’s trying to convince you to take off your mask because they did, are doing so to feel less bad about their own decisions. They are telling you to risk your long term health so they wouldn’t have to stare at their own stupidity.

"

Paul White

My name is Rikki Baker Keusch, I'm an advocate with MEAction, LongCovidJustice, and MandateMasks NY and I am one of the millions of NYers who is high risk for Covid 19. Next month will mark three years since Covid-19 hit NY, three years since Covid irreparably damaged my heart, and three years since Long Covid worsened my Myalgic Encephalomyelitis, leaving me with worse chronic pain and chronic fatigue to the point that I had to leave my job with the State Government and am currently unemployed. I've had to listen as many leaders, including the President of the US, the NYC and NYS Health Commissioners, and members of City Council talk about how we're in a different place now than March 2020 and past Covid peaks. That's true.

Now, I can't see my doctors without increased risk of catching a disease that currently has over 2100 NYers in the hospital. No mask mandate on public transportation, and now no mask mandate in hospitals. NYU Langone, where I'm supposed to schedule four tests with a cardiologist, has already confirmed they won't require masks--because they're no longer required to. A CDC study this past summer showed that most people are willing to wear a mask when there is high COVID transmission, but most people also think COVID levels are lower than they are. We are still at high community transmission across NYC and in nearly the entire state--but how would your constituents know that when the leaders we elect to keep us safe keep relaxing COVID precautions?

Please call on Governor and Interim State Health Commissioner to reinstate the mask mandate in medical settings, and require masks in medical settings where you have the power to do so. I also urge you to distribute free high-quality N95 style masks. We know that surgical and cloth masks do not protect us from airborne Covid particles--only from droplets. As someone with Long Covid, my final ask this hearing is the need for public education on the chronic illness, which is largely not prevented by vaccine or the treatments that work for acute Covid. This hearing has emphasized the available treatment for acute Covid--but there is no cure for the millions of NYers with Long Covid, and the best preventative method--two-way masking--has been deprioritized by the leadership of our city and state.

My name is Robert Parducci and I live in Jamaica, New York.

I'm writing in support of reinstatement of the mask mandates in mass transit and all public indoor spaces!

COVID-19, RSV and flu are spreading in NYC this winter season. The City of New York strongly recommends everyone to wear masks in all indoor public settings to reduce the spread of these viruses. Masks and mask mandates work to stop the spread the disease.

Many people remain unvaccinated or have underlying conditions that make them extra vulnerable.

Until Covid-19 rates go down further, and until more people are able to get vaccinated, we need to reinstate mask mandates to keep everyone safe.

Your constituents' lives depend on it.

Thank you,

Robert Parducci

Shawn Setaro

Brooklyn, NY 11226

February 14, 2023

Hello City Council Members,

I am a nearly 20-year NYC resident, and this is the first time I have ever been moved to testify before the council. The Covid pandemic continues to be devastating to the people of this city, and there are several very easy and crucial steps you could take today to mitigate its horrific effects. First: reinstate the mask mandate in healthcare and public transit settings. And second, create a free public N95 and KN95 mask distribution program.

Both of these simple steps would not only have remarkable public health effects AND make crucial public and private spaces accessible to all in ways they now are not; they would also show New Yorkers that their government cares about their health, and demonstrates that masking is a simple but effective step that all New Yorkers can take to protect themselves and others.

Thank you for your time.

Sincerely,  
Shawn Setaro

Dear Councilmembers,

I am submitting this testimony as a physician and as the son of two elderly, vulnerable parents, one of whom is immunocompromised.

I ask that New York City mandate masks \*and other measures\* in hospitals to protect patients and staff from SARS-CoV-2 and other pathogens. I will spare you a long list of evidence and data, as I am sure others have provided this already. Instead, I ask you to consider:

Think of your dearest, most vulnerable loved one. They experience sudden onset chest pain and collapse at home; you quickly call 911. You know that they are highly vulnerable to a bad outcome from Covid. Do you feel just as comfortable with them being taken to NYU Langone, which dropped its mask requirement? Or would you rather they be sent to New York Presbyterian, which still requires masking?

Unfortunately, you likely won't have this option, as EMS will simply take your loved one to the nearest hospital.

Hospitals and doctors offices are where we go when we are at our most vulnerable and most fragile. These places should be safe for us and for the most vulnerable among us.

I ask that the city mandate masking in hospitals and healthcare facilities, and undertake efforts to improve ventilation, add \*high volume\* air filtration, and add upper room, air-cleaning germicidal UV light, a technology known since the 1930s, where appropriate.

I thank you for your time and consideration.

Sincerely,  
Thomas Finch MD, MBA, MSc

New York, NY 10011

Please keep mask mandates in place in healthcare facilities. The people going to healthcare facilities are going because they are sick and in need of care. Removing masks puts people at risk. I am immunocompromised. I cannot safely go to my doctors appointments or to get lab work done if others are not wearing masks. One way masking is NOT enough. Not when many in the room, or even the doctor, could be sick, which is likely given it's a medical center. Doctors, nurses, and other healthcare workers also deserve to be protected. They come into contact with dozens of sick people every day. We need to make sure our healthcare professionals are protected so they can continue to treat people. Hospitals are already understaffed and overwhelmed. Removing mask mandates in healthcare facilities will ensure that more doctors and nurses are out sick or are spreading covid to their patients. This will NOT support the healthcare workers who have worked TIRELESSLY for YEARS. You have nothing to lose by keeping mask mandates in place in healthcare settings. Please. Immunocompromised and chronically ill people are already being locked out of safely participating in society. Please don't lock us out of safely receiving medical care. This will keep us from going to the doctor even when we know we should go. It will worsen our illnesses. PLEASE. KEEP MASKS IN HEALTHCARE CENTERS. PLEASE. Make no mistake. Removing masks in healthcare facilities WILL KILL PEOPLE. It will only cause harm. There is no benefit. Please.

I'm a native New Yorker with cerebral palsy who already faces a ton of challenges navigating throughout NYC. Please re-instate masks in hospitals and on Public Transit. It is important to create spaces that are accessible to all, including those who are immocompromised and disabled. I am cautious about COVID and do not want to further disable myself by catching it. Hospitals are essential and it is important that disabled people have access to care.

Date: February 11, 2023

Re: Offer of Written Testimony to the Hearing of February 14, 2023, 1PM, "Jointly with the Committee on Hospitals and the Subcommittee on COVID Recovery and Resiliency"

I am writing to offer written testimony to the Hearing of February 14, 2023, 1PM, "Jointly with the Committee on Hospitals and the Subcommittee on COVID Recovery and Resiliency." I am writing, as a NYC resident at higher risk because of age, with two recommendations that would be of great assistance to me, my spouse, and friends and neighbors in my cohort to help us navigate the coming phase of COVID "Recovery and Resiliency."

My recommendations, for your consideration, are as follows:

- **Recommendation 1:** Create a communications strategy that is aimed specifically toward older New Yorkers, including maintaining a single City portal that provides clear, accurate one-stop, user-friendly information relating to Covid.
  - This does not need to duplicate what is available at the CDC or at the state level; for that, links can be provided within the City portal.
  - Within the City portal, a robust set of FAQs with links to more in-depth information is one approach that could be used.
  - I wish to stress, in making this recommendation, that I am not asking the City to make clinical recommendations, but only to make available to us robust, clear, and accurate information that we may use, as we choose, in making our own risk determinations.
  - I also wish to stress that it is perfectly fine, and often appropriate, when stating accurate information, to say "we don't have an answer to this yet," or "this is being examined, but no decision has been made" (and, where possible in the latter case, providing a link where further information may be found).
- **Recommendation 2:** Send out by blast email to those of us at higher risk because of age a newsletter in whatever periodicity seems appropriate, but not less often than once each month, that contains a link to the City portal, a summary of relevant information, and any updates as the result of changed circumstances and threat levels.
- **Rationale For These Recommendations:** At present, and really, throughout the pandemic, there has been little to no guidance that is aimed directly to older people to help us know what the dangers are to us and what we need to do to help keep safe and avoid not just serious illness, but also infection.
  - Throughout the pandemic, I and many I know have had to look to a combination of governmental and private sources to obtain information and guidance aimed toward those of us at higher risk because of age (the best of which, in terms of public-facing communications, has been, by my lights, from Dr. Katelyn Jetelina). Among other things, as Dr. Jetelina explained, the CDC information on its Community Level page is not

appropriate for those of us who need to avoid not only serious illness requiring hospitalization, but infection. While the CDC has buried on back pages links that purport to give guidance to older people in terms of daily activities and precautions, the links have been broken for a long time, and in any event are hard to find.

- In consequence, I have discovered, over time that even those among our older friends who are—as I and my spouse are—fully vaccinated and boosted and do their best to stay informed are often quite at sea with regard to even basic information such as the extent to which vaccines and boosters prevent infection, the issue of asymptomatic infection, and how to effectively use masks and rapid and PCR tests.
- Also, when we do get infected, as I and my spouse did, despite all our diligent efforts to be careful, we discovered that it is very hard to get good information on what to do and what to expect. Here are two examples:
  - I located an excellent “Isolation and Exposure Calculator” on the CDC site, but it was very hard to find on that massive site.
  - In addition, when one of us developed debilitating fatigue and also appeared to rebound in symptoms after Paxlovid, I had to search the internet to find out what the indicators for rebound were before finally locating what turned out to be an excellent, but again, buried, CDC memo that explained the symptoms and what to expect.
- Overall, particularly when encountering severe and/or unusual symptoms short of those requiring hospitalization, there is no single location where such information is readily available, if at all, to indicate what one might expect, what are signs of need for further action, when or whether such symptoms are likely to resolve, and what to do if they do not. It is like falling down a rabbit hole into the deep dark.

Any help the City Council can give to address this at the city level, as well as to urge the state, and for the state to urge the federal government, to assist in these areas will be much appreciated. In doing so, I hope it will not be amiss to note that older people are 16% of the population or thereabouts, taxpayers, and reliable voters.

Thank you for your consideration of my testimony and for all the hard work you do in our behalf.

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: Feb 14, 2023

(PLEASE PRINT)

Name: Evelyn Rivas

Address: DY 10455

I represent: Health People

Address: 552 Southern Blvd, Bx DY 10455

**THE COUNCIL  
THE CITY OF NEW YORK**

*Panel with E Rivas*

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: Feb 14/23

(PLEASE PRINT)

Name: Chris Raymond

Address: \_\_\_\_\_

I represent: Health People

Address: 552 Southern Blvd

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: 2/14/2023

(PLEASE PRINT)

Name: Alexander Picco

Address: East 69th Street

I represent: Team Airbase

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Dr. Ashwin Vasani

Address: Commissioner of Health

I represent: DOHMH

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

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in favor  in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Dr. Celia Quinn

Address: Deputy Commissioner of

I represent: Disease Control, DOHMH

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms