

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES
Of the

SUBCOMMITTEE ON COVID
RECOVERY AND RESILIENCY JOINTLY WITH
THE COMMITTEES ON HEALTH & HOSPITALS

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Tuesday, February 14, 2023

Start: 1:13 P. M.

Recess: 3:05 P. M.

HELD AT: Committee Room - City Hall

B E F O R E:

Francisco P. Moya, Chair

Lynn C. Schulman, Chair

Mercedes Narcisse, Chair

COUNCIL MEMBERS:

Joann Ariola

Diana Ayala

Charles Barron

Justin L. Brannan

Gale A. Brewer

Selvena N. Brooks-Powers

Oswald Feliz

Jennifer Gutiérrez

Crystal Hudson

Rita C. Joseph

Carlina Rivera

Marjorie Velázquez

Kalman Yeger

Other Council Members Attending: Kagan

SUBCOMMITTEE ON COVID RECOVERY & RESILIENCY, JOINTLY WITH THE
COMMITTEES ON HEALTH & HOSPITALS

A P P E A R A N C E S (CONTINUED)

DR. ASHWIN VASAN,
Commissioner of the New York City Department of
Health and Mental Hygiene

DR. CELIA QUINN,
Deputy Commissioner of the Division of Disease
Control for New York City

ALEXANDER RICCIO,
Founder of CO2 Trackers

CHRIS NORWOOD,
Executive Director of Health People

EVELYN RIVAS
Health People Educator

DR. LUCKY TRAN
Scientist and Public Health Communicator at
Columbia's Medical Center.

MYRA BATCHELDER,
Public Health Consultant, Leader of MandateMasks
NY

RIKKI BAKER KEUSCH,
Advocate with MEAction, LongCovidJustice, and
MandateMasks NY

TANIYA WASHINGTON,
Advocate, Student

MIRANDA STINSON,
Health Communications; Harm Reduction Community
Outreach

CARA LIEBOWITZ,
Advocacy Coordinator for the Brooklyn Center for
Independence of the Disabled

SUBCOMMITTEE ON COVID RECOVERY & RESILIENCY, JOINTLY WITH THE
COMMITTEES ON HEALTH & HOSPITALS
A P P E A R A N C E S (CONTINUED)

PONG M.,
Advocate, former Higher Education Professional

ELANA LEVIN,
Member of Jews for Racial and Economic Justice

MAIA ROSENBERG,
Organizing Committee Member of the New York City
Democratic Socialists of America Health Care
Working Group; Member of the Jewish Vote

JACQUELINE ESPOSITO,
Attorney and New York City Resident

ALINA NEGANOVA,
New York City Nurse and Researcher

2 SERGEANT AT ARMS: Good afternoon and welcome to
3 today's New York City Council Hearing for The
4 Committee on COVID Recovery and Resiliency jointly
5 with the Committees on Hospitals and Health.

6 At this time, we ask that you silence cell phones
7 and electronic devices to minimize disruptions
8 throughout the hearing.

9 If you would like to submit testimony you may do
10 so via email to testimony@council.nyc.gov, once again
11 that is testimony@council.nyc.gov.

12 We thank you for your cooperation. Chairs we are
13 ready to begin.

14 CHAIRPERSON MOYA: Good afternoon, I am Francisco
15 Moya, Chair of the Subcommittee on COVID Recovery and
16 Resiliency. I would like to thank my co-chairs,
17 Chair Narcisse, and Chair Schulman, and the rest of
18 my colleagues, who are here, we have Council Member
19 Brewer, Council Member Hudson, Council Member Ariola,
20 and Council Member Yeger, for being here today for
21 this important discussion as COVID-19 continues to
22 evolve and as the variants emerge we must remain
23 vigilant in our approach to the virus. This is
24 especially true since the Biden Administration's
25 recent announcement that the Federal Public Health

2 Emergency will end in May. This will cause critical
3 changes to our current approach of providing health
4 care for COVID-19, particularly access to testing,
5 treatment, and vaccines.

6 Since the beginning of the pandemic, at least one
7 in 186 New York City residents have died from the
8 virus, and that is a staggering number. And although
9 the number of hospitalized COVID-19 patients and
10 deaths throughout New York City has fallen, the test
11 positivity rate is currently high. There is no
12 denying that COVID-19 has had a profound effective on
13 each and every one of us and continues to do so to
14 this day. It is critical that we continue to focus
15 on and take seriously the short and long term effects
16 that this virus has had on the health of New Yorkers
17 especially those who are most vulnerable and without
18 social safety nets. And I want to be clear that this
19 includes our newest New Yorkers, the migrants and
20 asylum seekers who have recently arrived in our city,
21 who are relying on us for help.

22 Today's hearing is intended to facilitate a
23 discussion on the current state of COVID-19 in New
24 York City and how on the agencies are responding and
25

2 going to respond to needs of COVID-19 patients in the
3 City as the Federal Public Health Emergency ends.

4 And I want to thank the administration for being
5 here today, and I am looking forward to our
6 discussion on this important issue. I want to again
7 thank Chair Schulman and Chair Narcisse as well as
8 the committee staff for working on this hearing, our
9 counsel, of course, Sara, and our Policy Analyst
10 Mahnoor, and Meghan Tadio, and Becky Beaver.

11 I also want to recognize that we have been
12 Council Member Feliz.

13 And, now, I want to turn it over to Chair
14 Schulman for her opening remarks.

15 CHAIRPERSON SCHULMAN: Thank you, Chair Moya.
16 Good afternoon, everyone, I am Council Member Lynn
17 Schulman, Chair of the New York City's Committee on
18 Health. I want to thank you all for joining us at
19 today's joint hearing with the Subcommittee on COVID
20 Recovery and Resiliency, chaired by Council Member
21 Moya, and The Committee on Hospitals, chaired by
22 Council Member Narcisse.

23 The purpose of today's hearing is to evaluate the
24 current status of COVID-19 in New York City; discuss
25 the City's testing efforts and provisions for the

1 vaccine and updated boosters; the long term
2 consequences of the virus and its persistent
3 circulation, and what this means for the City going
4 forward, especially in light of the ending of the
5 Federal Public Health Emergency.
6

7 For some New Yorkers, COVID has faded into the
8 background, but for others, the virus is as worrisome
9 as ever. For those who are older, immunocompromised,
10 or HIV positive, the risk is especially real and
11 guidance on how vulnerable New Yorkers should go
12 about protecting themselves is minimal and confusing
13 at best. What is clear is that public knowledge of
14 the updated COVID-19 booster is still lacking. And
15 public interest in vaccinating against COVID-19 seems
16 drastically low.

17 Outreach and public information campaigns must be
18 ramped up to reach all New Yorkers and to ensure that
19 the importance of receiving this booster is not lost.

20 As we continue to recover from COVID-19, we must
21 remember that it is still here. I am committed to
22 ensuring that the City continues to take the virus
23 seriously and do what it ever it takes to minimize
24 the adverse impacts on New Yorkers' health,
25

2 particularly the health of those who remain the most
3 vulnerable.

4 It is more important than ever that New Yorkers
5 continue to take steps to reduce the risk of
6 infection, especially as there are now far fewer
7 COVID restrictions in place, and issues such as
8 hospital ICU capacity and staffing shortages continue
9 to plague our city. Regardless, we must make sure
10 that no New Yorker is left behind.

11 In closing, as a recent breast cancer survivor, I
12 know how it feels to navigate a world that doesn't
13 feel completely safe for me because of my health. And
14 I know how important it is to feel seen by those in
15 positions of power who control our health policies.
16 And as I previously mentioned, my community
17 experienced a great deal of tragedy at the height of
18 the COVID-19 pandemic. I refuse to allow a
19 resurgence of the virus to cause such pain and
20 suffering again.

21 I want to conclude by thanking the committee
22 staff for their work on this hearing, Committee
23 Counsels' Christopher Pepe and Sara Sucher, and
24 Mahnoor Butt, Legislative Policy Analyst, as well as
25

2 my team Chief of Staff, Jonathan Boucher, and
3 Legislative Director Kevin McAleer.

4 I will now turn the mic over to Council Member
5 Narcisse, Chair of the Committee on Hospitals.

6 CHAIRPERSON NARCISSE: Good afternoon, everyone.
7 I am Council Member Mercedes Narcisse, chair of The
8 Committee on Hospitals. I would like to start by
9 thanking my colleagues and co-chairs, Council Members
10 Moya and Schulman, for being present today for our
11 hearing on Assessing New York City's COVID-19
12 Response Amid Shifting Public Health Strategies.

13 COVID-19 has become a permanent part of our
14 lives. Over the last three years, we have lost about
15 44,912 New Yorkers to this deadly virus. Many who
16 survived are still suffering from the effects of Long
17 COVID.

18 Although COVID is now under control, the virus is
19 still evolving. As of this month, the latest omicron
20 variant, XBB.1.5, accounts for approximately 66.4
21 percent of all new cases in the US. XBB.1.5 or the
22 "Kraken" has more mutations to evade immunity than
23 seen in other variants. So far, public health
24 experts believe that the new mutation helps the
25 variants bind to cells and become more transmissible.

2 According to DOHMH's data showing the weekly
3 rates of COVID-19 related hospitalizations and
4 deaths, Black/African American New Yorkers are
5 currently being hospitalized for COVID-19 at a
6 greater rate than white and Asian Pacific Islanders,
7 respectively.

8 Hospital ICUs in the Bronx, Brooklyn, Queens and
9 Upper Manhattan are about 80 to 90 percent at
10 capacity with COVID related patients making up the
11 majority of the hospitalizations.

12 As a nurse, I am once again concerned about the
13 safety and well-being of our health care workers who
14 are at the frontlines caring for patients.

15 Since XBB.1.5 is deemed to be more contagious and
16 has been circulating, causing more hospitalizations
17 than recent variants, the lifting of masks mandates
18 and vaccination requirement in the hospital could be
19 dangerous for nurses, doctors, hospital staff,
20 patients, and their loved ones alike. Thankfully, we
21 now have tools to fight back. The new bivalent
22 booster shots are designed to protect against new and
23 old omicron variants. This shot has been available,
24 free of course, since fall, and, yet, only about 20
25 percent of Americans received their updated shots.

2 As we know, the need to receive care in a
3 language other than English can be a barrier to
4 receiving health care. In acknowledging this reality,
5 I want to know what H+H and DOHMH are doing to open
6 language access services for the asylum seekers and
7 other immigrant communities.

8 The damage COVID-19 has done to our public health
9 care and every other aspect of our lives is still far
10 from being fixed. Now, the Federal COVID-19
11 Emergency Declaration and COVID-19 Relief Aid are
12 ending on May 11, 2023.

13 I want to know the next steps to continue to keep
14 our city safe and thriving. I look forward to
15 hearing from admin, advocates, and members of the
16 public to come up with strategies rooted in equity,
17 resiliency, and kindness.

18 Before I conclude, I want to thank everyone in
19 the room and on Zoom who have come to support this
20 hearing. And, thank you, Commissioner, for being
21 here... and The Deputy Commissioner. And, lastly I
22 want to thank Mahnoor Butt, Legislative Policy
23 Analyst; and all of the staff for their work on this
24 issue.... And my Chief of Staff, Saye Joseph, and
25 Deputy Chief, Frank Shea.

2 I will now turn it over to Committee Counsel to
3 administer the oath.

4 CHAIRPERSON MOYA: And before we begin, I just
5 want to recognize that we have been joined by Council
6 Member Kagan, Council Member Velázquez, and Council
7 Member Barron.

8 COMMITTEE COUNSEL: We will now turn to testimony
9 from the administration.

10 Will you please raise right hand?

11 Do you affirm to tell the truth, the whole truth,
12 and nothing but the truth, before this committee, and
13 to respond honestly to council member questions?

14 [ADMINISTRATION AFFIRMS]

15 COMMITTEE COUNSEL: You may begin when ready.

16 COMMISSIONER VASAN: Good afternoon, Chairs
17 Schulman, Narcisse, and Moya and members of the
18 Health and Hospitals' Committees and the Subcommittee
19 on COVID Recovery and Resiliency.

20 I am Dr. Ashwin Vasana, Health Commissioner for
21 the city of New York and the New York City Department
22 of Health and Mental Hygiene. I am joined today by
23 my colleague Dr. Celia Quinn, Deputy Commissioner of
24 the Division of Disease Control, who will be
25 supporting me in answering questions.

2 Thank you for the opportunity to provide an
3 overview on COVID-19 in New York City, including
4 where we are in the city's response and what might
5 lie ahead.

6 This past November, I testified before you about
7 the current state of COVID-19 in New York City
8 including The Health Department's strategic plan to
9 make our organization more response ready and
10 prepared for pressing health issues -- whether
11 chronic or emergent. This plan includes strengthening
12 the bridges between healthcare and public health,
13 between prevention and care, improving our data
14 infrastructure, and investing in our workforce. For
15 COVID-19, this means that we are shifting to a more
16 targeted approach, focusing on people at highest risk
17 for severe COVID-19 outcomes due to age, underlying
18 medical condition, or setting. We have started to see
19 the success of these efforts, which will continue in
20 the months and years ahead. Because we all know that
21 New Yorkers are healthier when they live in a city
22 that is healthy. Which is why in the face of
23 unprecedented losses of life expectancy and
24 inequalities underneath that loss of life expectancy,

2 we are reorienting our public health system to combat
3 those causes.

4 Last time we were here, we also discussed how the
5 City was preparing for the winter respiratory season.
6 I'm glad to report today that we have whether the
7 "tridemic" of COVID-19, influenza, and RSV, with
8 rates of all three viruses in decline. As you can see
9 in the appendix to my testimony, positive test
10 results for both flu and RSV are well within the
11 range that we have seen previously for this time of
12 year. And while COVID-19 transmission remains high,
13 we are at the lowest rate since March 2022 and
14 reported cases and hospitalizations have been
15 steadily in decline since early January. Thankfully,
16 we saw nowhere near the spike in COVID-19 cases that
17 we experienced last winter -- as the Adams'
18 administration took office.

19 We are still in what we call respiratory virus
20 season ever made vigilant to ensure that New Yorkers
21 have the tools they need to stay healthy and safe. In
22 December, when COVID-19, influenza, and RSV cases
23 were high, I issued in advisory strongly recommend a
24 masking in public indoor settings and crowded outdoor
25 settings -- and emphasized the importance of taking

2 proven precautions such as vaccinations, testing,
3 hand, hygiene, and staying home when sick. This
4 remains my guidance to all New Yorkers today.

5 The City also put out our winter plan outlining
6 that we are focused on: one, track and COVID-19 and
7 other respiratory viruses, two, making testing,
8 treatments, masks, and vaccines available, and,
9 three, protecting New Yorkers at highest risk.

10 We continue to partner with community-based
11 organizations to engage community members at in-
12 person events and virtual community conversations,
13 making vaccine and testing referrals, distributing,
14 educational literature, and providing masks and at
15 home test kits. And there are additional resources
16 that are offered by our partners at NYC Health +
17 Hospitals including Test & Treat. However, our
18 success this winter would not have been possible
19 without the assistance of individual New Yorkers and
20 communities who as we move forward from emergency
21 response are integrating infection prevention
22 practices into their daily lives.

23 To date, over 6.7 million New York City residents
24 have completed their primary vaccination series, and
25 nearly two million have received the bivalent

2 booster. These numbers are impressive, but we need
3 many more people to be vaccinated, specifically with
4 the bivalent booster, to continue our progress out of
5 the emergency phase of the pandemic.

6 There are some successes to be acknowledged
7 including that we have significantly narrowed the gap
8 in primary series vaccination coverage by race, and
9 we have made gains in vaccinating younger New
10 Yorkers, especially children ages 13 to 17 years old
11 -- an estimated 92% of whom have received one dose
12 and 82% who are fully vaccinated.

13 I urge every New Yorker who has not been
14 vaccinated or received an updated booster to do so
15 now. This includes vaccinating your young children to
16 prevent severe outcomes from infection.

17 Even as at home testing has become the go to
18 method for COVID-19 testing, our ongoing routine
19 surveillance enables us to understand the state of
20 COVID-19 transmission in our city. We continue daily
21 monitoring of COVID-19 activity through our robust
22 surveillance system which includes: monitoring case
23 reports; syndromic data and hospital capacity;
24 sequencing specimens to estimate the prevalence
25 variants of concern; and wastewater testing.

2 The City also maintains monitoring in our schools
3 to ensure they remain safe and open. This includes
4 tracking COVID-19 case rates among students and
5 staff; assisting with notifications following a
6 school exposure; and supporting principals through
7 The Office Of School Health.

8 We are an organization and a city that stays
9 grounded in the data and are nimble and ready to
10 respond to changing circumstances.

11 COVID-19 continues to mutate, and new variants
12 regularly emerge. Currently, the dominate variant in
13 New York City is XBB.1.5. While this variant is very
14 infectious, we are grateful that it does not appear
15 to cause more serious disease and that COVID-19
16 vaccines, including the new updated booster, continue
17 to provide excellent protection against severe
18 disease.

19 Shifting to what is on the horizon, President
20 Biden recently announced that the federal government
21 will end the public health and national emergency
22 declarations on May 11, 2023. We knew this day would
23 come. Maintaining a public health emergency for over
24 three years is unprecedented. The Department and the
25 City is preparing with our sister agencies and state

2 and federal partners for this day. While we work to
3 better understand the impacts of the end of emergency
4 declarations and related plans to commercialize
5 COVID-19 vaccines and treatment, I know That The
6 Health Department, our partners at Health +
7 Hospitals, and many other safety net healthcare
8 providers in New York City, will make sure that all
9 New Yorkers have access to appropriate and affordable
10 care.

11 We are also comforted by the CDC's message of
12 commitment to maintaining national reporting of
13 vaccine data and ensuring that vaccines and
14 treatments will continue to be available.

15 There's more to come on what this will mean going
16 forward, and we will continue to communicate with New
17 Yorkers on where they can get access to COVID-19
18 tests, treatments, and vaccines.

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

24 Thank you for allowing me to share our work. I
25 remain, as always, incredibly grateful for our

2 partnership and for the support the city council has
3 given us throughout the COVID-19 response.

4 We look forward to continuing to work
5 collaboratively to protect the health of all New
6 Yorkers.

7 I look forward to answering your questions.

8 CHAIRPERSON MOYA: Thank you for your testimony.

9 I just want to acknowledge that we have been
10 joined by Council Member Ayala as well.

11 So, thank you, just a couple of questions here
12 especially dealing with the influx of the migrants
13 and asylum seekers.

14 As we all know the City has seen an influx of
15 asylum seekers and migrants in recent months. Is
16 DOHMH continuing to provide 24/7 medical services to
17 asylum seekers in temporary shelters -- including
18 COVID-19 vaccinations and boosters? And are these
19 services being provided for free to all who are
20 requesting it?

21 COMMISSIONER VASAN: Thank you for the question.

22 As you can imagine with tens of thousands of new
23 arrivals to our city, the enormous health
24 implications and health needs of this population are
25 top of mind for us at The Health Department. And

2 this includes vaccinations. We are grateful to the
3 Biden/Harris administration for conducting universal
4 influenza and COVID-19 vaccinations at the border.
5 So, we know that people are coming to our city after
6 having received those vaccines. But we remain
7 vigilant, and observant of other vaccine preventable
8 diseases and other routine scheduled vaccines that
9 need to be offered.

10 The work of housing tens of thousands of new
11 arrivals in our city is a partnership between DHS
12 leading the way in terms of structural interventions
13 and social interventions. Our partners at Health +
14 Hospitals are operating, I think it is now six,
15 humanitarian and emergency relief centers. And at
16 all of those centers, our teams are conducting
17 disease control operations, uh, supporting routine
18 vaccination clinics, as well as monitoring for things
19 like tuberculosis and mental health needs of which
20 there are many.

21 CHAIRPERSON MOYA: Thank you for that.

22 I am just going to move on to talking about
23 families with children that are entering the New York
24 City school system. Are they required to be
25 vaccinated for COVID-19 in addition to the other

2 routine pediatric immunizations? And are H+H and
3 DOHMH providing these vaccines?

4 And, then, I am going to follow up with another
5 question for them?

6 COMMISSIONER VASAN: Thank you for the question.

7 COVID-19 is not currently a part of mandated
8 vaccines for New York City public schools, nor any
9 state public schools. But, in order to attend New
10 York City public schools, under state law, uh, all
11 students need to be vaccinated against all required
12 diseases.

13 CHAIRPERSON MOYA: And are the agencies tracking
14 the number of children who have received the COVID-19
15 vaccine before entering a school?

16 COMMISSIONER VASAN: As I mentioned... Thank you
17 for that question, Chair.

18 As I mentioned, the federal government is
19 screening and providing vaccination at the border for
20 COVID-19 at flu. And all of those vaccinations area
21 a part of mandatory reporting systems which are being
22 preserved by the CDC. And, so we have access to that
23 data.

24 CHAIRPERSON MOYA: Right, and but what about the
25 children that are here that go to an H+H facility or

2 received the COVID-19 vaccine here? Are we tracking
3 that?

4 COMMISSIONER VASAN: All vaccines... All COVID-19
5 vaccines delivered in New York City are tracked...
6 are mandatory reported. And, uh... (CROSS-TALK)

7 CHAIRPERSON MOYA: So, there is communication
8 between what the federal government is doing and the
9 city of New York?

10 COMMISSIONER VASAN: Yes, correct.

11 CHAIRPERSON MOYA: Okay, thank you.

12 And are the isolation areas that are still
13 located at the temporary shelter sites... Are the
14 isolation areas still located at the temporary
15 shelter sites? So, isolation areas for people that
16 are COVID-19 positive.

17 COMMISSIONER VASAN: Yes, uh, thank you for the
18 question.

19 At every site whether a H+H run humanitarian
20 relief center (HERC), or I believe over the... Over
21 DHS hotel based shelters around the city, there are
22 isolated... There is isolation capacity for people
23 who test positive for COVID-19 as well as other
24 highly infectious diseases.

25 CHAIRPERSON MOYA: Okay, thank you.

2 Just a few more questions, then I am going to
3 turn it over to my colleagues here.

4 Does the City have plans in place for keeping the
5 workplace safe now that the unvaccinated employees
6 can be hired or return to their former positions?

7 COMMISSIONER VASAN: Forgive me, sir, are you
8 referring to City workers... (CROSS-TALK)

9 CHAIRPERSON MOYA: Yes, city... (CROSS-TALK)

10 COMMISSIONER VASAN: In particular?

11 CHAIRPERSON MOYA: City workers, yes.

12 COMMISSIONER VASAN: I will refer questions around
13 sort of onboarding previously unvaccinated City
14 workers to our law department and to our Officer of
15 Labor Relations. But, in terms of public health
16 guidance, The Health Department continues to
17 encourage masking in public areas. That includes
18 crowded office settings. And The Department of
19 Health strongly recommends routine vaccination. And,
20 so, there are the protections in place right now.

21 CHAIRPERSON MOYA: I am going to go back to
22 talking about the shelters here for a second.

23 What is the current COVID preparedness in the New
24 York City Shelters for unhoused New Yorkers?

2 COMMISSIONER VASAN: Could you clarify

3 [INAUDIBLE]... (CROSS-TALK)

4 CHAIRPERSON MOYA: What is the current COVID
5 preparedness in the New York City Shelter system for
6 unhoused New Yorkers currently... now?

7 COMMISSIONER VASAN: When you say COVID
8 preparedness... (CROSS-TALK)

9 CHAIRPERSON MOYA: So, what is the... The
10 protocol? (CROSS-TALK)

11 COMMISSIONER VASAN: Protocols?

12 CHAIRPERSON MOYA: Yes.

13 COMMISSIONER VASAN: We follow... Thank you for
14 the question. We follow standard congregate setting
15 protocols in terms of isolation, in terms of routine
16 testing for symptomatic individuals, uh, and of
17 course, routine offer of treatment and other
18 supportive care.

19 CHAIRPERSON MOYA: And once the mandate is lifted
20 by the federal government, is that... Will that
21 still be in place?

22 COMMISSIONER VASAN: We will continue... Thank
23 you for the question. We will continue to manage
24 COVID as the infectious disease that it is --
25 responding to outbreaks, responding to clusters of

2 cases as we do for so many other infectious diseases
3 in our city.

4 CHAIRPERSON MOYA: Thank you. And this is my last
5 question here.

6 Uh, are there are there any federal dollars that
7 are going to be dedicated to providing COVID tests to
8 those who cannot afford it after the emergency ends?

9 COMMISSIONER VASAN: Thank you for the question.

10 I can't speak to what guarantees are being made
11 by the federal government at this time. This is
12 why... My understanding is that this is why the
13 president announced the expiration of the emergency
14 90 days before its expiration -- to give time to work
15 through the different aspects of it. I can say that
16 between The Health Department, New York City Health +
17 Hospitals, and our vast network of federally
18 qualified health centers, we are all committed to
19 making sure that vaccines, tests, and treatments are
20 accessible and affordable to all New Yorkers.

21 CHAIRPERSON MOYA: Thank you, Commissioner, thank
22 you for your time.

23 I want to now turn it over to Chair Schulman for
24 questions.

2 CHAIRPERSON SCHULMAN: Thank you very much, Chair
3 Moya.

4 So, I am going to go into a slightly different
5 direction. So, the CDC website now provides a link
6 to an interactive ventilation tool that helps people
7 learn how to decrease the levels of COVID-19 virus
8 particles in homes. Does DOHMH have any guidance
9 materials for the public that provides similar
10 information?

11 COMMISSIONER VASAN: Thank you for the question.

12 I am not sure which tool you are referring to
13 specifically, but in terms of environmental health
14 and environmental recommendations, yes, The Health
15 Department has put out guidance. That is available
16 publicly on things like ventilation; things like air
17 filtration, and things like other environmental
18 protections that families, households, businesses,
19 and other settings can undertake to reduce risk of
20 transmission of COVID-19.

21 CHAIRPERSON SCHULMAN: If you can look into that,
22 that would be great.

23 Uh, have you heard of... I am going to...
24 There's a program that I met with some folks about
25 that sounded really interesting. I don't know if you

2 are aware of it, but have you heard of the Community
3 Access To Ventilation Information Nonprofit and the
4 work that they do? In Canada, this program supports
5 the implementation of CO2 monitor loaning programs in
6 public libraries and community hubs. The monitors
7 check the CO2 concentrations in shared indoor spaces
8 and can help people make informed decisions about
9 when to improve indoor air quality through increased
10 ventilation and/or air filtration.

11 So, are you familiar with or unfamiliar with the
12 program?

13 COMMISSIONER VASAN: Thank you for the question.

14 I am very familiar with the work of CO2
15 monitoring to measure air exchange and to measure
16 ventilation. I am not aware of the work of this
17 particular nonprofit, but we will gladly look into
18 it.

19 CHAIRPERSON SCHULMAN: Thank you.

20 So, what steps can New Yorkers take to increase
21 ventilation in their homes?

22 COMMISSIONER VASAN: So, we recommend a number of
23 things. Obviously, uh, for those who are able to...
24 And weather permitting, always access to fresh air is
25 really important. Access to air exchange is really

2 important. So, if there is any way to open a window
3 and crack a door to allow for cross breeze, that is
4 always important. For people who have, for instance,
5 air conditioning units that are not running right
6 now, often they have settings that can pull air out
7 of the unit -- for folks who have window units. And
8 also, of course, for folks who live in other
9 settings, updating things like HEPA air filters and
10 air filtration, among other steps that we list on our
11 website.

12 CHAIRPERSON SCHULMAN: Is DOHMH working with the
13 DOE to improve ventilation in New York City schools?
14 If so, what steps have been taken to improve
15 ventilation, and how many schools have been served?

16 COMMISSIONER VASAN: Yes since the beginning of..
17 Thank you for the question... Since the beginning of
18 the pandemic, we have been consulting with DOE,
19 school construction authorities, and many others
20 around how to make schools as safe as possible. That
21 was a big part of reopening schools in Fall of 2020.
22 And I know that the Department of Buildings and The
23 Department of Education have purchased a number of
24 ventilation units and filtration systems that The
25 Health Department is certainly providing guidance on.

2 As far as specific numbers of schools, I am happy
3 to [INAUDIBLE]... (CROSS-TALK)

4 CHAIRPERSON SCHULMAN: Yes, if you can provide it,
5 I was going to ask that -- the number and also if
6 there is a geographical breakdown, just to see where
7 they are.

8 COMMISSIONER VASAN: We are happy to consult with
9 our colleagues on that... (CROSS-TALK)

10 CHAIRPERSON SCHULMAN: That would be great.

11 What is DOHMH's position on requiring annual
12 COVID-19 shots, which the CDC has mentioned recently?

13 COMMISSIONER VASAN: Thank you for the question.

14 We are very supportive of the CDC's decision to
15 include COVID vaccination in their routinely
16 recommended vaccines -- immunizations. We are not
17 sure whether we will end up... We are not yet sure
18 whether we will end up in an annual schedule, or
19 whether we might have multiple schedules depending on
20 the level or risk. For instance, would people over
21 65 or people with underlying conditions need more or
22 more frequent boosters? We are not there yet. We
23 don't exactly know. But, we are supportive of the
24 move to routinize, uh, COVID-19 vaccines.

2 CHAIRPERSON SCHULMAN: When you know what that
3 schedule is, if you can share it with us, that would
4 be great, so we can help with that.

5 COMMISSIONER VASAN: Absolutely

6 CHAIRPERSON SCHULMAN: If provided, if there are
7 annual COVID shots, would they be given for free?

8 COMMISSIONER VASAN: Right now, indications are
9 that the federal government is committed to... And
10 the manufacturers are committed to continuing to
11 offer COVID vaccines for free. We are working with
12 the federal government to better understand that that
13 means for the vaccine visit and the attendant cost of
14 the health care interaction with the provider and
15 their costs. But we will have more... As soon as we
16 have more information on the longer term
17 implications, we will share that with New Yorkers of
18 course... (CROSS-TALK)

19 CHAIRPERSON SCHULMAN: Thank you.

20 So, you said during your testimony that you
21 continue to distribute educational literature and
22 provide masks and at home test kits, how long do you
23 think that you could provide masks and at home test
24 kits for free given that the federal monies are
25 waning or going away?

2 COMMISSIONER VASAN: Thank you for the question.

3 Yeah, Thank you for the question. It's a great
4 question. And we continue to work with City Hall and
5 with OMB to understand the implications of the draw
6 down of this funding on a whole host of issues: PPE
7 distribution, even our Communications Budget has
8 been... Will be affected by the drawn down of these
9 monies. So, we will... As soon as we have some
10 clarity on that, we will be happy to share.

11 CHAIRPERSON SCHULMAN: Great, Thank you, I am
12 going to... I have some other questions, but I want
13 to give an opportunity to Chair Narcisse to ask some
14 questions.

15 CHAIRPERSON NARCISSE: Thank you again,
16 Commissioner.

17 New York State Department of Health issued a memo
18 this week to drop the face mask requirements for
19 hospitals, health care facilities, how will New York
20 City proceed? Are there plans to drop mask
21 requirements in the City?

22 COMMISSIONER VASAN: Thank you for the question.

23 New York State regulates all hospitals and
24 healthcare facilities in New York State including in
25 New York City, so we do not as a city set mask

2 requirements -- masking requirements. But,
3 institutions themselves can and do. And as you're
4 seeing, multiple institutions have taken the decision
5 to maintain their mask requirements including New
6 York City Health + Hospitals. And we are entirely
7 supportive of that.

8 CHAIRPERSON NARCISSE: Okay, is the City working
9 with commercial establishments like restaurants,
10 bars, arenas, theaters, and retail stores to
11 encourage the availability of the PPE in such
12 facilities?

13 COMMISSIONER VASAN: Thank you for the question.
14 Yes, from the beginning of the pandemic, we have been
15 working very closely with small business services and
16 associated businesses to encounter and to distribute
17 PPE including masks, including tests to community
18 based organizations, through our public Health Corp
19 work, as well as through small businesses. Again, we
20 are mindful of the federal support for all of that
21 work and the impact of the draw down of the emergency
22 on our ability to continue doing that work.

23 CHAIRPERSON NARCISSE: Okay, I know we just spoke
24 about the hospital and facilities, but what are the
25

2 current masking and isolation guidelines for the
3 COVID-19 patient who is admitted?

4 COMMISSIONER VASAN: Thank you for the question.

5 Many hospitals have now ceased doing routine
6 COVID testing. For a time, everyone who entered the
7 front door of the hospital, and appropriately so, got
8 a COVID-19 test. Now it isn't necessarily routinely
9 done at every facility. When a person tests positive
10 for COVID-19, they are placed under isolation
11 precautions, both contact and respiratory at most of
12 these facilities. But, as you can imagine, that's
13 complex given staffing, given space constraints,
14 giving nursing demands. And, so it is something that
15 we are very mindful of. The majority of people
16 hospitalized who have tested positive for COVID-19,
17 as it has been since the spring of last year, are not
18 hospitalized due to COVID, they are incidentally
19 found to have COVID and hospitalized for something
20 else. So, we are adapting those protocols along the
21 way.

22 CHAIRPERSON NARCISSE: Well, that's some good
23 news.

24

25

2 How effective is the current booster for the
3 XBB.1.5 variant? And can you elaborate on what
4 effective means in this context?

5 COMMISSIONER VASAN: Thank you for the question.

6 The most important thing about all of the
7 vaccines from the beginning is that they protect us
8 against severe illness. They protect against
9 hospitalization; they protect us against death. And
10 the reason we are seeing a steep decline in
11 transmission, hospitalizations, and deaths is because
12 of the significant wall of immunity we have built up
13 due to high rates of vaccination -- 99 percent of
14 adults have received at least one dose; over 90
15 percent have received both doses; 96 percent of city
16 workers were fully vaccinated. So, we have a wall of
17 immunity that has really protected us through this.
18 The bivalent booster has been updated to address
19 omicron and omicron-like subvariants and continues to
20 demonstrate very good protection, and effectiveness
21 as you say, against severe illness and
22 hospitalization.

23 CHAIRPERSON NARCISSE: When I say effective,
24 [INAUDIBLE] effectiveness, because when I say that...
25 Because when we have just had to get the COVID-19

2 shot, they will tell you what the percentage, how
3 effective it is -- 95 percent, 96 percent -- when you
4 take it. So, now since we said they need boosters,
5 so I want to know how effective in that range of how
6 effective it is in the percentile.

7 COMMISSIONER VASAN: It is changing... (CROSS-
8 TALK)

9 CHAIRPERSON NARCISSE: [INAUDIBLE]

10 COMMISSIONER VASAN: It is changing rapidly
11 because the virus is changing rapidly. So, when the
12 bivalent booster was designed, it was designed based
13 on the previously circulating and currently
14 circulating variant at that time... (CROSS-TALK)

15 CHAIRPERSON NARCISSE: Okay.

16 COMMISSIONER VASAN: when it was released in
17 September. XBB.1.5... (CROSS-TALK)

18 CHAIRPERSON NARCISSE: That's what I want....
19 (CROSS-TALK)

20 COMMISSIONER VASAN: XBB.1.5 are new variants and
21 have shown themselves to be more evasive of even the
22 booster. However, the boosters remain... offer
23 significance protection against hospitalization and
24 death for even XBB, which is also why the CDC and
25

2 others are contemplating what the schedule should be.

3 Much like flu... (CROSS-TALK)

4 CHAIRPERSON MOYA: Mm-hmm?

5 COMMISSIONER VASAN: The vaccine needs to be
6 updated each year or on some regular schedule to meet
7 the needs of what viruses are causing people to get
8 sick today.

9 CHAIRPERSON NARCISSE: So, the good news about
10 that is just like ,you know, dying and are going at
11 the same rate when the COVID-19... this variant is
12 not as deadly?

13 COMMISSIONER VASAN: This variant has in no way
14 shown itself to be more virulent, more severe, it is
15 a... (CROSS-TALK)

16 CHAIRPERSON NARCISSE: Okay...

17 COMMISSIONER VASAN: it is slightly more
18 transmissible.

19 CHAIRPERSON NARCISSE: Okay, what steps are DOHMH
20 and H+H taking to ensure that the most vulnerable New
21 Yorkers have access to the booster?

22 COMMISSIONER VASAN: Thank you for the question.

23 That's been the crux of our approach from the
24 beginning of viral season, is to focus people 65 and
25 older, and to focus on people with underlying health

2 conditions. We have done that in a number of ways
3 focusing in on vaccination events. We have done over
4 800 in person community vaccination events --
5 especially at nursing homes, at naturally occurring
6 retirement communities, and at senior day centers,
7 adult day centers. This has been done by The Health
8 Department directly in partnership with FQHC's, also
9 in partnership with local pharmacies bringing staff
10 on site to conduct vaccination campaigns. As well,
11 we have our mobile vans, the H+H mobile vans, which
12 have been stationed in front of nursing homes and
13 shifted around throughout our city to meet the needs
14 of the 65 and older population.

15 So, that has been the crux of our strategy. We
16 are about to now launch a campaign with The
17 Department for the Aging to target seniors once
18 again, and reraise awareness on their need to get
19 boosted more than anyone else because of their risk
20 of severe illness.

21 CHAIRPERSON NARCISSE: Thank you.

22 What languages are being used in the outreach
23 efforts?

24 COMMISSIONER VASAN: Thank you for the question.

25 So, we have focused throughout the campaign -- the

2 pandemic -- on the top 13 languages spoken in New
3 York City. But we have also really expanded our
4 efforts through The Mayor's Office Community and
5 Ethnic Media to get those messages into the outlets
6 and the venues where people are seeing. So, we have
7 done community roundtables in Chinese, in Haitian
8 Creole, in Spanish, of course; we have done
9 roundtables with the African-American press. And so,
10 we are really working hard to get the language access
11 out there, but also to put it into outlets that
12 people are using and people are reading -- as well as
13 local access T.V.

14 CHAIRPERSON NARCISSE: I am going ask you my last
15 question so that I can move it over to the Chair of
16 COVID.

17 All antivirals... Are oral antivirals the most
18 common form of treatment for now?

19 COMMISSIONER VASAN: Are all antivirals... Sorry,
20 I am hearing the question... Are all antivirals the
21 most common?

22 CHAIRPERSON NARCISSE: The oral antivirals...

23 COMMISSIONER VASAN: Oh, oral, oral, sorry,
24 forgive me.

2 Yes, for COVID-19, the recommended first line
3 treatment is Paxlovid, which is a five day oral
4 antiviral treatment if taken within the first 72 --
5 preferably 48 -- hours after symptom onset, is
6 significantly effective at preventing hospitalization
7 and severe illness.

8 CHAIRPERSON NARCISSE: So, I am returning to Chair
9 Moya.

10 CHAIRPERSON MOYA: Thank you. Thank you, Chair
11 Narcisse. Before we continue, I just want to
12 acknowledge that we have been joined by Council
13 Member Joseph.

14 And, I am going to turn it over for a quick
15 followup to Chair Schulman before we go to her
16 committee members' questions.

17 CHAIRPERSON SCHULMAN: Hi, I just have a couple of
18 quick questions, because I want to give my colleagues
19 an opportunity to ask questions.

20 How often is DOHMH updating its website with
21 COVID-19 information and data?

22 COMMISSIONER VASAN: Thank you for the question.

23 Our data is updated once a week on Thursdays.
24 But data is collected and reported internally every,
25 single day.

2 CHAIRPERSON SCHULMAN: What data is still being
3 provided?

4 COMMISSIONER VASAN: We... The data that is
5 provided is the same as it has always been. It is
6 recorded tests, recorded test positivity, recorded
7 hospitalizations, recorded deaths, and by geography
8 as well; by age group; stratified by race and
9 ethnicity and so on.

10 CHAIRPERSON SCHULMAN: Will the end of the
11 emergencies impact the provision of care via
12 telehealth in any way? If so, how, and what will the
13 City do to ensure that there are enough health care
14 providers to serve New Yorkers?

15 COMMISSIONER VASAN: Thank you for the question.

16 One of the things we are proud of during COVID is
17 the development of our COVID Express Line and our
18 Express Care Telehealth service through Health +
19 Hospitals. We are encouraged by signals that we are
20 getting from the federal administration that they
21 will try to maintain flexibilities within Medicaid
22 reimbursement and commercial insurance reimbursement
23 so that... and Medicare, so that telehealth can
24 continue to be paid for. Ultimately, our ability to
25 sustain things like Express Care is going to be based

2 on our ability as a city to get reimbursed, which is
3 the main source of funding.

4 CHAIRPERSON SCHULMAN: Do you have, and you may
5 need to get back to us on this, but do you have an
6 overview of DOHMH's recent COVID-19 data -- the
7 number of positive cases, hospitalizations, and
8 deaths? What does this tell us about the current
9 spread? And, my last line of questioning, what
10 boroughs are currently experiencing the highest
11 number of COVID related deaths and hospitalization?

12 COMMISSIONER VASAN: I can give you some of that
13 data. The current citywide case average -- 7-day
14 average -- is 1,288 cases on the 7-day average. And
15 that is decreasing. Our current citywide percent
16 positivity rate is 8.1 percent. This is all as of
17 February 9th -- last week -- last Thursday.

18 Hospitalization daily average is about 65.
19 Again, that number includes people who are
20 hospitalized due to COVID-like illness and due to the
21 complication of COVID, and people who have tested
22 positive while in the hospital for something else.

23 Our inpatient COVID bed occupancy rate is about
24 6.5 percent, and our daily average deaths is 12 --
25 again, which also includes people who are testing

2 positive for COVID and complicated in other ways.

3 And that is decreasing as well.

4 Our current rate of booster coverage in the City,
5 the bivalent booster coverage, is 14.4 percent for 65
6 and older. That is 26 percent. That is the data I
7 have now. I am happy to get the rest as you
8 requested.

9 CHAIRPERSON SCHULMAN: Thank you. I will now hand
10 it back over to Chair Moya. Thank you very much.

11 CHAIRPERSON MOYA: Thank you, Chair Schulman.

12 I now want to turn it over to my colleague,
13 Council Member Barron.

14 COUNCIL MEMBER BARRON: Thank you very much.

15 First I want to ask you your commitment to
16 providing better health care to our communities,
17 isn't it in light of a 3 percent cut in your agency
18 from the mayor?

19 COMMISSIONER VASAN: Thank you for the question.

20 Like many agencies, we have had to absorb cuts in
21 line with the changing economic situation. It
22 doesn't in any way change our commitments, and our
23 goals, and our strategies to provide equitable care
24 to [INAUDIBLE]... (CROSS-TALK)

2 COUNCIL MEMBER BARRON: I don't see how cuts
3 cannot damage service. Because, see, the mayor has
4 you believing that when you cancel vacancies, that's
5 not a cut to staff, because they are not cutting
6 staff, they're not cutting services. I know that if
7 I lost three of my staff members, and I couldn't hire
8 anybody else, it is going to affect services to our
9 communities.

10 So, I am just concerned about the contradiction
11 of the mayor prioritizing health care and
12 particularly mental health, and then cutting the
13 agencies. And I know this is not your level, but no,
14 there isn't an economic crisis that has to find cuts.
15 There are some forecasts that say we actually have a
16 surplus and we definitely have a reserve budget of
17 \$8.3 billion. So, that is one thing I am concerned
18 about.

19 How are you going to deal with these cuts, in
20 light of the fact that you are losing federal money,
21 and at the same time, we are... They always brag
22 about the economy being healthy, we're recovering,
23 and then cutting some of the most vital agencies.
24 And, also, some of the workers -- and City workers --
25 don't have a contract. A lot of these workers are

2 very instrumental in providing what was needed during
3 the epidemic. That's one thing.

4 Secondly, I am concerned about the racism that
5 permeates every City agency, every state agency, when
6 it comes to Black and Brown communities. Because the
7 first time around, we were dying the most and
8 receiving the least. And even though now they are
9 saying things to say, ,you know, we had problems
10 before COVID, we had folks dying from cancer, from
11 hypertension, from heart disease, from high blood
12 pressure [TIMER CHIMES]... May I continue? High
13 blood pressure, and all of those things. So, when it
14 comes to Black and Brown communities, whether you
15 have money or not, we don't get the services that are
16 sorely, sorely needed.

17 And, then my last question would be, the distrust
18 that a lot of Black and Brown and communities have
19 with vaccinations. You know, it has a history of
20 that, and I went... When I talk to a nurse or
21 whoever was administering the vaccine, I said,
22 "What's in it?," They didn't even know. So, I think
23 it is important to at least put down somewhere what
24 is the vaccine so people can know. And since these
25

2 were emergency tests of approval, what is the long
3 range impact... (CROSS-TALK)

4 CHAIRPERSON MOYA: Thank you...

5 COUNCIL MEMBER BARRON: of vaccinations? I'm
6 almost finished. You know, you all are... (CROSS-
7 TALK)

8 CHAIRPERSON MOYA: You can come back for a second
9 round if you'd like. All right? (CROSS-TALK)

10 COUNCIL MEMBER BARRON: I just would like to
11 finish because I have to go... (CROSS-TALK)

12 CHAIRPERSON MOYA: I know, we just have a... We
13 have a timetable. I gave you an extra minute. And
14 [INAUDIBLE]... (CROSS-TALK)

15 COUNCIL MEMBER BARRON: I am going to adhere to
16 that, but see the chairs, and they have a right to,
17 they ask long... (CROSS-TALK)

18 CHAIRPERSON MOYA: [INAUDIBLE] we have a two
19 minute time...

20 COUNCIL MEMBER BARRON: drawn out questions for
21 their... (CROSS-TALK)

22 CHAIRPERSON MOYA: We have a two minute time clock
23 on it... (CROSS-TALK)

24 COUNCIL MEMBER BARRON: But they ask a long drawn
25 out questions, and they we have to be rushed with two

2 minutes. When you are asking 10 minute... (CROSS-
3 TALK)

4 CHAIRPERSON MOYA: You can come back. I gave
5 you... I gave you... (CROSS-TALK)

6 COUNCIL MEMBER BARRON: I can't come back. I got
7 other meetings. I have to go.

8 CHAIRPERSON MOYA: Okay, let's... Can we wrap up
9 this question and then we can continue.

10 COUNCIL MEMBER BARRON: Those are my questions.

11 CHAIRPERSON MOYA: Thank you.

12 COMMISSIONER VASAN: Thank you for your comments
13 and your questions.

14 As I mentioned in my opening statement, and I
15 really believe this, every New Yorkers' healthier
16 when we live in a city that is healthy. But, within
17 that, there are deep, longstanding inequities. And
18 so there is no path, as far as I can see, for changes
19 in population health for stopping and reversing
20 trends and declines and life expectancy unless we
21 center equity.

22 And while it was born of tragedy during the
23 first... in particular, during the first waves of
24 COVID, I am encouraged by what -- our city our health
25 department has played a leading role in this -- has

2 done in developing frameworks like our Task Force On
3 Racial Inclusion and Equity to be a guide for
4 programs, for investment, for accountability, for
5 data collection now and into the future. We didn't
6 have this before COVID. And my hope is that it will
7 be a longstanding commitment of the City -- and of
8 this mayor who has said very clearly that equity is a
9 theme throughout all of his priorities.

10 COUNCIL MEMBER BARRON: I am going to go and
11 respect your time thing. But, we got to doing
12 something about this, because this is the general
13 response. I can't come back and make them get
14 specific because I got two minutes. And this is a
15 life and death issue, and I really... (CROSS-TALK)

16 CHAIRPERSON MOYA: Okay, we have one more person,
17 and then you can come back if you like. We have
18 Council Member Brewer, and then if you want, you can
19 come back.

20 So, Council Member Brewer?

21 COUNCIL MEMBER BREWER: Thank you, following up on
22 Council Member Barron, I did a hearing a while ago on
23 the vacancies in Oversight and Investigations.

24 So, how many vacancies are at The Department of
25 Health?

2 COMMISSIONER VASAN: I am happy to get back to you
3 with the specific numbers.

4 COUNCIL MEMBER BREWER: Okay.

5 All right, because what I want to know is, ,you
6 know, where they are. Obviously if it's not Public
7 Relations, I assume it is those who have direct input
8 into what you're doing to save people's lives. And
9 it has been, and probably under your leadership, it
10 is, but it should be the best public health
11 department in the world. And, to be honest with you,
12 people out here are worried that it's not. Not
13 because of you, but because of the lack of staffing.

14 So, I think people need to be louder along with
15 what Council Member Barron was stating about the lack
16 of staff. I feel very, very strongly about it. So,
17 that's number one.

18 Number two, May 11th, I don't think most people
19 know that that is a date in which the federal
20 government is saying "x". So, what are we doing to
21 tell the public, because maybe they will get their
22 booster shot or whatever they have not done while it
23 is quote, unquote "free," testing et cetera. So,
24 what are we doing about that?

2 And, then, post May 11th, is that date holds,
3 what are your wishes to what the federal government
4 should be doing? Because, the City should be saying
5 loudly, as I assume other cities are... I sit on the
6 board of the National League of Cities, so I have
7 some sense of what goes on around the country.

8 What are we doing, the rest of the country with
9 us, to lobby for certain things that we would like to
10 see after May 11th, if not continuation as is.

11 Because the City will not stay healthy if we
12 don't have some of these supports.

13 COMMISSIONER VASAN: Thank you for the question.

14 We just had an introductory call yesterday The
15 Department of Health and Human Services to start to
16 get their early priorities of what their intentions
17 are with federal funding. So, we don't have all of
18 the answers that we need in order to provide the
19 right guidance to New Yorkers. But, as soon as we
20 do, we will be very clear about what the implications
21 are [TIMER CHIMES] for testing, for treatment, for
22 vaccines, and for all of the critical tools we have
23 relied on from masks and everything we have relied on
24 to get us through this pandemic.

2 Uh, with respect to what I'd like to see, I would
3 like to see a city in which every New Yorker
4 continues to have unfettered access to everything
5 they need to keep themselves healthy from COVID-19
6 and related.

7 And, so, I am glad that we have an expressed
8 commitment through our public hospital system,
9 through our FQHC networks, and certainly through
10 DOHMH clinics and services to keep providing those
11 services. But, as you know, we have a massive health
12 care system out there that is well beyond the City's.
13 And we need to ensure that both of those systems and
14 our insurance companies that pay for them are also
15 coming along. And that is where federal rulemaking
16 will be essential.

17 So, more to come in this space.

18 CHAIRPERSON BREWER: And you will have a
19 communication, so that if it wasn't to your
20 satisfaction, which I guarantee to you it will not
21 be, then you will let us know so that there could be
22 some advocacy. This cannot be done just by talking
23 to HHS in Washington.

24 COMMISSIONER VASAN: Yes, we are still learning
25 about what their plans are, and once we know their

2 plans, we can decide whether we are satisfied with
3 them or not satisfied with them.

4 COUNCIL MEMBER BREWER: All right, thank you.

5 CHAIRPERSON MOYA: Thank you, and now I turn it
6 over back to Council Member Barron.

7 COUNCIL MEMBER BARRON: So, what is in the
8 vaccinations? What is in the contents? Is that
9 posted anywhere when people are getting vaccinated?

10 COMMISSIONER VASAN: The Health Department has an
11 entire explainer of all the ingredients within the
12 vaccine. I think we developed that, uh... (CROSS-
13 TALK)

14 COUNCIL MEMBER BARRON: Yeah, if you can send that
15 to me, because when we got to the hospitals, they
16 don't even know.

17 COMMISSIONER VASAN: We will happily send it to
18 you, sir... (CROSS-TALK)

19 COUNCIL MEMBER BARRON: Yeah, they don't know.

20 And, wasn't it an emergency passing of it, not
21 the normal passing of the vaccination approval, which
22 takes a little more time? Is that correct?

23 COMMISSIONER VASAN: Yeah, in general, what gets a
24 vaccine fully approved is the use of it and the
25 monitoring of its use over time... (CROSS-TALK)

2 COUNCIL MEMBER BARRON: Right.

3 COMMISSIONER VASAN: in order to ensure its
4 safety. The good thing about these vaccines, is that
5 we have, in this city alone, 6.7 million people who
6 have taken it -- fully vaccinated -- two shots -- and
7 we have hundreds of millions of Americans who have
8 taken this vaccine -- let alone everyone around world
9 -- so, we have a natural experiment that shows,
10 overall, this is an extremely safe and effective...

11 (CROSS-TALK)

12 COUNCIL MEMBER BARRON: That gives the appearance
13 of that. But the long range impact is not... Was
14 not... They're not even in that range. This is much
15 too short, as you know as a doctor, for assuring
16 people that the long range impact is not there.

17 Now, I understand that if they don't do that,
18 than immediately, ,you know, danger could happen to
19 them, so that's why people are getting vaccinated.

20 But, there is a great mistrust, because some of
21 the prior vaccinations are horrible in terms of the
22 content. Some of them even use formaldehyde I
23 understand. Is that accurate?

24 COMMISSIONER VASAN: I'm sorry, I didn't...

25 (CROSS-TALK)

2 COUNCIL MEMBER BARRON: Formaldehyde was used in
3 some previous flu vaccines?

4 COMMISSIONER VASAN: I can certainly look into the
5 ingredients and send you that information... (CROSS-
6 TALK)

7 COUNCIL MEMBER BARRON: So, that... That's one
8 thing.

9 And, then, the last part, the way it was
10 approached in the Black and Brown communities, we
11 caught [TIMER CHIMES]... I will end it with the last
12 question... We caught hell, and when it came to
13 building the necessity necessary medical facilities,
14 they built it a that Javits Center. Remember that?
15 And Central Park -- white communities. They had a
16 floating ship in the white communities. But, when it
17 came to us, we had nothing like that. We had to
18 fight for PPE. We had to fight for ventilators in
19 the hospitals and for staffing. Do you remember all
20 of that? You can assure us that that's not happening
21 anywhere near that? And if there is a crisis, are
22 there things stored in our communities to assure that
23 that doesn't happen again?

24 COMMISSIONER VASAN: Thank you for the comment and
25 question.

2 I can assure you that, particularly from The
3 Health Department's point of view, that we have taken
4 every pain to ensure that this doesn't happen again
5 by two things in particular: Using our TRIE framework
6 as a starting point for guiding investments and
7 guiding programs -- down to the zip code level of
8 where things need to go -- number one. Number two,
9 backing that up with initiatives like our Public
10 Health Corps, partnerships with community based
11 organizations in TRIE zip codes where they are the
12 ones empowered by The Health Department; funded by
13 The Health Department; staffed with The Health
14 Department recourses to deliver PPE, to deliver
15 vaccinations. Our Public Health Corp was
16 responsible, over the last 18 months, for closing the
17 gap between NYCHA housing residents and the general
18 public in terms of vaccination coverage.

19 So, we are really proud. We have a lot more to
20 do. We have a lot to learn. And those lessons
21 learned are very tragic and very hard won.

22 COUNCIL MEMBER BARRON: But they did a horrible
23 job, and racism is only... (CROSS-TALK)

24 CHAIRPERSON MOYA: Thank you...

25 COUNCIL MEMBER BARRON: [INAUDIBLE] as well.

2 CHAIRPERSON MOYA: Thank you...

3 COUNCIL MEMBER BARRON: I just [INAUDIBLE]...

4 (CROSS-TALK)

5 CHAIRPERSON MOYA: Thank you, Council Member.

6 And, I just want to acknowledge that we were
7 joined by Council Member Brooks-Powers, thank you.

8 Let me now turn it over to Chair Narcisse for a
9 followup question and then back to Chair Schulman.

10 CHAIRPERSON NARCISSE: Okay, thank you, Chair.

11 What boroughs are currently experiencing more
12 COVID-19 related death and hospitalizations? I don't
13 know if you answered that. I don't think you did.

14 COMMISSIONER VASAN: No, I didn't specifically
15 answer that.

16 Uh, the patterns of COVID hospitalizations and
17 death have been relatively consistent over the last
18 year since omicron, which is to say, relatively
19 spread out across the five boroughs.

20 Also, with respect to hospitalization and death,
21 there is also a proportionality to where they health
22 care facilities are. And the vast majority of them,
23 of course, are in Manhattan.

24 So, we have seen, particularly over the last
25 year, a relative parity, but that isn't consistent

2 with what we have seen in prior waves and in prior
3 years of the pandemic... (CROSS-TALK)

4 CHAIRPERSON NARCISSE: I am talking right now.
5 Right now. [TIMER CHIMES]

6 COMMISSIONER VASAN: I will happily get you that
7 information.

8 CHAIRPERSON NARCISSE: So, you don't have... Of
9 course, a statistic is relative all over. Is not
10 like more like... (CROSS-TALK)

11 COMMISSIONER VASAN: And I will happily get you
12 the detailed by borough breakdown of the daily
13 average of 12 deaths that we have... (CROSS-TALK)

14 CHAIRPERSON NARCISSE: Now, the following question
15 that I am going to ask is going to be based on what
16 you think, right?

17 Are hospitals in those boroughs, where they have
18 the higher risk, is... are they experiencing...
19 because, for you, I mean, your thought, uhm, staffing
20 or capacity issues?

21 COMMISSIONER VASAN: I think it is really
22 complicated. I think it also has to do with who is
23 getting sick, the underlying health status, and the
24 vaccination status of people who are dying from
25 COVID. People who are dying from COVID today are

2 either above 75 and 65 as the major cutoff, have one
3 or more chronic, underlying health condition, or are
4 unvaccinated -- fully unvaccinated. And that makes
5 up the majority of deaths in this city and in this
6 country. [TIMER CHIMES] So, where you see
7 differences in vaccination coverage, where you see
8 differences in patterns of disease, chronic disease,
9 is where the risks of seeing more deaths is higher.

10 CHAIRPERSON NARCISSE: So, probably the highest
11 area, we are talking about probably (sic) more likely
12 (sic)? Where we have more people in high risk area?

13 COMMISSIONER VASAN: High risk areas have
14 certainly higher risks of death, leaving aside any
15 issues around health care delivery, just simply
16 because people, unfortunately, suffer from
17 intersecting health issues.

18 CHAIRPERSON NARCISSE: Okay. Before I left, I
19 started talking about the oral antivirals, right?
20 But, now, I want to know for those who are under 12,
21 and those who cannot take the antivirals, what other
22 treatments are available?

23 COMMISSIONER VASAN: Thank you for the question.

24 There are a range of supportive treatments in an
25 outpatient setting, similar to which we would see for

2 other viral illnesses, on the inpatient side to the
3 extent that a younger person who is not eligible for
4 Paxlovid gets sick enough to admitted to the
5 hospital, then there is also a range of supportive
6 and anti-inflammatory and antiretroviral treatments.
7 But, they are much more significant and severe, and
8 only delivered in a hospital setting.

9 So, from the outpatient setting, the main oral
10 treatment is Paxlovid. There have been others
11 molnupiravir, and others, which are not really in
12 wide use currently, but those came online during
13 different [INAUDIBLE].. (CROSS-TALK)

14 CHAIRPERSON NARCISSE: Do you, by any chance, use
15 prednisone? Any prednisone base? I didn't hear.

16 COMMISSIONER VASAN: In the beginning of COVID
17 there was a lot of questions about if steroids were
18 indicated, when steroids were indicated, how much
19 steroids were indicated, and there was even some
20 concern in the beginning about using steroids that it
21 could potentially worsen COVID illness in the
22 hospital. I think we are learning a lot more -- that
23 there is a role in certain clinical scenarios for
24 things like steroids.

25 CHAIRPERSON NARCISSE: Okay.

2 Does the City have a sufficient supply of all
3 antivirals we talked about?

4 COMMISSIONER VASAN: Currently, yes. Currently we
5 have a sufficient supply from our federal partners.
6 We have no issue around supply of Paxlovid...

7 (CROSS-TALK)

8 CHAIRPERSON NARCISSE: Thank you.

9 So, how many DOHMH COVID-19 express testing sites
10 are located in New York City? Please provide a
11 specific breakdown of where they are?

12 COMMISSIONER VASAN: Thank you for the question.

13 And I will kick it to Dr. Quinn for more details.
14 But, uh, currently there are five DOHMH COVID testing
15 sites. Do you have the specifics, Dr. Quinn?

16 DEPUTY COMMISSIONER QUINN: Thank you, yes, the
17 COVID express sites that we are currently operating
18 are at our clinics at Chelsea, Corona, Fort Green,
19 Morrisania, and Jamaica.

20 CHAIRPERSON NARCISSE: In Brooklyn, Fort Green,
21 that's it?

22 DEPUTY COMMISSIONER QUINN: Fort Green, Mm-hmm.

23 CHAIRPERSON NARCISSE: So, if I had my way, I
24 would say that you need to put it more like
25 Brownsville, Canarsie New York area, because those

2 are the places that suffered the most during the
3 height of the pandemic. So, I don't think they have
4 a decrease if we are talking about now, because we
5 are still dealing with the predisposition of diseases
6 that we have been talking about. We are talking
7 about hypertension, I think the commissioner just
8 mentioned most of the folks who are dying right now
9 are the ones with preexisting diseases. So, that is
10 kind of like a request. I don't know when you are
11 doing... When we are talking about the equity,
12 addressing inequities in our city. So, we are going
13 to have to keep ,you know, keep on it. Keep at it.
14 We cannot forget about it, or else we are going to
15 always go back to square one when there is a
16 pandemic. I hope that we never would have one. We
17 are still in the pandemic, but at least we are seeing
18 that folks staying more... can ride the disease.
19 But, just keep on doing the right thing by the City,
20 because when you start addressing the bottom, you
21 start doing better in the City at large. That is my
22 say on it. Thank you, Chair, I will pass it on back
23 to Chair Moya.

24 CHAIRPERSON MOYA: Thank you, thank you, Chair
25 Narcisse.

2 And, now I am going to Chair Schulman.

3 CHAIRPERSON SCHULMAN: Hi, Commissioner , when you
4 were answering some of the questions, you mentioned a
5 partnership with DFTA, could you expand on that?

6 COMMISSIONER VASAN: Thank you for the question.
7 Yes, we have been working with our partners at The
8 Department of Aging -- or NYC Aging, I think is
9 their new name -- to specifically target senior
10 centers and people over 65. We are doing two major
11 things: Number one is bringing vaccination services
12 and booster clinic to senior centers; to adult day
13 programs; to nursing homes, through partnerships with
14 The Department of Aging FQHCs and local pharmacies;
15 Two, is we are, I think in the next days, going to be
16 launching a median campaign with older New Yorkers --
17 talking about their experiences, getting vaccinated,
18 why they got vaccinated. Specifically encouraging
19 their peers to go in and get boosted now was we...
20 Because we are still respiratory viral season, and we
21 can still avert a lot of bad outcomes.

22 CHAIRPERSON SCHULMAN: Could you send that
23 information to the Council so we can share it with
24 our colleagues so that we can make appointments have
25

2 you guys come out to our senior centers? That would
3 be awesome.

4 COMMISSIONER VASAN: Absolutely.

5 CHAIRPERSON SCHULMAN: Okay, great, Thank you.
6 Thank you, Chair, that's all.

7 CHAIRPERSON MOYA: Thank you.

8 COMMITTEE COUNSEL: Thank you, Chairs, and Thank
9 you very much, members of the administration.

10 We will now be moving to public testimony. We
11 will now hear testimony from the public.

12 I would like to remind everyone that I will call
13 up individuals in panels, and all testimony will be
14 limited to three minutes. As a reminder, written
15 testimony may be submitted the record up to 72 hours
16 after the close of this hearing by emailing it to
17 testimony@council.nyc.gov.

18 We will first hear from our in person panel, and
19 then we will move to remote testimony.

20 Our first in person panel will be Evelyn Rivas,
21 Chris Norwood, and Alexander Riccio. Whoever would
22 like to begin first, may begin when ready.

23 ALEXANDER RICCIO: It was hard for me to prepare
24 remarks without anything on the Agenda. It was kind
25 of sparse. Maybe that is a microcosm of where we are

2 in this, I say, without a plan. Last time, I
3 rejected the concept in the Agenda. The suggestion
4 of the inevitable [INAUDIBLE] and to deal with this
5 like a normal, seasonal virus. I don't know that I
6 can convince you otherwise, but I will try.

7 Since that last hearing, another friend of mine
8 developed Long COVID after their third infection.
9 They were a healthy adult in their mid-thirties and
10 fully vaccinated. They could not get boosted with
11 the bivalent booster, because it was less than 90
12 days since their last infection. They are now too
13 disabled to work and suffer daily. At the last
14 hearing, the commissioner said we are managing COVID.
15 This does not sound like good management.

16 There has been no progress from the City on
17 making respirators, that is N95s, available to the
18 general populace. I have been handing some out at my
19 expense, it is not really much of a dent in the
20 problem. There has been backsliding on masking
21 requirements, and bivalent booster rates are pitiful.
22 Those who got boosted at the very beginning of
23 availability, are several months out with waning
24 immunity.

2 There is no progress on indoor air. And,
3 tragically, perhaps most tragically, anti-vaxxers
4 have been exploiting the post COVID complication
5 information vacuum to spout their nonsense.

6 Indoor air quality, meanwhile, is as bad as it's
7 ever been. I am doing all that I can to improve the
8 situation. Ultimately, we need leadership, or
9 nothing will improve. I went a little longer than I
10 wanted... than I planned to speak.

11 I will say the same thing that I said before I
12 have been working on a team of 80+ doctors,
13 engineers, scientists, and activists on this --we
14 call ourselves "Team Airborne" -- for about two years
15 now. Some of the most impressive people I have ever
16 met -- some of the smartest people I have ever met.
17 We have been fighting about this stuff for two years
18 now, and we have seen very little movement. I was
19 extraordinary glad to hear, like a half hour ago,
20 Chair Schulman asking about CO2 metering. That is my
21 small part of this big project. I run a project that
22 collects indoor air quality data from people around
23 the world, including here in New York. Some of the
24 findings are okay. Some of them are very concerning.
25 Some of them are so concerning that they probable are

2 what drives super spreading. If we can target some
3 of these places that drive super spreading, we could
4 probably make a big dent in the pandemic.

5 A colleague of mine, who is a professor of
6 architecture in Ireland, was actually able to trace
7 half of all COVID deaths in a country of only 400
8 buildings. This country was only... with a full 2
9 million buildings --. Part of my role is to find
10 those 400 buildings' equivalents here in New York
11 City. And I have been finding some of them, but
12 without any action or leadership, they won't improve.
13 We won't see a reduction in the pandemic. People
14 like my friend will keep getting sick, disabled, and
15 have their lives disrupted. It is really pretty
16 tragic, and I want to see some action, really. At
17 the end of the day, that's what needs to happen.
18 People need to stop dying, or in this case, not
19 dying, but suffering.

20 I think that is all of my time, so I will yield
21 to the next person or questions.

22 CHAIRPERSON MOYA: Thank you. Thank you for your
23 testimony. You may proceed, yes.

24

25

2 CHRIS NORWOOD: Thank you. I am Chris Norwood,
3 Executive Director of Health People in the South
4 Bronx.

5 Diabetes, of course, is central to COVID, and
6 what successive governments have let happen with
7 diabetes in New York City is a public health crime.
8 We have had, for a decade, diabetes related
9 amputations rising at twice the national average. We
10 have absolutely massive vision loss and blindness, and
11 dialysis is a way of life -- a horrible way of life.

12 As I sit and watch this tragedy and watch
13 diabetes strike one million New Yorkers, I have often
14 asked myself, what amount of death would prompt
15 government action? And what amount of money would be
16 enough so that something happened. Evidently, no
17 amount of deaths are enough. New York City, in the
18 first COVID surge, had a 365 percent increase in
19 diabetes deaths. And nothing has happened yet and,
20 it is almost three years later.

21 The City had \$6.9 billion in federal COVID
22 emergency funds, which are almost over. Nothing
23 happened with those. As far as I know, not one penny
24 of those was spent for community diabetes programs.

2 Diabetes both makes COVID worse, and COVID, of
3 course, fuels diabetes. But, particularly what we
4 don't have in place is what we know works so well has
5 to happen, which is involving communities in building
6 their own health. Neither the Administration or
7 successive city councils has so far -- through 30
8 years of this epidemic and billions in both federal
9 and city tax levy funds -- invested at all in
10 enabling community groups to provide well proven
11 self-management programs right in high need
12 communities.

13 Chair Schulman, you have correctly pointed to the
14 AIDS model as a guide for diabetes control.
15 Community, as you know, is at the core of the AIDS
16 model.

17 Diabetes is also the greatest cause of
18 preventable disability. It is a cause we can stop.
19 Why we are sitting here letting more people go blind,
20 I can't imagine anymore. I can't even think about it
21 any more.

22 And, Chair Narcisse, there is nothing more we can
23 do to take pressure off of our frontline health care
24 workers than do good community diabetes education.
25 It is well-proven to slash emergency visits and

2 hospitalizations -- which would be such a relief for
3 many of our hospitals.

4 People were also talking about migrants and
5 immigrants, I believe the diabetes rate at NYC Care
6 is 30 percent. An actual fact, doing diabetes self-
7 care education with that population would do more to
8 keep them from long term health and disability [TIMER
9 CHIMES] than COVID vaccination actually would.

10 I am just going to say now, we have education
11 proven to slash emergency visits, complications,
12 blood sugar levels, and deaths. Why city
13 governments... I want you to think about it, because
14 we have thought about it where we do our work. We
15 cannot understand how this goes on year after year.

16 So, I am asking you to please think about it and
17 please, do not let these communities drown in this
18 horror for another year. Thank you.

19 CHAIRPERSON MENIN: Thank you.

20 CHAIRPERSON MOYA: Thank you for testimony.

21 EVELYN RIVA: So, my name is Evelyn Riva. I have
22 been working at Health People since forever, 1998,
23 and I love my job. And I know COVID is very
24 important in the communities. I was hearing all of
25 this information, but I also know that we have

2 diabetes self-care programs in our community in the
3 South Bronx, and we were very effective to the point
4 that when COVID came up -- I live with diabetes every
5 day of my life -- and I have not gotten... I got my
6 boosters, my vaccinations, but I also know I stayed
7 healthy. I haven't gotten COVID yet, because of what
8 I have learned through the diabetes self-management
9 program and chronic conditions. And I know it works
10 because we have teams that go into the community...
11 And, well now we had to stop unfortunately, because
12 they're not funded. And I don't get it. We have
13 dealt with people that... with amputations. We have
14 dealt with people in the very beginning where they
15 were lost, confused, and through these chronic self-
16 management programs, they would manage their health.
17 And we know it works. We have over 2,000 people that
18 we did groups in different areas. Right now, every
19 day, I receive phone calls that they would like for
20 us to go out there in the community and help. And
21 the people trust us. Why? Because we train people.
22 We just don't go in there with... like getting
23 information from the air, we are trained -- we are
24 very well trained. We are from the community, and
25 when we go into these senior centers and young people

2 and... they listen. They identify. They learn a
3 new way of living. Not only do they control their
4 diabetes, but they also learn about COVID. We know
5 that someone who deals with chronic conditions, they
6 end up with COVID, it's over. But, they learn how to
7 control all of this. And I hear 65, and I hear older
8 people -- no, this is every... from 21 and on, and
9 even younger. This is not something that only
10 effects seniors like me, but it also effects people
11 of all ages. [TIMER CHIMES] And, so, we would like
12 to... for everyone here to really think about it and
13 know that knowledge is power, and we could help
14 people in the community. And the ones who have the
15 power, is the one that could fund us so that we can
16 continue doing what we have been doing.

17 CHAIRPERSON MOYA: Thank you, thank you for your
18 testimony.

19 COMMITTEE COUNSEL: Thank you to this panel.

20 We will now move to remote testimony.

21 For remote panels, I will be calling out groups
22 of names at a time, so that you can prepare to
23 testify.

24

25

2 As a reminder, once your name is called to
3 testify, a member of our staff will unmute you, so
4 please accept the prompt before speaking.

5 Our first remote panel will be Dr. Lucky Tran,
6 Myra Batchelder, Rikki Baker Keusch, and Antonia
7 Washington.

8 Dr. Tran, when you are ready you may begin.

9 SERGEANT AT ARMS: Your time will begin...

10 (CROSS-TALK)

11 DR. TRAN: Hi, my name is Dr. Luck Tran, and I am
12 a scientist and public health communicator who works
13 at Columbia's Medical Center.

14 I have a question for you all. Do you believe
15 that health care is a human right? I really hope
16 that you've said, yes, because given that this is a
17 meeting about public health... Because if you think
18 that health care is a human right, that means you
19 think people should be able to access health care
20 safely. But, right now, New Yorkers cannot access
21 health care safely. That is because the states mask
22 mandate for health care settings has just expired.
23 This follows the end of the mask mandate on public
24 transportation last year.

2 COVID transmission levels, yes, transmission
3 levels, we are not talking about community levels,
4 let's not get things confused please -- transmission
5 levels matter -- have been continuously high in the
6 City for almost the last year.

7 The bare minimum you should be doing is making
8 sure that New Yorkers can access health care safely.
9 How are we even arguing about this? We shouldn't
10 have to beg you for basic human rights. That is what
11 we are doing today. That is why we are all showing
12 up today. And let's not act helpless. Let's not
13 pretend here.

14 There are many things that you can do:

15 First off, masks work, and they work best when
16 everyone wears one. Please step up and mandate masks
17 in health care settings and on public transit. And,
18 yes, you as the City, can do it. You don't need to
19 say, Oh, it's up to the state, or it's up to
20 individual institution. We are here, because you're
21 public officials who can make decisions that protect
22 the public. Please do it.

23 And, the second is that you can please educate
24 the public that COVID transmission levels are high,
25

2 and the best way to protect yourself and the
3 community is to wear a high quality mask.

4 And please make N95 masks free and widely
5 available to the public.

6 But, most of all, I have this request: Please
7 stop the gaslighting. Stop using misleading metrics
8 that downplay the amount of COVID spread. Please
9 stop co-opting the term "harm reduction" when the
10 reality is harming higher risk people. Stop saying,
11 "we have the tools" when access to them is
12 inequitable. The City's policies are locking who are
13 immunocompromised, disabled, elderly, and higher
14 risks out of society, and preventing them from
15 accessing essential needs.

16 How can we sit here and be okay that? Yet, there
17 has been no acknowledgment about these inequities and
18 no significant efforts to address them.

19 Officials should always listen and center the
20 voices of the people most impacted by a crisis. For
21 many, especially for higher risk people, this is
22 still a crisis. Yes, it is *still* a crisis. And it
23 will be so for a very long time. As public health
24 officials, we need you to act like it.

2 Please do the right thing. Take action, thank
3 you.

4 COMMITTEE COUNSEL: Thank you.

5 Myra Batchelder, you may begin once the sergeant
6 cues you, thanks.

7 SERGEANT AT ARMS: Starting time.

8 MYRA BATCHELDER: Thank you, thank you, my name is
9 Myra Batchelder, and I work in health policy and lead
10 the organization MandateMasks NY.

11 I am here today because New York City still has
12 high COVID-19 community transmission in all five
13 boroughs. And yet our City leadership appears to be
14 really trying to pretend like COVID is over.

15 It is also important to highlight that COVID
16 rates are vastly undercounted. According to
17 estimates from The Institute For Health Metrics
18 Evaluation, COVID cases are being under counted by
19 around 20 to 25 times in the US, partly due to
20 uncounted home tests. We are still in the midst of
21 the COVID-19 pandemic. We are still losing New
22 Yorkers to COVID every, single day. And hundreds of
23 thousands of New Yorkers are struggling with Long
24 COVID.

2 COVID-19 was the number three cause of death in
3 the United States in 2022 for third year in a row as
4 of September. According to New York City Health
5 Department data, around 20 to 30 percent of people in
6 New York City who are getting COVID are going on to
7 get Long COVID. Vaccines are essential, but it is
8 important to point out that even vaccinated and
9 boosted can still COVID then Long COVID.

10 In addition, reinfections are a serious concern.
11 Even if you had mild COVID the first time, for
12 instance, you may not be as lucky with your second,
13 third, or fourth infection.

14 Speaking personally as someone who got COVID in
15 New York City in March 2020, and has dealt with Long
16 COVID ever since, the risk of reinfection is a
17 serious concern for me personally -- and for like,
18 hundreds of thousands and likely millions of New
19 Yorkers across the country are very concerned about
20 this, especially with the mask mandate ending in
21 health care settings. We are not even able to access
22 safe medical care anymore.

23 We need you to speak out and take action to
24 prevent more people from getting COVID and Long
25 COVID. People's lives are literally on the line.

2 We are calling on the City Council to take action
3 in three ways:

4 First, speak out and call for the mask mandate to
5 be reinstated in health care settings in New York
6 State. Take action to reinstate the mask mandate in
7 health care settings in New York City. New York
8 ended the mask mandate for health care settings on
9 Sunday. The decision puts all New Yorkers at risk.
10 Ending the mask mandate in health care settings while
11 COVID transmission is high across New York endangers
12 people's lives. This decision will lead to more
13 unsafe medical settings at more people postponing
14 needed medical care, particularly people who are at
15 high risk of such as those who are immunocompromised,
16 disabled, elderly, and more. It is unacceptable to
17 make medical care inaccessible. No one should have
18 to risk their lives to go to the doctor or to the
19 hospital.

20 Secondly, speak out and call for the mask mandate
21 to be reinstated in public transit in New York State,
22 and take action to reinstate the mask mandate in
23 public transit in New York City. Everyone has a
24 right to safe transit, especially when in New York
25 City where many of us don't own cars.

2 Third, create a free N95 and KN95 mask
3 distribution program for the public. Everyone has a
4 right to protect themselves. Currently, there is no
5 free mask distribution to the public in New York
6 City. We need free masks to be given out at testing
7 and vaccine sites, libraries, and more. We sent in a
8 [BACKGROUND NOISE] [INAUDIBLE] letter with 18
9 organizations signed on calling for a free mask
10 distribution program to be done to provide masks to
11 the public. [TIMER CHIMES] we tried to create a
12 resource...

13 SERGEANT AT ARMS: Time expired... (CROSS-TALK)

14 MYRA BATCHELDER: guide for where people could
15 access free masks, and learned there was no public
16 lists available. There is currently no public access
17 to... (CROSS-TALK)

18 SERGEANT AT ARMS: Time expired... (CROSS-TALK)

19 MYRA BATCHELDER: free masks in New York City for
20 the public.

21 We urge you to take action. Take COVID seriously
22 and work to help protect your constituents' lives.

23 Thank you for your time.

24 COMMITTEE COUNSEL: Thank you.

2 Rikki Baker Keusch, you may begin once the
3 sergeant cues you.

4 SERGEANT AT ARMS: Starting time.

5 RIKKI BAKER KEUSCH: My name is Rikki Baker
6 Keusch, I'm an advocate with MEAction,
7 LongCovidJustice, and MandateMasks NY... Sorry, one
8 second...

9 I am here because three years ago, COVID hit New
10 York. Three years ago, my heart was irreparably
11 damaged by COVID. And three years ago, Long COVID
12 began to worsen my Myalgic Encephalomyelitis leaving
13 me sicker than I have ever been with chronic pain and
14 chronic fatigue that eventually cost me my job. I
15 had to leave my job in the state government, because
16 I was no longer healthy enough to keep going.

17 I have to listen as the New York City Health
18 Commissioner, the New York State Health Commissioner,
19 the President of the Unites States, many folks on the
20 City Council, have talked about how we are in a
21 different place than we were in March 2020 or any of
22 the other peaks that we have had in COVID. And that
23 is certainly true -- now I cannot go to my doctors
24 without risking an infection that could put me back
25 in the hospital and for repeated infections. I

2 cannot take the subway to see my doctors. My
3 hospital, where I am supposed to schedule four
4 cardiology tests, now does not require masks -- NYU
5 Langone -- and that is because of the New York State
6 's roll back in mask mandates.

7 You know, I have had a lot about how "our hands
8 are tied, and we are just going to keep making
9 recommendations and strong urgencies," but we know
10 that when there are mask mandates they work. And a
11 CDC study from this summer showed that the majority
12 of folks are willing to mask when community
13 transmission is high. However, the majority of folks
14 also are underestimating what community transmission
15 levels are at. And why wouldn't they, when the
16 leaders that we elect to keep us safe, keep removing
17 COVID protections regardless of what transmission
18 levels are?

19 In New York City we need the City Council to be
20 calling on the governor, to be calling on the interim
21 state health commissioner to reinstate mask mandates,
22 so folks like me can access medical care without
23 further risk of disability and death. We need you to
24 instate mask mandates in health care settings within
25 New York City where possible. And we need you to

2 provide free KN95 level masks to the public. We know
3 COVID is airborne. We know surgical masks don't
4 protect from small airborne particles, and we need
5 high quality masks to actually protect our people.

6 Lastly, we need Long COVID public health
7 education. This hearing has mostly focused on acute
8 COVID, which is completely understandable, but there
9 is no cure for the millions of New Yorkers who
10 currently have Long COVID. This is a chronic
11 illness. Over 3,000 people at least have died from
12 Long COVID since March 2020. And there is no cure.
13 No treatment and... (CROSS-TALK)

14 SERGEANT AT ARMS: Time expired...

15 MYRA BATCHELDER: more and more people are going
16 to keep getting Long COVID, because the few
17 protections we have preventing infection with two-way
18 masking, you all are undermining by taking away our
19 mandates and not giving out free masks.

20 Thank you

21 COMMITTEE COUNSEL: Thank you.

22 Tanya Washington, you may begin once the sergeant
23 cues you.

24 SERGEANT AT ARMS: Starting time.

25 TANIYA WASHINGTON: Taniya actually.

2 I am testifying today, because I heavily oppose
3 the dropping of mask requirements in hospitals -- as
4 I believe we all should. The CDC themselves have
5 admitted that one in five people that get COVID have
6 and will experience long term symptoms. Some
7 families have been infected six times already. This
8 is simply unsustainable. Additionally, the World
9 Health Organization classifies COVID as a level three
10 biohazard. E coli is a level one. HIV is a level
11 two. And we are currently letting a virus more
12 virulent, contagious, and dangerous than both of them
13 rip through our city, our community.

14 New York is an absolutely wonderful place, but
15 there is no denying that we have a huge population of
16 disadvantaged people especially Black and Brown,
17 poor, homeless, disabled, and queer folks who are the
18 ones most impacted by the inequity in relation to the
19 virus and the official responses to this.

20 Anyone who was here in 2020 can surely remember
21 how COVID devastated our community. We need to give
22 people up to date, reliable information on Long
23 COVID, air filtration, mask efficiency, et cetera.

24 We need mask mandates on public transportation
25 and pharmacies. The more we let it rip, the more

2 people become sick and dead, which not only hurts our
3 economy, but most importantly, hurts our community.

4 Per coronavirus.health.ny.gov, 79 people, aged
5 zero to 19 have died. Is this truly the legacy we
6 want to have?

7 Our schools are also very unsafe and are big
8 contributors to COVID cases. These children are
9 experiencing learning loss, getting Long COVID,
10 developing diabetes, asthma, and unwillingly killing
11 their family members. This is undeniably hurting our
12 children.

13 To get personal for a minute, my mother and I are
14 disabled and chronically ill. I have fibromyalgia,
15 and postural orthostatic tachycardia syndrome,
16 amongst other things. And my mother has she has
17 sickle cell anemia. She has a chance to cure her
18 sickle cell, live a long and fulfilling life. To cure
19 her illness, she has to do chemo. With the masks
20 mandates lifted in every place, it's too risky.
21 Getting infected can mean death; not curing her
22 sickle cell could also mean death.

23 I am a child, merely 17. I have so many years
24 ahead of me, as does my mother. I have a little
25 brother as well. Policies like this are sentencing my

2 mother to early grave. It is ripping her away from
3 kids who need and love her, away from her parents,
4 and her friends. She deserves a chance to live.

5 My illness has made me more likely to contract
6 Long COVID. And Long COVID is absolutely life
7 ruining. I want to go to college, work on
8 environmental policies and sustainability at FIT. I
9 want to go out with my best friend and join theater
10 club. I want to live. Instead, I am stuck in the
11 house, terrified of getting COVID and messing up my
12 future, terrified of killing my mother. I want to
13 live. I want to dream. Please don't take this away
14 from me by making hospitals more unsafe.

15 Thank you for your time.

16 COMMITTEE COUNSEL: Thank you, Taniya, and
17 apologies for mispronouncing your name.

18 We will now move to our next remote panel. It
19 will be Miranda Stinson, Cara Liebowitz, Pong M, and
20 Elana Levin.

21 Miranda, you may begin once the sergeant cues
22 you.

23 SERGEANT AT ARMS: Starting time.
24
25

2 MIRANDA STINSON: Thank you, and good afternoon.
3 My name is Miranda Stinson, and I'm a resident of
4 Ridgewood, Queens.

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

12 I am proud to be a part of this important work,
13 but I want to remind the City Council today that it
14 is fundamentally not the job of small grassroots
15 organizations to provide life-saving supplies in a
16 pandemic that, far from being over, continues to be
17 the number three cause of death in the United States
18 and the number two cause of death in New York State.

19 I am here today to ask New York City to make N95
20 and KN95 respirators available to all New Yorkers
21 free of charge.

22 This was originally going to be the entirety of
23 my testimony. However, I now feel compelled to speak
24 on a second related matter, which affects me

2 personally. That is the end of the New York State
3 mandate for masks in healthcare settings.

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

9 I tell you this today not because I make any
10 claim that my statements will reflect the views of my
11 employer, but because, as of yesterday, February 13,
12 I personally have lost access to much of my
13 healthcare as a direct result of the decision to end
14 the statewide mask mandate. As you may know, NYU
15 Langone -- who was previously mentioned -- has made
16 the decision that it will not require masks at any of
17 its facilities, except in a very small percentage of
18 situations. My insurance plan covers on NYU Langone
19 facilities.

20 I honestly do not know what to do. Understanding
21 as I do that another COVID infection will likely only
22 exacerbate my existing chronic health issues, I will
23 most likely simply not seek care.

24 I know that many others across New York City and
25 New York State are making similarly hard choices this

2 week, and I implore the City Council, and everyone
3 gathered here to listen to us—collectively—when we
4 say that we are terrified, we are angry, and we will
5 not stop fighting for our rights to health and
6 safety.

7 Please bring back the mandate. Keep masks in
8 healthcare.

9 Thank you

10 COMMITTEE COUNSEL: Thank you, Miranda.

11 Cara, you may begin once the sergeant cues you.

12 SERGEANT AT ARMS: Starting time.

13 CARA LIEBOWITZ: Hello, my name is Cara Liebowitz,
14 I am the Advocacy Coordinator for the Brooklyn Center
15 for Independence of the Disabled, an independent
16 living center which serves people with disabilities
17 in Brooklyn and across the City.

18 The City Council must take a strong stand against
19 the rescinding of the mask mandate in health care
20 settings. It is unconscionable that Governor Hochul
21 and Acting Health Commissioner McDonald dropped the
22 mask mandates in public health care settings this
23 week with little warning and no opportunity for
24 public feedback.

2 COVID transmission levels are still high across
3 the state, with 23 New Yorkers dying of COVID every
4 day, and thousands dealing with Long COVID.

5 Masks save lives. Mandates help not only by
6 directly preventing illness and death from COVID and
7 other airborne diseases, but by ensuring high risk
8 individuals can safely access medical care for non-
9 COVID reasons.

10 The guidance applies not only to acute care
11 settings under The Department of Health's authority,
12 but public nursing homes and home health care
13 agencies.

14 We saw what happened in nursing homes and other
15 congregate settings at the beginning of the pandemic.
16 Large numbers of elderly high risk individuals in
17 close quarters 24/7 provide a perfect breeding ground
18 for COVID. With the mask mandate lifted, the state
19 is essentially letting the virus run rampant and
20 sentencing elderly and disabled people to death.

21 With home care workers not required to mask,
22 disabled people who rely on these essential services
23 will not even be able to feel safe inside their own
24 homes.

2 With no precautions around masking, more people
3 will get COVID. Some will develop Long COVID and
4 require more medical care, which they will not be
5 able to safely access due to the lack of COVID
6 precautions, which will lead to worse outcomes.

7 This vicious cycle is being enabled by our state
8 leadership. But the City does not have to follow
9 their lead. People with disabilities are already
10 excluded from too many areas of public life. Now,
11 they cannot even safely access services that are
12 designed for people with disabilities.

13 There is no mask mandate on accessorized power
14 transit. The NYU Langone Health Care System, home to
15 both the RECOVER Initiative for Long COVID research
16 and the Initiative for Women with Disabilities, just
17 announced the ending of their mask mandate. We are
18 heading in the wrong direction. We are asking the
19 council members advocate for reinstatement of the
20 mask mandates in all indoor settings, particularly on
21 public transportation and in health care settings.

22 Thank you.

23 COMMITTEE COUNSEL: Thank you, Cara.

24 Pong you may begin once the sergeant cues you.

25 And I apologize if I have butchered your name.

2 SERGEANT AT ARMS: Starting time.

3 PONG M: You said my name great, thank you.

4 Good afternoon committees and subcommittee
5 members and other speakers for making time to speak
6 today. My name is Pongsathorn, and I was previously
7 a higher education administrator here at a college in
8 New York City.

9 I am here to urge all members here to speak out
10 and call for a mask mandate to be reinstated in
11 health care settings and on public transportation and
12 other essential settings. I also demand that we
13 provide N95 masks.

14 Another speaker said before, there is no public
15 list anywhere where people can access free N95 masks.
16 We have to keep masks in health care.

17 As a high risk New Yorker who has caught COVID
18 three times since the start of the pandemic, and who
19 is managing several debilitating Long COVID symptoms,
20 I am demanding that you do these things.

21 The brain fog, body fatigue, and the weakened
22 immune system that currently experience on an ongoing
23 basis are things I do not wish on anyone.

24 We all have a responsibility to protect our
25 immunocompromised, our disabled, and other high risk

2 people here in New York and everywhere. We should
3 not have to risk getting this disease again, and
4 again, and again on public transportation, and other
5 essential settings like in hospitals.

6 The lack of a mask mandates is insufficient.

7 Making spaces mask optional through their language

8 thought recommended and strongly encouraged is not

9 enough. The decision to make these spaces riskier

10 makes us lose more people to COVID every day -- and

11 increases the chances of everyone getting Long COVID.

12 Masks are a critical tool to reduce transmission, and

13 most effective when everyone wears one.

14 I caught COVID a third time last month, and I was

15 asymptomatic the entire time. Since then, I had to

16 quit my job due to being unable to do my daily work

17 tasks. I would not have even known if I had it, and

18 able to spread it, if I didn't already make it a

19 habit to test weekly to protect myself and other

20 people.

21 How many other people are in New York City,

22 asymptomatic, spreading COVID around, as they remain

23 unmasked and don't even know they have it?

24

25

2 I want to thank everyone here in this chamber who
3 are wearing masks and everyone on this call for
4 advocating for masks in this meeting.

5 Thank you for keeping others safe, and thank you
6 for your time.

7 COMMITTEE COUNSEL: Thank you.

8 Elana, you may begin once the sergeant cues you.

9 SERGEANT AT ARMS: Starting time

10 ELANA LEVIN: Hi, I am Elana Levin, I am member
11 of Jews for Racial and Economic Justice.

12 I got COVID in early December and despite having
13 already had the bivalent booster and access to
14 Paxlovid, I'm still not fully better. I've been
15 seeing a few specialists trying to figure out what
16 treatment could help so I can return to my busy
17 lifestyle that included working out five times a week
18 and doing long hours at a nonprofit organization. But
19 right now, New York State is ending the mask
20 requirement in healthcare settings. That means in
21 order to pursue medical care I'll have to put myself
22 at risk of getting COVID again. And I really can't
23 afford to get COVID again.

24 I was out of work for a month. Most New Yorkers
25 would be fired if they were out of work for a month.

2 I can't ride public transit because there are no
3 masks, and I don't always have the stamina to walk to
4 the subway and stand on your benchless platforms
5 anymore. So, what are we expected to do?

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

13 There are public policies that you can implement
14 to address this now. Require masks in medical
15 settings so we don't catch COVID trying to access
16 care. Bring back masks on public transit -- most
17 people cannot afford to take taxis to their jobs, and
18 most people cannot work from home -- and the City is
19 making it harder for folks to work from home.

20 We also need continued free access to PCR tests.
21 The only reason I was able to tell that I had COVID
22 and take steps to prevent spreading it to others was
23 because the City has a free testing truck right near
24 my apartment. I had tested negative on my home rapid
25 tests, but something felt off so I got a PCR test for

2 free at the truck. The test was positive. I never had
3 a single positive home rapid test when I had acute
4 COVID. We need these trucks to get accurate free PCR
5 tests, especially outdoor tents and trucks so we
6 don't spread COVID to others being tested.

7 People who don't know about free PCR tests or who
8 have to travel far to get one and feel too sick to
9 walk don't have these opportunities. They'll just be
10 sick, go to work sick, and endanger themselves and
11 their coworkers, because working while sick is a
12 really easy way to get Long COVID.

13 Please protect our access to PCR tests now that
14 home rapid tests are less and less accurate with the
15 current variants -- tons of studies will show you
16 this. Make transit accessible to immune compromised
17 people, and all the New Yorkers who are about to
18 become immune compromised once they have Long COVID.
19 Let us go to the doctor's office without risking
20 another COVID infection. There are things that you
21 can do even if you are not Kathy Hochul. And we are
22 counting on the city council to defend us and to
23 stand up for our safety.

24 COMMITTEE COUNSEL: Thank you. [TIMER CHIMES]

2 We will now move to our last remote panel. It
3 will be Maia Rosenberg, Jacqueline Esposito (sp?),
4 Alina Neganova, and Brian Carmichael.

5 Maia, you can begin once the sergeant cues you.

6 SERGEANT AT ARMS: Your time will begin.

7 MAIA ROSENBERG: My name is Maia Rosenberg. I am
8 an organizing committee member of the New York City
9 Democratic Socialist of America Health Care working
10 group, and a member of the Jewish Vote.

11 At the beginning of March 2020, I was 24, working
12 a full time job as a digital strategist as well as a
13 professional dancer. By April, the end was already in
14 sight for both of those occupations. My memory of
15 the day I was admitted to the hospital with COVID...
16 Sorry...

17 CHAIRPERSON MOYA: Take your time.

18 MAIA ROSENBERG: [INAUDIBLE] city covered in
19 plastic in and an eerie silence. Since then, I have
20 been diagnosed with Long COVID Syndrome, and a
21 connective tissue disorder likely triggered by the
22 infection. I have gotten COVID twice more. My
23 asthma, already severe, has gotten much worse leading
24 to more than six hospitalizations a year for up to
25

2 four weeks at a time. My doctors have attributed
3 those at least in part to the COVID infections.

4 My body, once the instrument of my profession,
5 has become something I no longer recognize. Unable
6 to work fulltime, I am now on disability, and am
7 experiencing the twisted ways in which our system
8 handles disabled and chronically ill people. I see
9 how our government treats our lives so cavalierly as
10 it refuses to enact safety measures because it's too
11 inconvenient.

12 And now masks are not even required in medical
13 settings where sick people are. It is yet another
14 reminder that our current priority are to protect
15 neither patients nor workers, but the bottom line.

16 Imagine how it must feel to face a world which
17 believes your life is worthless; to wake up every
18 morning to the knowledge that your body is changed
19 forever; that you will never again be who you once
20 were. And because of this, this thing so out of your
21 control, the world thinks that it is okay if you get
22 sicker -- if you die, because it is so damn
23 inconvenient to put a little bit of paper over your
24 face.

2 It is the duty of a responsible society to care
3 for our most vulnerable. So, at the very least, *the*
4 *very least*, we must have mask mandates, most
5 particularly in medical settings and on transit
6 during a pandemic, which I am afraid to say we are
7 very much in -- no matter how much we wish it were
8 otherwise -- it means free N95 masks; it means
9 testing and treatment for all. It means well
10 ventilated spaces. It means racial and environment
11 justice... (CROSS-TALK)

12 SERGEANT AT ARMS: Your time has expired...

13 (CROSS-TALK)

14 MAIA ROSENBERG: polices that address our
15 [BACKGROUND NOISE] [INAUDIBLE]. Ideally it means free
16 health care at the point of service -- but, I am well
17 aware that we are not there yet. [BACKGROUND NOISE]
18 [INAUDIBLE] medical [INAUDIBLE] that serves as a
19 handy reminder -- but the fact remains long term
20 public health strategies will require universal
21 health care.

22 I ask only this, show chronically ill and
23 disabled people like me that you don't think our
24 lives are worthless. We need to actually see it in
25 the polices you support. Thank you

2 CHAIRPERSON MOYA: Thank you for your testimony.

3 COMMITTEE COUNSEL: Thank you.

4 Jacqueline, you may begin once the sergeant
5 cues you.

6 SERGEANT AT ARMS: Your time will begin.

7 JACQUELINE ESPOSITO: Thank you.

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

15 I would also like to just take a moment to thank
16 each of you for wearing masks today. You are leading
17 by example. And to Council Member Barron, you were
18 right when you said that this a matter of life and
19 death, thank you for stating the urgency.

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

2 Despite a persistently high positivity rate,
3 mitigation efforts are virtually non-existent across
4 New York City -- a quick shout out to the many local
5 businesses cracking your doors open. Thank you for
6 doing your part -- But if cracking open the front
7 door is the best that New York City can do to improve
8 air quality and ventilation, we're in trouble.

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

22 We also didn't hear during today's hearing that
23 the CDC recommends masks for everyone in healthcare
24 settings when COVID-19 Community Transmission is
25

2 high. New York state still has high COVID-19
3 community transmission in most of the state.

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

6 First, each of you should publicly demand today
7 that Governor Hochul and Acting Commissioner McDonald
8 reinstate mask protections in all healthcare
9 settings. Anything less is endangering people's
10 lives.

11 Second, pass legislation to regulate public
12 indoor air quality.

13 Third, ensure high risk New Yorkers can safely
14 access public transit.

15 Lastly, the City Council should invest in free
16 mask distribution, vaccines, testing, treatments,
17 Long Covid research, and increased public education
18 to at-risk communities.

19 We all know someone suddenly stricken with Long
20 COVID. And yet, we heard nothing about the City's
21 plan to address Long COVID and its impact on our
22 communities -- Or the City's plan to mitigate cases
23 so less people contract COVID in the first place.

24 Where are the proven strategies to address Long COVID

2 [TIMER CHIMES] to reduce transmission? The City...

3 (CROSS-TALK)

4 SERGEANT AT ARMS: Your time is expired.

5 JACQUELINE ESPOSITO: The City needs to get to
6 work on these issues, thank you.

7 COMMITTEE COUNSEL: Thank you.

8 We will now move to Alina. You may begin once
9 the sergeant cues you.

10 SERGEANT AT ARMS: Your time will begin.

11 ALINA NEGANOVA: Hi, so, I have never spoken at
12 one of these before, so please bear with me.

13 I wanted to tell you my story in the hopes that
14 you will reinstate mask mandates in healthcare and on
15 public transit.

16 I am a New York City nurse, and I have lived here
17 for 18 years. For the beginning of the pandemic, I
18 worked on COVID-19 vaccine research to ensure that
19 all of you could have access to vaccines. Most
20 recently in December I got sick with COVID. And
21 since then, I have been struggling with Long COVID.
22 I have a new onset stutter, neurological issues
23 including an inability to think. I can't even do my
24 own budget. I can't work -- and I worked since I was
25 14 years old. It is awful, and I would not wish it

2 on anyone. And, I came here today to tell you my
3 story, so that you would reinstate mask mandates in
4 health care settings -- to protect patients and staff
5 -- and on public transit and to also provide funding
6 for Long COVID as well as COVID testing and
7 treatment. I don't want what happened to me to
8 happen to anyone else. Thank you for listening.

9 COMMITTEE COUNSEL: Thank you.

10 I would now like to call Brian Carmichael, if you
11 are on Zoom, please raise your hand, so a member of
12 the staff can see you.

13 With that... That concludes our remote and
14 public testimony. If there is anyone present in the
15 room or on Zoom that has not had the opportunity to
16 testify, please raise your hand.

17 Seeing no one else, I would like to note that
18 written testimony, which will be reviewed in full by
19 committee staff, which includes myself, may be
20 submitted to the record up to 72 hours after the
21 close of this hearing by emailing it to
22 testimony@council.nyc.gov.

23 Chair Moya, we have concluded public testimony
24 for this hearing.

2 CHAIRPERSON MOYA: Thank you, Sara. I also just
3 want to thank my colleagues both Chair Schulman and
4 Chair Narcisse, and the public, and all of my
5 colleagues who testified today.

6 We are now adjourning, thank you.

7 [GAVELING OUT] [GAVEL SOUND]

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C E R T I F I C A T E

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



Date February 28, 2023